ANA Membership Assembly –
Members Elect ANA Officials, Take Action

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The American Nurse

Before the Membership Assembly came to a close today, nurse leaders took action on key issues centering on fostering an ethical environment, infection prevention and control, and advancing and public reporting of quality measures that capture nursing care. They also elected three members to the ANA Board of Directors and four to an ANA committee, and voted on bylaws focused on association governance.

Elected to the ANA Board of Directors as vice president is Ernest James Grant, PhD, MSN, RN, FAAN, from the North Carolina Nurses Association; as treasurer, Gingy Harshey-Meadle, MSN, RN, CAE, NEA-BC, from the Indiana State Nurses Association; and Jesse M. L. Kennedy, BSN, RN, from the Oregon Nurses Association as director-at-large, recent graduate. The board members' terms will commence Jan. 1, 2016.

Members also voted to approve a measure in which the Membership Assembly will continue its business meeting in its current structure through 2017, and another measure that creates a Leadership Council. That advisory body—composed of presidents, chief staff officers or their designees from each constituent/state nurses association and the Individual Member Division—consult and collaborate with the ANA board on issues affecting the C/SNAs and the IMD.

In other action, assembly members voted to approve three practice and health care resolutions. One, in part, recommends that ANA promote knowledge and application of the Code of Ethics for Nurses with Interpretive Statements in a systematic and comprehensive way within nursing education programs and professional development. Another resolution focuses on ANA working to identify and disseminate innovative strategies to engage nurses in broad infection protection and disaster preparedness activities, among other efforts. The third resolution includes asking ANA to advance quality measures that capture nursing care. They also elected members (from left) vice president.

In an additional activity, more than 320 nurse leaders in attendance, including observers, participated in a strategic discussion on engaging members and developing leaders, particularly among the largest generation, the millennials. Among their suggestions were “to change the language to change thinking,” such as renaming “mentors” as “partners” to better reflect two-way communication and learning; advance a greater use of social media before, during and after meetings and conferences to increase engagement; create a virtual idea room and have short videos on hand-washing and other relevant topics; schedule social events, including in areas where nurses, who might not otherwise be able to attend, can bring their young children; and provide opportunities for members to “micro-volunteer,” in which members can take on very short-term projects that match their passions.

In closing, ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, noted themes of gratitude, optimism and an ongoing willingness to address adaptive challenges.

“…it comes to engaging members and developing leaders, times are changing,” he said. “I want you to use the creative energy in this room to solve this issue.”

Members subsequently met in small groups and then offered their ideas to reach new members and create new leaders, particularly among the largest generation, the millennials. Among their suggestions were “to change the language to change thinking,” such as renaming “mentors” as “partners” to better reflect two-way communication and learning; advance a greater use of social media before, during and after meetings and conferences to increase engagement; create a virtual idea room and have short videos on hand-washing and other relevant topics; schedule social events, including in areas where nurses, who might not otherwise be able to attend, can bring their young children; and provide opportunities for members to “micro-volunteer,” in which members can take on very short-term projects that match their passions.

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“When we want to be strategic thinkers, not functional doers,” she said. “Taking risks is not simple, and being leaders is not easy.”

She thanked the members for the risks they were willing to take in the past to move ANA forward, and the work they will continue to do.

For more information on committee election results, go to www.nursingworld.org and read the full story on all the events in The American Nurse.
Dear Illinois Nurse Colleagues,

Since the inaugural issue of The Nursing Voice I have been asking you to consider the opportunity that philanthropy offers to invest in nursing and nurses. Philanthropy is an investment in the future of a cause or belief and adds economic resources to the values it supports. As an investment, nursing embodies the values of compassion, altruism, trust, empathy, competence and excellence.

The Nursing Voice is an investment in the future of nursing’s future. The Foundation was created to support, develop, and improve nursing in Illinois through funding scholarships and special projects. The scholarship program is open to all nurses in Illinois and for all types of nursing programs. One of the scholarships (Centennial) is intended to increase diversity in the profession. Another supports programs. One of the scholarships (Centennial) is intended to increase diversity in the profession. Another supports programs.

I am asking all of you, our readers, to please consider making a future investment in Illinois nursing through a contribution to the Illinois Nurses Foundation. A donation of as little as $10 from all the RNs who receive The Nursing Voice would triple the Foundation endowment and allow us to start funding other work. It is easier than ever to donate by going to the NEW Illinois Nurses Foundation website at www.illinoisnursesfoundation.org. While you are visiting the site you can also reserve your ILLINOIS NURSE LICENSE plate — Twenty dollars from every plate will go towards nursing scholarships and grants. Thank you in advance for your consideration of these requests!

We make a living by what we do, but we make a life by what we give.”

—Winston Churchill

Thank you for all you do for others as a nurse!

I am asking all of you, our readers, to please consider making a future investment in Illinois nursing through a contribution to the Illinois Nurses Foundation.
Greetings, and I hope you are enjoying the last months of summer. It is with sadness that I acknowledge Cathy Smrcina. Nursing lost a dedicated nurse leader in Cathy, she served her professional organization in many ways for many years. I offer sympathy and prayers to her family, and thank them for sharing her. She was too young! I would appreciate it if each of you would take time for a “minute of silence” to honor Cathy and any others you may have lost. Thank You.

It has been an interesting legislative year and I am very happy to see the strides in Advanced Practice. I believe we (ANA-Illinois nurses) made a very good impression on legislators during our legislative receptions, and we certainly intend to repeat that strategy. My district had a new legislator and the reception venue was a great way to introduce myself and then follow-up with him locally.

ANA-Illinois in collaboration with the Illinois Nurses Foundation applied for and was awarded the Gordon and Betty Moore Grant. This grant supports dissemination of and research about the video series: “Lessons in Leadership.” ANA-Illinois will do this through the Membership Assembly, Student Nurse Political Action Day, and 3 area workshops.

As you know, the Illinois Nurse Practice Act (NPA) sunsets in 2017, so it is time to start the process of reviewing and updating our NPA. The Illinois Coalition of Nursing Organizations (ICNO) is leading this effort. They have met and developed groups to address the different areas of the NPS. ANA-Illinois is serving as the convener of meetings and as a repository for records. I encourage you to participate in this effort.

In reviewing progress toward our strategic goals, I want to assure you that the Expert Panel on Scope of Practice is completing its research study in the next few months and that will help inform updates in the NPA. This group is also planning on developing a CE program on Scope of Practice. Another expert panel is planned to address workplace safety, so look for that announcement in the near future.

It has been an honor serving as your President, and I send best wishes to all. It’s been my experience that you get much more out of ANA-Illinois than you could ever put into it. Please join us by becoming a member TODAY. Go to our website www.ana-illinois.org and it is an easy and painless process!! Thank you for allowing me to serve as your president, and I plan to continue to serve ANA-Illinois in various ways.

Pamela Brown
PhD, RN, ANEF

President*
Dan Fraczkowski, MSN, PhD Student, RN
Mildred Taylor, DNP, RN

Secretary
Sarah Gabua, DNP, RN
Kathryn Serbin, MS, DNP(c), RN

Director at Large - 2 to be elected
Pam Brown, PhD, RN
Jennifer Farrell Burns, RN, APHN-BC
Elaine Hardy, RN, PhD
Tom Hoghast, BSN, RN
Karen Kelly, RN, EdD
Peggy Cowling, MSN, RN
Mylene Rein, JD, RN
Sarah Silvestri-Guerra, MSN, DNP(c), RN
Crystal Vasquez, DNP, RN
Carol Wilson, PhD, RN
Benson Wright, MSN, RN

Nominations Committee - 2 to be elected
Sue Carlson, DNP, RN

*per bylaws the association president serves as an ANA Membership Assembly Representative.

