The board and officers assume office on January 1.

Experience serving for eight years on the ANA Board of Directors. The structure is as follows:

1. Board member orientation.
2. Election of officers.
3. Discussion of goals:
   A. Increase the number of fundraising events to support NFW efforts.
   B. Improve upon the current fundraising activities and efforts for the purposes of increasing NFW's visibility and identified as a source of supporting nursing education and research.
4. Identification of activities for remainder of 2015 and throughout 2016:
   A. End of the year WNA member request for donations.
   B. 2016 APRN Clinical Pharmacology and Therapeutics Conference, including a silent auction and a 50/50 raffle.
   C. May 14 Annual Nightingale 5k Run/Walk for scholarships and research.
   D. October 2016 WNA Membership Assembly and Annual Meeting; Silent Auction and 50/50 raffle.

The highlights of WNA Board Meetings:

- Approved the revisions to WNA's Policy and Procedure Manual.
- Approved the minutes of the August 7 and October 18, 2015 Board meetings.
- Accepted the report of the WNA Treasurer and WNA Executive Director.
- Approved the appointment of Elizabeth Markham as Communications & Membership Director.
- Approved the minutes of the August 7 and October 22, 2015 Board meetings.
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This year, WNA’s Membership Assembly and Annual Meeting were held in Madison at the Monona Terrace on October 23, 2015, and were much different from past years. The changes came about through the recommendations submitted by WNA’s Task Force on Annual Meeting and Convention. The recommendations addressed how to avoid a net loss and increase member participation. The most significant differences were that it was a one-day meeting, and allowed for members to join virtually.

The virtual option was a big success, allowing members from across the state to participate in the annual meeting by watching the presentations on a mobile device or computer. Members said that even though they enjoy being at the conference in person, it’s nice to know that the option is out there for them. We hope that this will boost our attendance ratings in years to come so we can maintain a quorum for voting purposes.

Summary of 2015 Membership Assembly

Breakfast and Bylaws

The meeting began with an overview of the proposed changes to WNA’s Bylaws that was presented by Ellen Murphy, WNA’s Bylaw Committee Chair. One of the changes that had a lot of discussion was the elimination of the President’s Chair. The different reasons for the change were provided along with each of the WNA’s Past Presidents in attendance sharing their support for the elimination of the two positions.

Camp Laurel, a private, co-ed, residential camp in Maine seeks a Nurse Manager, Charge Nurses and Staff Nurses. Often claimed as one of New England’s premier summer camps, Laurel boasts excellent facilities and a well-staffed medical team. NPs, RNs, LPNs and Recent Grads are all welcomed to apply. Excellent Salary, Travel Allowance, Room and Board. For more information visit www.camplauriel.com, email staff@camplauriel.com or call 800-327-3509.

Dialogue Forum

Members participated in a dialogue forum that consisted of an update and member discussion with recommendations on the three WNA References that were adopted at the 2014 WNA Annual Meeting. The chairpersons of each Task Force presented an overview of the reference and work year-to-date. Members were asked to provide written and verbal comments and suggestions on how to achieve the identified goals. The comments have been recorded and forwarded to each of the Task Force Chairs which will be shared with the Task Force members. For more information on the three Task Forces please refer to the article, Task Force Updates, found later in this edition.

Education offering on WNA’s work related to the Triple Aim [Institute for Health Improvement]

A panel presentation was provided that demonstrated WNA’s involvement in state and organization-sponsored initiatives that address the goals of the Triple Aim. Carolyn Krause, WNA Past President, provided an overview of the goals of the Triple Aim followed by a summary of the State of Wisconsin Department of Health Services, State Health Innovation Plan (SHIP). SHIP is a federally funded grant awarded by the Center for Medicare and Medicaid Innovation (CMMI) that is committed to the following: Identify health care services with the greatest variation in quality and cost-effectiveness; Identify major cost drivers; Identify clinical conditions with the most severe disparities in health outcomes; Establish and analyze a focused reference for health services; and Improve dissemination and implementation of best practice. Carolyn is a member of the workgroup on population health.