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- The patient’s girlfriend took him directly to the hospital where he was trapped but showed no fever and normal blood pressure. The patient began showing signs of dizziness, nearly two hours later, and an hour afterward began to be treated for meningitis even though the diagnosis had not been confirmed.
- The patient was definitively diagnosed with bacterial meningitis, Group B, the next day. He died less than 24 hours later.

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.

The Professional Liability Insurance offered through Mercer Consumer to members of ANA can save you from the devastating costs related to defending yourself in a lawsuit. Learn more and get a free quote.
Call 800-375-2764 or visit www.proliability.org/69580.

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President’s Message

2015 ANA-Illinois Candidates Announced

The election for the 2015 ANA-Illinois Officers and Directors will be held online October 1, 2015 thru October 15, 2015. The election will be conducted by Election America. Watch your email and the ANA-Illinois website www.ana-illinois.org for the additional details - posted in mid-September.

HERE ARE YOUR CANDIDATES:

President*
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Mildred Taylor, DNP, RN

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Kathryn Serbin, MS, DNP(c), RN

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The Nursing Voice
Ethical Analysis of Quarantine in Public Health Emergencies

Katie P. Vogler, RN
Loyola University Chicago

Serious threats to public health may require the institution of interventions that greatly affect the rights and lives of individuals for the greater good and health of the population. The use of mandatory public health interventions, such as quarantine, aims to provide the greatest benefit and minimize the public’s risk of developing a serious or potentially fatal disease (Lo, 2013). These interventions, however, may infringe upon individual liberty, freedom of movement, and autonomy (Lo, 2013). The Ebola virus disease (EVD) outbreak of 2014 is a recent and ongoing public health emergency that has dramatically affected the ethical issues surrounding the use of quarantine as a mandatory public health intervention to prevent the spread of the Ebola virus. This paper will provide an ethical analysis of the public health intervention of quarantine, specifically as it relates to the case of Kaci Hickox, a registered nurse required to submit to quarantine following her return to the United States from Sierra Leone (Sanchez, Shoichet, & Karimi, 2014). The epidemiology of Ebola virus disease and relevant terminology related to monitoring interventions during a public health emergency will be addressed. This paper will also include a discussion of relevant healthcare issues related to quarantine including professional and public responsibilities of healthcare workers and public health and government officials.

Case Description

Ebola Virus Disease

Ebola virus disease (EVD), formerly known as Ebola hemorrhagic fever, is a severe acute viral disease characterized by a sudden onset of fever, malaise, myalgia, and headache (Heymann, 2015). Other symptoms include the sudden onset of severe abdominal pain, diarrhea, rash, and vomiting. In severe cases life-threatening hemorrhage leading to shock and multi-organ system failure (Heymann, 2015). The virus is originally transmitted from an unknown source, most likely from fruit bats or primates to humans. Person to person transmission then occurs through contact with body fluids from an uninfected person, such as needles or medical equipment (Center for Disease Control and Prevention [CDC], 2014). The incubation period for EVD is two to twenty one days after exposure to the virus (CDC, 2014). The World Health Organization (2014) reports that the average EVD case fatality rate is 50 percent, with case fatality rates varying from 25 percent to 90 percent in past outbreaks. Currently, no licensed treatment or vaccine exists to prevent or neutralize the Ebola virus (World Health Organization [WHO], 2014). Supportive, symptomatic care and rehydration is the current treatment available for EVD (WHO, 2014).

The 2014 Ebola virus disease (EVD) outbreak in West Africa is the largest Ebola outbreak and the first Ebola epidemic in history (CDC, 2015). As of March 10, 2015, in the United States, two people were diagnosed with Ebola after returning to the United States from Africa and two cases were among healthcare workers treating Ebola patients in the United States (CDC, 2015). Using data again up until the date of March 10, 2015, countries with widespread transmission of the disease include the West African nations of Sierra Leone, Liberia, and Guinea. Previousy affected countries that are now considered Ebola free are Senegal, Nigeria, Spain, the United States, Mali, and the United Kingdom (CDC, 2015).

Definition of Relevant Ebola Outbreak and Monitoring Terminology

To conduct a comprehensive ethical analysis of the Kaci Hickox case, it is necessary to first understand the definitions of specific terminologies associated with the Ebola outbreak and monitoring procedures during a public health emergency. These include the concepts of active and direct active monitoring, controlled movement, isolation, quarantine, and public health orders. The CDC (2014) defines these following concepts in the document, Interim

• Active monitoring occurs when state or local public health authorities establish regular communication with individuals potentially exposed to the virus. Activities include a daily assessment for the presence of a fever and other symptoms of Ebola. Monitoring active monitoring includes daily reporting of body temperature and symptoms by the individual to the authorities (CDC, 2014).

• Direct active monitoring occurs when public health authorities directly observe the potentially exposed individual for presence of a fever and signs and symptoms of Ebola. This observation occurs at least once a day, with a second daily follow-up phone call if symptoms persist (CDC, 2014). Direct active monitoring also includes a discussion of the individual’s work, leisure, and travel plans. The individual may also be paid for these activities if they have been compliant with direct active monitoring, have no symptoms of Ebola, and are able to ensure direct active monitoring will be interrupted. These interventions aim to provide prompt recognition of infectious individuals so they can be isolated and given treatment to limit exposure to other individuals. Both active and direct active monitoring can be conducted voluntarily or by court order (CDC, 2014).

• Individuals subject to a controlled movement order are prohibited from travel by long-distance commercial conveyances including aircraft, ship, bus, and train. Individuals who would have been considered in either the High Risk or Some Risk exposure categories would have been considered in either the High Risk or Some Risk exposure categories.
Allergy and Infectious Diseases, also criticized and urged Dr. Anthony Fauci, director of the National Institute of being violated. The White House and scientists including Keneally, 2014). While in quarantine, Kaci spoke out as asymptomatic and tested negative for the virus (Margolin & Keneally, 2014). Kaci's quarantine in New Jersey lasted twenty-one days, the incubation period of Ebola virus disease (Sanchez et al., 2014). Kaci Hickox never developed Ebola virus disease. Kaci Hickox was initially quarantined because they did briefly have a fever while in New Jersey (Margolin & Keneally, 2014). Kaci's quarantine in New Jersey lasted 65 hours and she was then released and brought to her home in Maine after it was determined she was indeed asymptomatic and tested negative for the virus (Margolin & Keneally, 2014).

Case Analysis

In a declared public health emergency, the governor has the authority to execute mandatory public health interventions, including quarantine, to protect the health and well being of the public (Lo, 2013). Protecting the public from threats to their health can result in ethical conflict as individual liberty and autonomy may be sacrificed to protect the interests of the public. Gostin (2006) addresses ethical and legal issues surrounding interventions, including quarantine, to protect the health has the authority to execute mandatory public health.
Isolation and quarantine are extreme measures that require rigorous safeguards, including scientific assessment of risk and effectiveness, a safe and habitable environment, procedural due process, and the least restrictive alternative. Above all, state power must be exercised fairly and never as a subterfuge or discrimination (Gostin, 2006, p. 1703).

Lo (2013) cites that there are specific requirements that the government and public health officials should follow when making the decision to enforce public health orders. These requirements include the following:
1) The threat to public health must be serious and likely.
2) The intervention should be effective in addressing the threat.
3) The intervention should be the least restrictive alternative that addresses the threat (Lo, 2013, p. 315).

Upshur (2002) and Childress et al. (2002) provide similar justificatory conditions or principles to guide decision-making in public health actions. For the purpose of this case analysis, the four principles defined by Upshur (2002) will serve as the ethical decision framework for the ethical analysis of quarantine in the Kaci Hickox case. These four principles include (a) the Harm Principle; (b) the Principle of Least Restrictive Means; (c) the Reciprocity Principle; and (d) the Transparency Principle (Upshur, 2002, p. 102).

The Harm Principle
The Harm Principle is based on the harm principle described by John Stuart Mill and is the first justification that the government would cite to restrict the liberty of an individual or group (Upshur, 2002). By following this principle, one ensures that the only purpose of exercising power over an individual against his or her free will would be to prevent harm to others. In their analysis of the ethical obligations of physicians during public health quarantine and isolation measures, Bostick, Levine, and Sade (2008) cite the importance of assessing the appropriateness of the public health intervention prior to implementation. The authors state, “In considering the need for a public health intervention, decision makers must first determine that a specific contagious disease poses a real threat to the public’s well being” (Bostick, Levine, & Sade, 2008, p. 5).

According to the CDC (2014), given her history of treating Ebola patients in Sierra Leone, Kaci would have been classified in either the High Risk or Some Risk category for Ebola exposure. Upon her return to the United States, Kaci Hickox may or may not have been showing a hallmark sign of Ebola virus disease (EVD), an elevated body temperature. If Kaci did indeed have a fever in New Jersey, the Harm Principle was met in this case. However, in regards to the quarantine order in Maine, the Principle of Least Restrictive means was not met as direct active monitoring and controlled movement could have been adequate to protect the public and uphold Kaci’s civil rights.

The Principle of Least Restrictive Means
Upshur (2002) defines the Principle of Least Restrictive Means as one that acknowledges “a variety of means exist to achieve public health ends, but that the full force of state authority and power should be reserved for exceptional circumstances and that more coercive means should be employed only when less coercive methods have failed” (p. 102). Childress et al. (2002) also support implementing policies that provide the least infringement on an individual’s moral considerations, stating, “For instance, when a policy infringes autonomy, public health agents should seek the least restrictive alternative” (p. 175). In the Kaci Hickox case, the public health end and the goal of quarantine was to prevent the potential spread of EVD from her to other people during the incubation period of the disease. When Kaci arrived in New Jersey, given her exposure history and if she did indeed have an elevated body temperature, quarantine was the least restrictive means available to keep her safe, as she was potentially symptomatic and infectious, able to spread EVD to others.

In Maine and possibly New Jersey, when she was asymptomatic and tested negative for the disease, Kaci no longer posed a direct threat to others. Based on CDC (2014) guidelines, when Kaci arrived in Maine, her exposure and asymptomatic status should have prompted her to be subject to direct active monitoring and controlled movement for twenty-one days after her last potential Ebola exposure (CDC, 2014). If she was not symptomatic or demonstrated direct active monitoring by Governor LePage did not choose the appropriate public health intervention that was the least restrictive to address Kaci’s potential threat of Kaci spreading EVD. In regards to the quarantine order in Maine, the Principle of Least Restrictive means was not met as direct active monitoring and controlled movement could have been adequate to protect the public and uphold Kaci’s civil rights.

The Reciprocity Principle
The Reciprocity Principle outlines the responsibility of the government or public health department to support the individual or community affected by the implementation of public health actions (Upshur, 2002). Complying with public health actions, such as quarantine, may impose physical and emotional burdens on the affected individual, as they may be unable to fulfill their moral, professional, and social obligations due to the imposed restrictions. This principle cites that society should assist these individuals in fulfilling their duties (Upshur, 2002). Similarly, Bostick et al. (2008) cite that the public health benefits associated with quarantine or social distancing measures were to be enacted. These included concerns related to job security, economic strain, the need for essential goods and services, disfrust of the government, and the closure of religious organizations, which would lead to the loss of worship and religious
support during a time of crisis (Baum et al., 2009). These concerns highlight the areas in which the government would need to address while implementing public health orders to fulfill the Principle of Reciprocity. This study also highlights the ethical challenge of ensurings the benefits and burdens of the proposed public health policy are distributed fairly among the population, ensuring that vulnerable populations do not experience unfair burdens or receive fewer benefits during a public health emergency (Baum et al., 2009).

In the Kaci Hickox case, given the facts provided in news reports (Fox, 2014; Johnson, Snow, Bogert, & McClam, 2014; Margolin & Keneally, 2014; Sanchez et al., 2014), I cannot fully determine if the Reciprocity Principle was met. There was no discussion of compensating or helping Kaci to fulfill her professional, personal, and societal duties. There was however criticism of Kaci’s defiance from the public and government officials, most notably Governor Chris Christie and Governor LePage (Margolin & Keneally, 2014; Sanchez et al., 2014). In regards to Kaci’s treatment in New Jersey, Governor Chris Christie stated, “there’s confirmation that she’s being treated quite well in New Jersey,” but no decision was given (Margolin & Keneally, 2014). In my opinion, if the government was trying to support Kaci and help her to fulfill her moral, societal, and professional duties to fulfill the Principle of Reciprocity, they would not have criticized her opinion publicly. Based on their criticism, one could assume she was not adequately supported during her quarantine and that the Principle of Reciprocity was not met.

The Transparency Principle

Upshur (2002) defines the Transparency Principle, as one that requires the following process components:

- All legitimate stakeholders should be involved in the decision-making process, have equal input into deliberations, and the manner in which decision-making is made should be as clear and accountable as possible. As much as possible, the decision-making process should be free of political interference and coercion or the domination of specific interests (p. 102).

Childress et al. (2002) describe this principle as public justification, where public health authorities have a responsibility to explain and justify any infringement on individual or groups’ rights, including providing justification to those affected by the infringement. Public justification aims to treat individuals with respect and as equals and foster public trust and accountability (Childress et al., 2002).

When Kaci Hickox spoke out against her quarantine in New Jersey and then refused to remain in quarantine in her home in Maine, government officials including Governor LePage and the Maine Health Commissioner Mary Mayhew openly criticized Kaci’s opinion and threatened legal action to keep Kaci in quarantine (Johnson et al., 2014). Their decision to legally enforce the quarantine directly contradicted scientific evidence and expert opinions from World health organizations and infectious disease professionals, who considered the quarantine to be an inappropriate public health intervention given the fact that Kaci was asymptomatic for EVD (Johnson et al., 2014). Baum et al. (2009) discuss how deliberation and public engagement among individuals regarding public health issues in pandemic planning can increase the accountability, legitimacy, and public trust of government decisions that may impact the rights of individuals and the community during pandemic planning. Through the current case study, the nurse practitioner was able to approach the situation that respects individual rights while protecting the public health. Consultation with legal counsel and ethicists may also help to reach an appropriate decision regarding quarantine. Government officials developing and carrying out the order of quarantine must make their decision transparent, in consultation with experts, the court, the public, and the people who will be affected by the quarantine. Further discussion of government agencies can result, if the public feels disconnected, ill informed, or without a voice in policies that directly impact their lives during a crisis (Baum et al., 2009).

The government should also support the people affected by quarantine and public health interventions, minimizing the financial, social, and moral burdens associated with the intervention. Clinical medical staff has the responsibility to prevent, detect, report, and treat contagious diseases, including diseases like Ebola. Patients in quarantine should be treated as equals, with care delivered in a dignified and respectful manner. Preventing the transmission of communicable diseases to providers and aid workers is a paramount concern because without these individuals there will be no one to treat the patient. The use of personal protective equipment must be a priority for health care and aid organizations to keep their safe. The cost of these interventions should be outweighed by the tremendous burden and morbidity and mortality associated with these communicable diseases.