Camp Laurel boasts excellent facilities and a well-staffed medical team. NPs, RNs, LPNs and Recent Graduates are all welcomed to apply. Excellent Salary, Travel Allowance, Room and Board. For more information visit www.camplauriel.com, email staff@camplauriel.com or call 800-327-3509.

Camp Laurel, a private, co-ed, residential camp in Maine seeks a Nurse Manager, Charge Nurses and Staff Nurses. Often claimed as one of New England’s premier summer camps, Laurel boasts excellent facilities and a well-staffed medical team. NPs, RNs, LPNs and Recent Graduates are all welcomed to apply. Excellent Salary, Travel Allowance, Room and Board. For more information visit www.camplauriel.com, email staff@camplauriel.com or call 800-327-3509.
Tina Bettin is President of the APRN Forum Board, which is a WNA Mutual Interest Group (MIG). Tina provided information on WNA’s membership in the Wisconsin Council on Medical Education and Workforce (WCMEW). As a member of the council, WNA has contributed to helping the other members serve the nursing workforce in primary care, interprofessional practice, and team-based care. WCMEW is a not-for-profit organization with the board of directors comprised of the Wisconsin Hospital Association, Wisconsin Medical Society and the Rural Wisconsin Health Cooperative.

Gina Dennik-Champion provided a summary of the CDC Chronic Disease and Prevention Grant Awarded to WNA by the Department of Health Services through the Division of Public Health. The purpose of the grant is to identify the prevalence of patient-centered team-based care services in Wisconsin that focus on patients with hypertension and diabetes. Gina presented the most recent activity which was the development of a conceptual model on patient-centered team-based care. Please refer to the article on the model found in this edition.

WNA Annual Meeting

WNA’s Annual Meeting was called to order at 2:30 PM by Linda Gobis, WNA Acting President. Roll call was conducted to determine if there were enough members present to constitute a quorum. There were not enough members present, even including those joining virtually, and therefore voting was conducted by the WNA Board.

The report of the President, Treasurer, and Executive Director took place. A period of time was spent discussing the decision of the WNA Board of Directors to sell WNA’s building, which included the current and future costs to maintain the building as the age of the building will require replacements related to the roof, driveway, and HVAC units to name a few. The members were informed that WNA had accepted an offer to purchase the building with a closing date of December 1, 2015. The members supported the Board of Directors decision.

The vote on the proposed changes to the WNA Bylaws was approved. The summary of the changes are found in the article submitted by Ellen Murphy, WNA Bylaws Committee Chairperson. Marie Garwood, Chair of WNA’s Nominating Committee, reported on the results of the WNA Elections. This report can be found in a separate article.

Participants commented on the meeting as well as what they will take back with them and to their practice. Below is a summary of their comments:

- Great opportunity to network
- Share this information with my nurse colleagues to promote engagement
- Use this info to teach undergrads regarding public policy
- What I learned will help with my internship presentation
- Try to focus more on environmental health issues in the workplace
- Be more proactive politically for nurses
- Review the ethics code more often
- Yet a team-based care model
- Overall understanding of nursing workforce issues
- This put a light on nursing awareness opposed to the usual system awareness
- I will make a poster for my staff nurses to encourage them to get involved.

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We offer excellent salary and benefits packages, educational and professional development programs, and — coming in 2016 — a brand-new, state-of-the-art 13 Children’s Hospital specifically designed to meet the needs of our patients and their families.

Be a part of our future. It could change your life.

Apply online at uihhr/comp/7779 or contact the nursing recruitment team: nursinghr@uiowa.edu or 319-356-5285.
This is a summary of the 2014 fiscal year end operating budget which runs from January 1, 2014 to December 31, 2014.