The Ebola outbreak continues to be a threat to global public health. With the possibility of other infectious diseases and agents of bioterrorism threatening the safety of all Americans, accurate information and education regarding communicable diseases is critical. The Ebola outbreak may become more frequently considered and enacted to protect the population. This decision should not be taken lightly and other less restrictive options should always be utilized prior to restricting the liberty and autonomy of individuals for the protection and benefit of public health.

Discussion

Considering the four principles defined by Upshur (2002) and the epidemiology of Ebola virus disease, I do not believe there was an ethical justification to order the mandatory quarantine of Kaci Hickox in Maine. The court ruling affirming this opinion provides further evidence for this belief. If Kaci did indeed have a fever in New Jersey, I do support Governor Chris Christie’s quarantine order. Given the fever, Kaci would have been considered symptomatic for Ebola and could have possibly spread the deadly virus to others. If she did not have a fever and was still subjected to the mandatory quarantine in the tent in New Jersey, I think this quarantine was indeed unethical as her individual liberties were violated and were not ethically or scientifically justified.

The ethical issue of quarantine in public health emergencies highlights specific professional, political, and financial obligations associated with the intervention. Medical professionals and experts in the fields of infectious disease and public health have a responsibility to provide the public and decision-making government officials with accurate information and education regarding communicable diseases. This information will allow them to develop and enact the appropriate public health intervention for the situation that respects individual rights while protecting the public health. Consultation with legal counsel and ethicists may also help to reach an appropriate decision regarding quarantine. Government officials developing and carrying out the order of quarantine must make their decision transparent, in consultation with experts, the court, the public, and the people who will be affected by the quarantine. Further discussion of government agencies can result, if the public feels disconnected, ill informed, or without a voice in policies that directly impact their lives during a crisis (Baum et al., 2009).

The government should also support the people affected by quarantine and public health interventions, minimizing the financial, social, and moral burdens associated with the intervention. Clinical medical staff has the responsibility to prevent, detect, report, and treat contagious diseases, including diseases like Ebola. Patients in quarantine should be treated as equals, with care delivered in a dignified and respectful manner. Preventing the transmission of communicable diseases to providers and aid workers is a paramount concern because without these individuals there will be no one to treat the patient. The use of personal protective equipment must be a priority for health care and aid organizations to keep their safe. The cost of these interventions should be outweighed by the tremendous burden and morbidity and mortality associated with these communicable diseases.

The Ebola outbreak continues to be a threat to global public health. With the possibility of other infectious diseases and agents of bioterrorism threatening the safety of all Americans, accurate information and education regarding communicable diseases is critical. The Ebola outbreak may become more frequently considered and enacted to protect the population. This decision should not be taken lightly and other less restrictive options should always be utilized prior to restricting the liberty and autonomy of individuals for the protection and benefit of public health.

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MEMBERSHIP ASSEMBLY

ADVANCING THE PROFESSION, IMPROVING HEALTH IN ILLINOIS

OCTOBER 24, 2015
Normal, Illinois
Bloomington-Normal Marriott Hotel & Conference Center

ANA-Illinois is pleased to announce that the Illinois Nurses Foundation has received the Lessons in Leadership Grant. We are honored to work with the foundation to make this project inspirational to the nurses of Illinois. The grant will support several educational programs leveraging Lessons in Leadership to promote nurse leadership development for frontline RNs and nursing students.

The 2015 ANA-Illinois Membership Assembly Meeting is a one-day event that brings the membership together with the association leadership. ANA-Illinois and the Illinois Nurses Foundation will kick off the first portion of our work on the Lessons in Leadership project.

The afternoon session will include a video presentation, an expert panel and open dialogue. 3.0 CE credits will be awarded. The day closes with a dessert reception hosted by the Illinois Nurses Foundation.

Students may attend the Lessons in Leadership project presentation on a complimentary basis.

RSVP to: meetings@ana-illinois.org is required.

Registration is $50.00 and will include lunch, 3.0 hours of CE and a dessert reception hosted by the Illinois Nurses Foundation.

AGENDA
9:00 a.m. - 9:45 a.m. Registration open*
9:45 a.m. Registration closes
9:45 a.m. - 11:15 a.m. Membership Assembly Meeting
11:45 a.m. - 1:00 p.m. Lunch
1:00 p.m. - 4:00 p.m. Lessons in Leadership
4:00 p.m. - 5:00 p.m. Dessert Reception hosted by the Illinois Nurses Foundation

Every 10 years the Illinois Nurse Practice and Advanced Practice Nursing Act comes up for revision, which is referred to as the “sunset” of the act. At that time, proposed changes to the Act are submitted, e.g. revising the scope of nursing practice to reflect current and future practice, or clarifying the definition of who can call themselves nurses. The Illinois legislature and the governor must then approve the proposed changes.

In April of this year, leading nursing organizations who make up the Illinois Coalition of Nursing Organizations (ICNO) held a meeting to begin planning for the sunset of the practice act two years from now.

ICNO is leading the sunset initiative, and are forming workgroups that will review various portions of the current nursing act to determine if changes are necessary to move nursing forward or to offer clarity.

A key initiative is to hold open summits in 2016 throughout the state. The summits allow an opportunity for nurses to provide input on issues of importance to them and the profession.

Pam Brown, President of ANA-Illinois, spoke as to why ICNO has taken the lead on the 2017 Sunset: “Revisions are inevitable as nursing practice expands and changes, healthcare changes, and medicine changes. This is an ever-evolving process. The nursing act summits every 10 years and as 2017 approaches, the profession needs to take this time to critically evaluate the currency and relevancy of the nursing act practice. Based on that critical review, proposals will be submitted to the legislature in a timely manner. ICNO believes it is vitally important that all nursing organizations become involved in the process, and it makes sense for this group to lead the process.”

“We’re starting it now and plan to have proposed changes finalized in the fall of 2016,” Pam Brown said. “We’ll be working with the legislature in the spring of 2017 and our goal is to have a revised act ready by fall 2017.”

Brown says it is too early to speculate about what types of changes could be made, but that the leaders of ICNO believe it is crucial for nurses to be involved in the process.

Please watch the Illinois Nurses Grassroots Coalition’s Advocacy Portal for additional details and updates.

Resources will be made available to assist in the research
http://cqrcengage.com/ilnurses/2017SUNSET
Dr. Catherine Smrcina was a dedicated nurse leader who believed in advocating for nurses through organizational collective action. She was tireless in her volunteer activities in the National Association of Orthopedic Nurses (NAON), the American Nurses Association (ANA), the Illinois Nurses Association (INA), ANA-Ill., the Illinois Nurses Foundation (INF), the Illinois Coalition of Nursing Organizations (ICNO), and the Illinois Center for Nursing resources (ICNR). Her dedication was evident in everything she did. She was an active volunteer in every one of the organizations to which she belonged and could be counted on to be in attendance at any meeting addressing nursing issues.

Cathy began her journey with NAON, being elected to the NAON Executive Board as the North Central Representative in 1984. She served in this capacity for 3 years as the liaison to all members in the upper Midwest. She met with hundreds of nurses across the geographic area and would often appear at local and regional meetings.

In 1992, Dr. Smrcina became the 13th President of the National Association of Orthopedic Nurses. At the time NAON had over 9,000 members and Smrcina was diligent about making sure that each member’s needs were met. Cathy was involved with the development of the orthopaedic nursing standards of practice.

At the time of NAON’s 25th Anniversary, Cathy spoke to Carolyn Rogers from the AAOS and explained the importance of an organization that lead the way in developing standards for orthopaedic nursing practice. Dr. Smrcina stated (2005) “NAON was the forerunner in the development of standards of practice, standards of care and the establishment of a core curriculum,” says Smrcina. “Because little specific coursework on orthopaedics is taught in nursing schools, much of the training takes place on the job. In years past, this meant that most nurses learned to practice the way another nurse taught them. Orthopedic schools, much of the training takes place on the job. In years past, this meant that most nurses learned to practice the way another nurse taught them. Cathy was involved with the development of the orthopaedic nursing standards of practice.

Dr. Smrcina was a valued member of the Orthopaedic Nursing journal reviewer panel and served as a lead reviewer for a couple of supplements that were published over the years. When you asked Cathy for help, her response was always yes.

In recent years, Cathy was overseeing the NAON archives and acted as the association historian. She was in the process of writing the history of the third decade of NAON.

During her nursing career Cathy was very involved in the state nurses associations (INA and ANA-Ill) and the Illinois Nurses Foundation. She helped lead the INA at multiple levels by serving as a board member for INADistrict 19, establishing a much needed “district special box” is brought up and Cathy and the rest of us would often appear at local and regional meetings.

The purpose of the Illinois Nurses Foundation is to collaborate with community partners in promoting the health of the public by supporting nurses through charitable, research, and educational initiatives.

Cathy’s participation in all the associations to which she belonged will be greatly missed. She will be fondly remembered as a true professional - a nurse who cared for nursing as much as she cared for patients!

Mary F. Rodts, DNP, CNP, ONC, FAAN
Editor, Orthopaedic Nursing

Dr. Catherine Smrcina

June 27, 1952 – May 7, 2015

In Memoriam...

Catherine Smrcina, PhD, RN, ONC

Saturday, December 5, 2015

6:00 PM - 11:30 PM

Chicago Marriott Naperville

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When the Chair of the Illinois Center for Nursing (ICN), Dr. Maureen Shekleton, asked me if I would write an article for Nursing Voice, to share how my nursing background has helped me in my role as Vice President and Provost of Illinois State University (ISU), it gave me pause. It was never my intention to pursue the provost role, I had, of course, some trepidation of whether I could meet the challenge. Although there has been a steep learning curve and I continue to learn every single day from the incredible faculty, staff, and administrative team here at ISU, I feel well prepared to meet the challenge. Early on in my tenure as provost, several people remarked that I seemed to have grasped the role quickly and thoroughly, (although it doesn’t always feel that way)! I am very fortunate as I have had fantastic mentors throughout my career and I encourage all nurse leaders to be mentoring the younger generation to stretch them so they may become the best leaders possible, we will need them. Through it all, my education, expertise, mentoring, and networking in nursing prepared me to be a confident and strong listener and contributor, no matter the audience.

As I accepted President Dietz’s invitation to step in to the provost role, I was asked to attend the University Forum on Higher Education during the Summit of the Americas in Panama in April, 2015. This meeting brought together 400 university presidents and provosts from 35 different countries in the Americas. The goal was to identify how we could collaborate across countries and universities to advance the education of all people from the Americas. Seeing how other countries are working tirelessly to promote higher education was an incredible experience. These leaders were clear that higher education is the key to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry, and to a future of economic prosperity, informed citizenry. We need your voices to be strong!
The Nursing Voice

2015 Awards of Distinction - Philippine Nurses Association of Illinois Celebrates IL PNAI Leaders that Struggled to Establish and Grow the National Philippine Nurses Association of America

On April 25, 2015 the celebration began with a welcome from Alma Jaromahum, PNAI President, and from Bessie Schiroky, NCR Regional Vice President. Leticia C. Hermosa, JD, PhD, MSN, RN, Philippine Nurses Association of America President seat the stage for the rest of the evening by encouraging us to lead and transform ourselves and others, not only as PNAI chapter leaders, but members and leaders of our profession.

Four PNAI leaders were recognized for their vision, strength, and tenacity in sustaining a state nurses association and in founding a national association for Philippine American Nurses. The Philippine Nurses Association of Illinois began as PNA-Chicago, which was the first incorporated in 1978, and is the oldest incorporated chapter in the US.

Below is a brief description of each Distinction Award Recipient.

Clarita Go Miraflor, PhD, RN, CHCMQ was PNA Chicago President 1971-1978 and PNA Founding President 1979-1982. In 1978 Dr. Miraflor spoke at the PNA New Jersey's convention on "The unification of Philippine nurses in the United States"; that evening 23 visionaries established the organization that is now the Philippine Nurses Association of America. In 1976-1987 Dr. Miraflor and other Philippine leaders collaborated to support the defense of two nurses in Michigan who were accused of "killing 32 VA patients" – the charges were dropped for lack of evidence.

Dr. Miraflor also has the distinction of being the first Filipino elected to the Illinois Nurses Association board and as a vice-president. She is also the first president of the political action committee, which at that time was known as "State Nurses Active in Politics in Illinois." Dr. Miraflor has taught in Chicago, Southern California and a summer program on global health at Oxford University, United Kingdom. She was instrumental in the first Global Summit of Filipino nurses, representing 12 countries from 5 continents.

Maria Redona Couper, PhD, RN, PNAC President 1968-1970, 1978-1981, 1985-1987; PNAC Founder and President 1984-1986. As President of PNA Chicago, Dr. Couper held monthly meetings at different hospitals to assist hospital administrators in the educational content of the meetings as well as to increase PNAC membership and participation. She also coordinated continuing education programs providing information about Exchange Visitor Nurses (EVNs), responsibilities and consequences of non-compliance; as a result of these programs, with the encouragement of INA Executive Director Anne Zimmerman, she became a member of the INA Human Rights Committee.

Dr. Couper provided public testimony at State of IL capital opposing the proposal supported by the ISMS and IHA to exempt Canadian Nurses from taking the NCLEX (the nursing national licensure examination) and to exempt Canadian nurses from completion of CGFNS; both proposals were defeated. Canadian nurses are required to complete CGFNS and must pass the NCLEX exam prior to IL RN licensure. In 1979 Dr. Couper represented PNA Chicago in the formation organization that is now PNAI. She started her 1984-86 term as PNAI president attending meetings of the ANA Nursing Liaison Forum and was instrumental in getting the PNAI to join as a member. She was a member of the ANA Committee on Cultural Diversity and arranged for the PNAI president to be part of the ANA dignitaries in their opening ceremonies of the convention hall.

Remedios Alvarez Solarte, MSN, RN, PNAP (Michigan) President 1978-1982; PNAI Founder and President 1980-1992. In 1979 she represented PNA – Michigan as a founding member of what is now known as PNAI. PNAP was one of the five founding chapters with PNA Chicago, New Jersey, New York and Southern California. She was also selected as the first recording secretary of the national association.

Past-President Solarte became the sixth president of the PNAA in 1990, and she was inducted into office by the n ANA President Lucille Joel. The theme for this administration was Team Work and the slogan was Visibility, Viability and Vitality. Other accomplishments include: establishing excellence awards, growth in chapters from 17 to 24, recognition of PNAA at the dedication ceremony of the ANA headquarters in Washington, DC for supporting the ANA Nursing on duty program in 1990 with a donation of $10,000; responding to the Mt. Pinatubo disaster in the Philippines by sending monetary contribution to the PNAI Philippines earmarked for building artisan wells and toilets and bylaws revision to eliminate block voting.

Emma Baliquidna Nemivant, MSN, Med, RN; PNAC President 1966-1967, 1981-1983, 1983-1985; PNAC President 1986-1988. Immediately after she assumed the presidency of PNA-Chicago in 1986, E. Nemivant provided leadership, compassion and guidance after the “murder of the Century” in which 8 nurses in South Chicago Community Hospital, including 2 Filipino exchange visitor nurses, were found murdered. She organized a successful drive to raise funds which were sent to the families of the victims in the Philippines.