Total Revenue for fiscal year end 2014 was $468,345.57 and Total Expenses was $493,416.28. This resulted in a variance of expenses over revenue of $25,098.31. The fiscal year end budget was set at revenue over expenses of $27,60.

**Income summary**

**WNA Dues**

Membership dues were budgeted for $245,121.00 whereas the actual was $245,929.45. This results in $808.45 more income than in our budget.

**Non-dues Revenue**

Non-dues revenue was budgeted for $278,147.28, whereas the actual was $222,416.12, which resulted in a less than budgeted amount of $55,730.96. The budgeted income items that did better than their budget were CEAP, STAT, Friends of WNA, and Honoraria. Non-dues revenue that did not meet their budget expectations were CNEP (educational conferences $11,000), Annual Meeting, $25,000, office rental, product sales, website advertising, and royalties.

**Expense summary**

**Total Expenses** was budgeted for $523,240.68, whereas the actual amount was $493,416.28, which is under budget by $29,824.40.

**Salaries, Benefits and Consultants**

This budget category was under budget by $52,974.79, which reflects the reduced number of WNA staff.

**Staff Expenses**

Were found to be over budget by $1,189.57. There was one extra travel time for WNA's virtual employee.

**Office expenses, Building, and Postage**

The major expense item for this being over budget by $21,665.03 was building costs; i.e. snow removal services, building repairs, and landscape costs.

**WNA Board of Directors and Committees**

Came in under budget by $331.72.

**Structural Units**

Were $35.29 under budget

**WNA Goals**

Were $1,449.74 over budget which was related to member recruitment and retention activities.

**Loan Interest**

Was $3,630.82 over budget and reflects the interest paid on the bank loan to cover cash flow issues.

Please refer to the charts showing income and expenses.

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**RN Opportunities**

Looking for a career change? We have just the opening for you!

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The results of the election are as follows:

**Board Officers**
- **Vice President**: Linda Gobis, Oshkosh
- **Treasurer**: Cathy Berry, Eau Claire

**Directors-at-Large**
- **APRN Representative**: Deborah Schwallie, Elm Grove
- **Director**: Tiffany Barta, Milwaukee

**WNA Councils**
- **Nursing Practice & Quality, Research and Education**: Cathy Andrews, Madison
- **Workforce Advocacy Council**: Jodi Arriola, Chippewa Falls
- **Public Policy Council**: Neal Cragg, Madison
- **ANNA Representative**: Linda Gobis, Oshkosh

Congratulations to all and thank you for your leadership, time commitment, and boundless energy.

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**Report of WNA Bylaw Changes Adopted at the 2015 WNA Annual Meeting**

*Submitted by Ellen Murphy, WNA Bylaw Committee Chair*

After hosting two telephone conference hearings and a breakfast hearing at the WNA convention, the Bylaws committee is proud to introduce several substantive and editorial changes to WNA's bylaws.

Several of the changes were made to bring the WNA bylaws in line with the latest ANA bylaws, including one that clarifies that business meetings could be held at either annual meetings or special meetings attended by at least 5% of the membership or a majority of the Board of Directors.

Minor changes included adding the acronym "MIG" so that Mutual Interest Groups could more easily be discussed.

One substantive area involved changing language specifying that the Nominating committee is an autonomous committee elected by and reporting to the membership, not to the board. Even though this is a bylaws change, this actually has been the way that the Nominating committee has operated for decades.

The bylaws have also deleted the ‘finance and audit’ committee from the standing committees. The finance committee remains in place, but the audit committee was not reconstituted elsewhere in the bylaws. Rather than rely on a volunteer audit committee, the bylaws were further amended to require the Board to retain the services of a credentialed CPA firm to conduct at least a biennial audit.

The most involved change was the deletion of the past president and the president elect positions from the board and then replacing that position with an additional Director-at-large. This is so that a nine member board is retained. Prior to this change, the nine board members included five executive committee members and four Directors, two of whom were designated as a staff or advanced practice nurse. That left only two non-designated Director positions. The newly elected persons will assume office on January 1 after the annual meeting, instead of at the close of the annual meeting.