In the 1981-83 term of her presidency, PNAC recommended to the Illinois Department of Registration and Education that the requirement to take classroom and clinical courses after a third failure in the State Board Exam be waived and successfully argued that the nurses be allowed to take the exam six times because of a lack of school providing such training at an affordable price. This suggestion was incorporated in the revised Nurse Practice Act effective January 1, 1984.

During her term as PNAC President, with the support of the Tri-council of Nursing and ANA, PNAC strongly opposed the AMA proposal to create a new type of health care worker, the Registered Care Technologist (RCT) to alleviate a US nursing shortage. PNAA instead successfully proposed an extension of the stay of existing H-1A visa nurses by one year, which was approved by INS in 1988. The AMA proposal never materialized. During her career she received many awards and recognitions, among them the prestigious Banaag Presidential Award conferred by Gloria Macapagal Arroyo, President of the Republic of the Philippines, in Manila on December 15, 2004.

We thank all of these Illinois nurses, who provided leadership both in Illinois and nationally for their vision, strength, leadership, mentorship and compassion.

The Nurses Voice

September 2015

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The education program's goal was to provide an overview on how to affect dynamic transformations in the healthcare setting; including, but not limited to, examining the various complexities, diversities, and other challenges facing the industry of caring today and in the future. In addition to education programs discussing cutting edge topics with national speakers, there was a leadership institute.

The regional leadership institute focused on the essential skills that novice and expert leaders need to successfully manage and lead an organization to advance its mission. This leadership institute supports the Institute of Medicine Recommendation #3: Nurses should be full partners with physicians and other health professionals in redesigning health care in the United States (IOM 2010 The Future of Nursing Leading Change, Advancing Healthcare Quality)

The Philippine Nurses Association of Illinois (PNAI) is the leading voice and advocate for the Filipino-American nurses in Illinois. PNAA is one of 49 chapters of Philippine Nurses Association of America (PNAAI), is the oldest state chapter and provided essential to the formation of PNAAI.

Above is a picture from the 2015 Annual Gala Homecoming event at the end of the annual conference: Front row: Guest: Generoso D.G. Calonge, Philippine Consul General, Chicago, IL; Dulcealina A. Stahl, Ph.D., RN, CAF, University of Chicago Medicine; Remedios Newman Solarte, MSN, RN; PNAP Past President; Dr. Leticia C. Hermosa, RN, PNNA 7th Western Region; Linda B. Roberts, MSN, RN, IL Center for Nursing Manager; Gloria O. Simon, Ed.RN, PNAC Past President and PNPI President Elect; Alma L. Jaromahum, Ph.D., RN, PNAC President.
IOADN Happenings

by Mary Beth Luna, IOADN President

The Illinois chapter of the Organization for Associate Degree Nursing has been busy for the last several months. President Mary Beth Luna was one of four state chapter presidents awarded a scholarship by OADN to attend their annual Trip to the Hill in Washington, D.C. on March 18 & 19. Members of OADN’s Board of Directors and chapter presidents from Florida, Mississippi, Maryland, and Illinois were able to lobby legislators to continue federal funding for nursing scholarships and other initiatives. Our spring general meeting was held on April 16, 2015 at Moraine Valley Community College. Four chapters of the national honor society for Associate Degree Nursing, Alpha Delta Nu, shared their poster presentations with the attendees before the meeting. It was inspiring to see the students’ passion and conviction as they shared their scholarly projects. At the conclusion of the business meeting, Dr. Dawn Koebschler from Oakton Community College, presented her doctoral research as part of the requirement for the IOADN Educator Scholarship she received. The presentation was entitled, “Do You What I See? The Systematic Analysis of Visual Narratives as an Educational Strategy to Improve the Skill of Observation.” The presentation was excellent and stimulated much discussion among the nursing educators. Mary Beth Luna attended a meeting of the Illinois Coalition of Nursing Organizations (ICNO) on April 14, 2015 in Normal, IL. ICNO will be the group leading the review and revision of the RN education section. We are thrilled that our former president of IOADN and former president of OADN and current inaugural CEO of OADN, Donna Meyer, will be inducted into the NLN Academy of Nursing Education on October 2, 2015. Donna is the former dean of Health Sciences at Lewis and Clark Community College in Godfrey, IL. Our next general meeting will be held on Thursday evening, September 17 at Illinois Valley Community College. For information about IOADN, please see our website at www.ioadn.org or contact Mary Beth Luna at mbuna@ic.edu or 815-280-2605.

Retraining the Brain, think Health Economics when Strategizing Redesign

What skills in leadership, decision making and communication are important for being a member of a board of directors? Do nurses possess organizational knowledge that impacts quality of care? Should nurses be full partners with physicians and other health professionals in redesigning health care in the United States? These questions were the focus of the Illinois Healthcare Action Coalition (IHAC) leadership webinars on 6/24 & 7/15/15.

Presenter and host of each webinar was Pam Robbins, MSN, RN, ANA-IL Legislative Chair and Illinois Healthcare Action Coalition Leadership Sub-Committee Chair. During the June 24 webinar, Carmen C. Howanc, MSN, RN, Illinois Center for Nursing (ICN) Board member and Director of Health Education Services as SPC Educational Partners spoke about boards in general and the new board chairman to apply to serve on the hospital board of directors. She also talked about her community and professional activities, including quality improvement background, serving in leadership capacities in her children’s school and on professional nurse association boards, prior to serving on a hospital board. She discussed how she has been able to improve quality care during the last five years as a board member. Pam Robbins’ literature review included the fact that nurses remain largely overlooked for board positions, the highest level of organizational leadership. A recent survey of more than 1,000 hospital boards (AHA 2011) found that 6% of board members were nurses, while 20% were physicians. IHAC is an organization who have unique skills and expertise, to “lean in” and serve on a not-for-profit board. Both Pam and Carmen discussed the work needed to maintain preparedness on a board of directors. Nurses must be familiar with health policy, financing and research evidence related to the economic value of nursing.

The July 15 webinar featured Lawrence Prybil, PhD, LFACHE, Norton Professor in Healthcare Leadership, Associate Dean College of Public Health, University of Kentucky and author of Nurses on Boards: The Time Has Come (Nurse Leader 2014, Prybil, Dreher & Curran), Sharon Hawner, PhD, RN, Assistant Professor University of Buffalo, Specialist in informatics and health outcomes research and Pam Robbins spoke about board members and the need for nurses to evidence to be a member of a board. IHAC’s Lauren Brouwers (RN, Illinois Center for Nursing (ICN) Board member and IHAC Action Coalition Leadership Sub-Committee Chair. IHAC is an active member of the Center to Champion Nursing in America, which recently convened the Nurses on Boards Coalition (NOBC). NOBC is a group of 22 national nursing and other professional nursing organizations working together with the goal of improving the nation’s health through the service of nurses on boards of directors. The NOBC aims to put 10,000 nurses on boards by 2020.

Dr. Prybil’s presentation summarized several of his research studies on hospital governance, identified strategies to assist nurses to move into governance seats, shared some realities that have impeded nurse membership on boards and focused on how boards can bring about change. The review of literature 2005-2015 included nurses and physician engagement in health system governance. Because of long-standing traditions in the health field and pressures from the IRS and other authorities to ensure that a large majority of board members are “independent,” a substantial portion of nonprofit board leaders are reluctant to appoint any organizational employee other than the CEO as a voting member of their health organization board. Dr. Prybil echoed what Carmen Howanc said, that often it is someone on the board who successfully advocates to have you appointed. Dr. Prybil’s presentation included the benefits already seen only 6 months into the 2 year AHRQ study.

Dr. Prybil’s presentation summarized several of his research studies on hospital governance, identified strategies to assist nurses to move into governance seats, shared some realities that have impeded nurse membership on boards and focused on how boards can bring about change. The review of literature 2005-2015 included nurses and physician engagement in health system governance. Because of long-standing traditions in the health field and pressures from the IRS and other authorities to ensure that a large majority of board members are “independent,” a substantial portion of nonprofit board leaders are reluctant to appoint any organizational employee other than the CEO as a voting member of their health organization board. Dr. Prybil echoed what Carmen Howanc said, that often it is someone on the board who successfully advocates to have you appointed. To view the recording: https://attendee.gotowebinar.com/...
A highly qualified and diverse nursing workforce to deliver safe, competent, patient-centered care in an array of environments is necessary to meet the goal set by the Institute of Medicine to increase the number of baccalaureate prepared nurses. The state of Illinois needs a plan for nursing students to progress through the education pipeline without loss of course credits and time. This is significant given the growth in the disease burden attributable to an aging population, the expansion of insurance coverage under the Affordable Care Act, and the number of experienced nurses who near retirement. During the 2014 online license renewal, the IDFPR/Illinois Center for Nursing conducted a voluntary survey of 52,902 RNs, representing 31% of the total RN population in Illinois. Approximately 39% of nurses in Illinois who responded have a baccalaureate degree, 26% have an associate’s degree, 8% have a diploma, 10% have a master’s degree, and less that 1% have doctoral degrees. Increasing numbers of well-prepared graduate nurses is the goal of educators and clinical practice partners. The Illinois Healthcare Action Coalition (IHAC) Education Workgroup collaborated jointly with Illinois nursing organizations (Illinois Association of Colleges of Nursing, Illinois Community College Board Deans and Directors, Illinois Organization of Associate Degree Nursing Programs) pertaining to the topic of seamless academic progression for nursing students from an associate degree program (ADN) to an advanced degree program utilizing one admission process and a standardized curriculum. At a 2014 joint meeting, a standardized curriculum for Illinois ADN academic progression for nursing students from an associate degree program (ADN) was recommended. All courses fit the Robert Wood Johnson Foundation Campaign for Action Foundational Courses. The recommended curriculum:

- Anatomy and Physiology w/lab (8 semester hours)
- Microbiology (4 semester hours)
- Introduction to Psychology (3 semester hours)
- Developmental Psychology (3 semester hours)
- English Composition (3 semester hours)
- English II (Speech; 3 semester hours)

*Approximately 38-40 hours of nursing will transfer
*Total: 62-64 semester hours to transfer to BSN Completion

On May 1, 2015, the Co-chairs of the IHAC Education Workgroup, Sheri Banovic/Lewis and Clark Community College and Vickie Keough/Loyola University Marcella Niehoff School of Nursing, presented an overview of efforts of all partners completed to date, to the IDFPR Board of Nursing. Julie Varns, PhD student and Jonas Nurse Leader PhD candidate at the University of Missouri – St. Louis, a National Jonas Leadership at the University of Missouri – St. Louis, a National Jonas Leadership Scholar, presented the curriculum content. The IHAC Education Workgroup continues to review emerging education models for seamless transition of RN/BSN across the state. Emphasis has turned to program evaluation of outcomes relating to various curricular models.

Additional information on the Illinois Healthcare Action Coalition (IHAC) website http://www.illinishac.com/

Left to right: Sheri Banovic, Julie Varns, Vicki Keough, and Joan Libner, EdD, RN-BC, CNE (Chairperson, IL Department of Financial & Professional Regulation Board of Nursing) May 1, 2015, Springfield, IL

Authors: Julie Varns, PhD is a Nursing Instructor at St. Johns College, Springfield, IL, PhD candidate at the University of Missouri – St. Louis, a National Jonas Leadership Scholar, and a member of the Illinois Healthcare Action Coalition (IHAC) Education Workgroup. Sheri Banovic, MSN, RN, FNP-BC, is the Director of Nursing Education, Lewis and Clark Community College and IHAC Education Workgroup Co-Chair. Vicki A. Keough, PhD, APRN-BC, ACNP, FAAN, is Dean and Professor, Marcella Niehoff School of Nursing, Loyola University of Chicago and IHAC Education Workgroup Co-Chair.

The Illinois Department of Financial and Professional Regulation Announces a New Stream-lined Process for RN and LPN Licensure Verification

Licensee Verification can now be done through Nursys.

The Illinois Department of Financial and Professional Regulation/IDFPR Board of Nursing has already been a licensure and discipline participating board in Nursys. The Nursys nurse licensure and disciplinary database is the repository of the licensure and disciplinary data of State Boards of Nursing. Nursys is a database that allows all state and territory licensure and regulatory agencies to communicate the status of all RN and LPN or LVN licenses in their jurisdiction with each other. As Illinois moves forward, verification of Illinois RN and LPN licensure will be done through the National Council of State Boards of Nursing’s Nursys system.

Nursys license verification service is a great service for Illinois nurses, as it is available 24/7, and makes their license verification immediately available to the board of nursing where they are applying for licensure. For the State of Illinois, this means a reduction in mailing costs and potential paper fraud. It also means licensure staff will be able to dedicate their time to other agency work. The Nursys license verification process is dynamic, meaning it stays “current” up until the time the receiving board picks up the license verification from Nursys.

Q. Where can I get more information to learn about this Nursys licensure verification process?

A. We recommend that you review the Nurse License Verification video (https://www.nursys.com/Help/HelpVideo/Player.aspx?VID=NLV). The video discusses the process in detail and the fees associated with the licensure verification.

Q. What is the NEW process for the Illinois Department of Financial and Professional Regulation to endorse my IL RN or LPN License to another state?

A. You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for other state boards of nursing can be found at the National Council of State Boards of Nursing/NCSBN website: http://www.ncsbn.org/. Verification of Illinois RN or LPN licensure will be done through the NCSBN’s Nursys system. Visit http://www.nursys.com for more information on this service.

Let’s Get Ready for Illinois RN Relicensure in 2016!!

How many Continuing Education hours do IL RNs need to renew their license?
The IL Nurse Practice Act and Rules requires all RNs shall complete 20 hours of approved CE per 2 year renewal cycle in order to maintain their IL RN license.

If this is my first time renewing my IL RN license – do I need to complete the 20 hours of CE?
No, a renewal applicant shall not be required to comply with CE requirements for the first renewal of an IL RN license.

Do I need to turn in copies of my CE certificates during re-licensure?
No, you do not need to turn in copies of CE course completion certificates. Each licensee is responsible for maintaining records of completion of CE and shall be prepared to produce the records if requested by the Department.

Are there equivalencies for Continuing Education CE?

- a. 1 contact hour = 60 minutes
- b. 1 contact hour = 1 CE
- c. 1 academic semester hour = 15 contact hours/15 CE
- d. 1 academic quarter hour = 12.5 contact hours/12.5 CE
- e. 1 CME = 1 contact hour/1 CE
- f. 1 CNE = 1 contact hour/1 CE
- g. 1 AMA = 1 contact hour/CE
- h. 1 CEU = 1 CE

During what time period must the Continuing Education (CE) be completed?
All CE courses must be completed in the 24 months preceding expiration of the license. For the upcoming 2016 RN renewal, all CE must have been completed between June 1, 2014 and May 31, 2016.