The 2015 approved Bylaws can be found on WNA’s website under “About WNA”.

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So make sure your patients hear about 1-800-QUIT-NOW. You can quadruple your patients' chances of quitting tobacco for good with help from the Wisconsin Tobacco Quit Line. Our evidence-based counseling, free medications and 24/7 support give smokers the extra help they need to quit successfully. Your encouragement means a lot, so have your patients call today.

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Sponsored by the Wisconsin Tobacco Prevention and Control Program, part of the Wisconsin Department of Health Services.
Barbara Nichols—
the 2015 Littlefield Leadership Lecture presenter

WNA is pleased to congratulate Barbara Nichols, MS, RN, FAAN as the UW-Madison School of Nursing 2015 Littlefield Leadership Lecture presenter. Her lecture, A Nurse’s Journey of Leadership Challenges in Diversity, Inclusion, and Practice provided insight and expertise to a filled auditorium at the UW-Madison School of Nursing. The Littlefield Leadership Lecture is an endowed annual lecture named in honor of Dean Emerita Vivian Littlefield. The Littlefield schedule included a tea, Nichols’ lecture, responses from Mary Cieslek-Duchek, RN, MSN, director of system nursing integration at Aurora Health Care in Milwaukee, and Patrick Simms, MFA, vice provost and chief diversity officer at UW-Madison, as well as a post-lecture reception.

Barbara Nichols served as President of the Wisconsin Nurses Association in 1970 and as President of the American Nurses Association in 1979. Barbara is the leadership and diversity coordinator for the Wisconsin Center for Nursing as well as a national diversity consultant to the Robert Wood Johnson Foundation’s national implementation of the Institute of Medicine Report titled “The Future of Nursing: Leading Change, Advancing Health.”

Congratulations Barbara!

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Wisconsin Nurses Association Updates

WNA headed to Oshkosh on November 9, 2015 to provide a workshop for new RNs, or those about to graduate from nursing school. Throughout the day participants listened, learned, questioned, and interacted with one another on the workshop topics that addressed interviewing for employment, avoiding the bullying trap, using the ANA Code of Ethics to support and protect practice, lab values for everyday use, delegation, and a surviving your first year forum presented by newly graduated RNs.

The workshop was held at the UW-Oshkosh Welcome and Conference Center. Participants were greeted and welcomed by UW-O College of Nursing Dean, Leslie Neal-Boylan, who also donated four of her authored books, The Nurse’s Reality Gap and The Nurse’s Reality Shift which were given out at the workshop.

The students had some excellent takeaways from the workshop. They found the presentations very informative, many of them saying that they would be saving their handout from the labs presentation for reminders when they study for their boards, or even once they start practicing. The tips for interviews were also helpful, many of them wishing they attended the workshop prior to starting their job search senior year. They especially enjoyed the interactive format of the panel with new RNs, as they eagerly asked questions and jotted down notes.

Stay tuned for information on the next Surviving Your First Year (SYFY) workshop in spring of 2016!

WNA wants to thank and express sincere appreciation to the presenters:

Paula Hafeman, DNP, RN, FACHE – Divisional Chief Nurse Executive, Hospital Sisters Health System- Eastern Wisconsin
Mark Marnocha, MS, PhD – Associate Professor (CHS) of Family and Community Medicine, Medical College of Milwaukee; Clinical Psychologist
Suzanne Marnocha, MSN, PhD, RN, CCRN retired – Clinical Associate Professor & Curler Endowed Professor, Assistant Dean and Pre-Licensure Director, UW-Oshkosh College of Nursing
Katy Schmitt, PhD, RN, CNOR – Assistant Professor, UW – Oshkosh College of Nursing
Linda Gobis, RN, BSN, JD – Assistant Professor, UW-Oshkosh College of Nursing
Alex Hetzer, BSN, RN – Registered Nurse in Medical-Respiratory ICU, Aurora St. Luke’s Medical Center
Maggie Wolf, BSN, RN, CCRN – Registered Nurse, Inpatient Recovery Room – UW Health
2016 WNA Nurses Day at the Capitol
Save the Date!