Is there someone that I can talk to?
Yes, please call the IDFPR call center: 1-800-560-6420, Monday through Friday.
Illinois Center for Nursing (ICN) Chairperson Maureen Shekleton, PhD, RN, DNAP, FAAN, presented the 2014 Illinois Center for Nursing RN Workforce Survey and Report to the Illinois Department of Financial and Professional Regulation (IDFPR) Board of Nursing. During the 2014 online licensure renewal period, the IDFPR/Illinois Center for Nursing conducted a voluntary survey of the approximately 170,000 IL RNs; 52,902 RNs, representing 31% of the total RN population in Illinois completed the survey. The survey was structured to capture data on the demographics, education, state distribution, and practice foci of RNs in Illinois.

The discussion with the Board of Nursing touched on the aging of the RN workforce. Of the respondents polled, 40% are 55-65 years of age or older. One-third of this group has indicated an intent to retire within the next 5 years. Of the respondents who self-identified as working in education, the vast majority are concentrated in the older age group, making it necessary to view these data within the context of our educational pipeline.

Of particular concern are the small numbers of nurses in the younger age cohorts (25-35 years) who are entering PhD programs. There are concerns of maintaining the educational pipeline to continue to prepare the nursing workforce. The IL Board of Nursing approves and has oversight over IL RN and LPN pre-licensure nursing education programs.

Current projects, including the 2015 LPN workforce survey data collection completed 1/01/15, as well as outreach activities in the nursing and healthcare communities were also reviewed. The ICN works to enhance the delivery of quality health care services by providing ongoing strategies and initiatives supporting the nursing workforce in Illinois.

The Illinois Healthcare Action Coalition (IHAC) is a partnership which ICN co-chairs with the Illinois Organization of Nurse Leaders (IONL) and ANA-IL. IHAC’s current priorities are the Robert Wood Johnson Foundation (RWJF) State Implementation Program (SIP) grant activities: Diversity and APN Forums, the Leadership Fellowship Recognition event, 40-under-40 Leadership Inaugural Recognition event and the leadership webinars on 6/24 and 7/15/15. ICN was instrumental in the development, presentation and outreach for participation in the APN and diversity forums and the leadership events.

Some highlight events:
- 4/22/15 IHAC APN Forum, UIC College of Nursing Institute for Healthcare Innovation, Chicago, IL.
- 4/30/15 The American Nurse Movie premiere screening sponsored by the American Nurses Association Foundation and the Illinois Nurses Foundation, Chicago, IL
- 5/6/15 The American Nurse Movie in partnership with the Center to Champion Nursing in America, Loyola University Niehoff School of Nursing, 3 showings at the Rosenmont Carmike Cinemas, Rosemont, IL, followed by Q&A with IHAC leaders and audience members
- 5/28/15 IHAC APN Forum, UIC College of Nursing Institute for Healthcare Innovation, Chicago, IL
- 6/24/15 Leadership webinar, Nurses on Boards, Pam Robbins, MSN, RN and ICN Board member Carmen Hovanec, MSN, RN presentation included exploring what nurses need to know when considering serving on a non-profit board along with possible arenas to build board level skills and experiences.
- 7/9/15 IHAC Leadership Fellowship Awards Recognition dinner, ICN Board member C. Haviley
- 7/10/15 Chairperson Maureen Shekleton PhD, RN, DNAP, FAAN presented the 2014 IL RN Workforce Report to the IDFPR Board of Nursing, Chicago, IL
- 8/2/15 IHAC Diversity Forum K. Delaney, PhD, PMH-NP presented IHAC APN Survey results – a snapshot and the ICN 2014 RN Workforce Survey Report, Edwardsville, IL

The ICN Advisory Board of Directors meets by videoconference in the IDFPR offices in Springfield and Chicago, 9am – 2pm on the second Wednesday of the months of February, April, June, September, October and December. The next meetings are: October 14, 2015 and December 9, 2015. ICN meetings are open to the public. Meeting dates are posted on the ICN website, tab: About the Advisory Board http://nursing.illinois.gov/aboutboard.asp and also located on the Division of Professional Regulation web page, on the right side, section: Division Features: http://www.idfpr.com/DPRdefault.asp, tab: FY15 Committee/Board schedules.

The ICN is working with industry professionals and educational institutions to ensure that Illinois has a nursing workforce necessary to meet the demands of a growing and aging population. Visit the ICN website, http://nursing.illinois.gov

Kathleen Delaney, PhD, PMH-NP presented a snapshot of APNs in Illinois followed by a panel discussion with representatives of insurance, small businesses, healthcare organizations
- 4/30/15 The American Nurse Movie premiere screening sponsored by the American Nurses Association Foundation and the Illinois Nurses Foundation, Chicago, IL
- 5/6/15 The American Nurse Movie in partnership with the Center to Champion Nursing in America, Loyola University Niehoff School of Nursing, 3 showings at the Rosenmont Carmike Cinemas, Rosemont, IL, followed by Q&A with IHAC leaders and audience members
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Little Company of Mary Hospital Recognizes Outstanding Nurses in Celebration of National Nurses Week

On Thursday, May 7th, Little Company of Mary Hospital (LCMH) recognized outstanding and dedicated nurses at the 2015 National Nurses Week Awards and Recognition Tea. This was part of a national celebration to honor the nearly 3.1 million registered nurses in the United States that comprise our nation’s largest healthcare profession.

Four LCMH nurses were specifically recognized for consistently going above and beyond in their compassionate care and duties over the course of the past year. These recognitions include: Nurse Educator of the Year, Nurse Leader of the Year, Care Partner of the Year, and Nurse of the Year.

Nurse Educator of the Year award was presented to Mary Kay Nowicki, R.N. Mary Kay is someone who acknowledges the intelligence and worth of each individual and presents herself portraying the positive image of what nursing is truly about. She also runs the Transition to Practice Cohort program at LCMH, which consists of a 12-week orientation for new graduate nurses that works to build confidence in each individual.

Nurse Leader of the Year award was presented to Mary Grimm, R.N., Maternal/Child Nurse Manager. Mary consistently demonstrates excellence in leadership skills and has a high level of community involvement, including local events.

Nurse of the Year award was presented to Joanne Pizzo, R.N. Joanne began at LCMH in 1989 as a registry nurse. Today, Joanne continues to go above and beyond for all of her patients. She works specifically with patients in the hospital’s Memory Program and has recently assisted with development of the new Wound Care and Vascular Center at LCMH.

“...if you think involvement in the political process is every citizen’s responsibility.”

Throughout National Nurses Week, LCMH also held a Mass of Thanksgiving on Monday, May 4th, and a Nursing Breakfast, which took place on Wednesday, May 6th, in additional to other celebrations held to honor our nurses.

Care Partner of the Year award was presented to Rose Krueger, who truly exemplifies the core values of LCMH: Professionalism, Quality, Compassion, and Responsibility.

Nurse of the Year award was presented to Joanne Pizzo, R.N. Joanne began at LCMH in 1989 as a registry nurse. Today, Joanne continues to go above and beyond for all of her patients. She works specifically with patients in the hospital’s Memory Program and has recently assisted with development of the new Wound Care and Vascular Center at LCMH.

“I wish to make my contribution via personal check. (Make check payable to Nurses-PAC).”

“I wish to make a monthly contribution to Nurses-PAC via my checking account. By signing this form, I authorize the charge of the specified amount payable to Nurses-PAC be withdrawn from my account on or after the 15th of each month. (PLEASE INCLUDE A VOIDED CHECK WITH FORM)”

“I wish to make my monthly Nurses-PAC contribution via credit card. By signing this form, I authorize the charge of the specified contribution to Nurses-PAC on or after the 15th of each month.”

“I wish to make my annual lump sum Nurses-PAC contribution via a credit or debit card. By signing this form, I authorize ANA-Illinois to charge the specified contribution to Nurses-PAC via a ONE TIME credit/debit card charge.”

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