2016 will be the second half of the legislative biennium, and with that, the Senate and Assembly leadership plan on ending the year as early as possible in April. This is due to the fact that 2016 is an election year and legislators that are running for re-election will want to be visible in their district and be able to respond to their constituents’ concerns.

This will result in a flurry of activity in regards to the amount of legislative proposals that will be introduced and acted upon. Hopefully WNA’s two legislative initiatives, the APRN Uniformity Act, and Battery to a Nurse/Workplace Violence, will be addressed. 2016 Nurses Day at the Capitol will be the opportune time for legislators to hear our voices via legislator office visits, collective action, and other grass-roots activity.

Rebecca Patton to Keynote 2016 WNA Nurses Day at the Capitol

WNA is pleased to announce that ANA Past President, Becky Patton, MSN, RN, CNOR, FAAN, will be sharing her expertise on engaging nurses in the political process. She co-authored the practical, how-to style book called Nurses Making Policy: From Bedside to Boardroom, which was written to help advanced students and nurse leaders develop health policy skills to advocate for patients from the bedside to the larger political arena.

In addition, the morning portion of the day will include a reflection on political leadership. ANA Past President and WNA Past President, Barbara Nichols, MS, RN, FAAN, will join Becky Patton as they discuss their personal experiences during the time they served as ANA President related to meetings at the White House and Congress. This conversation will be led by WNA President Linda Gobis, RN, MN, JD.

In addition, Becky will be available for book signing throughout the day.

Please consider attending March 8, 2016 Nurses Day at the Capitol and register today!

REGISTER NOW!

30th Annual WNA APRN Forum
Pharmacology & Clinical Update

Thursday, April 28 – Saturday, April 30, 2016
Madison Marriott West

Offering over 50 educational sessions and pre-conference workshops on a wide range of current pediatric, women’s health, adult-acute care, adult/gero-primary care, and psychiatric topics.

Nursing contact hours and pharmacology credits will be available. A terrific opportunity to network with over 500 of your colleagues.

For more conference information, go to www.wisconsinnurses.org
WNA awarded a grant for patient-centered team-based care

WNA was awarded a CDC Chronic Disease and Prevention Grant through the State of Wisconsin Department of Health Services by the Division of Public Health. The purpose of the grant is to identify the prevalence and types of patient-centered team-based care delivery models provided by Wisconsin health systems. The targeted population for the grant is those patients presenting hypertension and diabetes.

The activities related to the grant thus far included reviewing the various team-based care models that exist in Wisconsin. We wrote up a summary of the proceedings from the 2014 Wisconsin Council on Medical Education & Workforce (WCMEW) Summit on Patient-Centered Team-Based Care, which provided the context for a team-based care delivery model. We developed and distributed a survey to as many health care providers and practitioners as possible with the purpose of identifying the degree of team readiness, team composition, and team delivery included in care for patients with hypertension and diabetes. Unfortunately, the return rate was less than desired, and therefore difficult to extrapolate the data.

An advisory council consisting of an array of all types of practitioners, academics, and health systems was convened to provide feedback on WNA's grant-related project work. The advisory council supported and participated in the development of a Wisconsin-centric conceptual model of patient-centered team-based care. The model also includes an accompanying narrative. One of our goals for our work with the grant over this next year is to vet this model with as many organizations, associations, and systems as possible. WNA is excited to share this model with you to obtain feedback, and hopefully support. The schematic of the model is depicted below. For more information contact Margaret Schmelzer, WNA Grant Project Coordinator. Her email is margaret@wisconsinnurses.org.

Wisconsin Nurses Association Updates

Linda Oakley appointed to ANA Minority Fellowship Program National Advisory Committee

Congratulations to WNA member Linda D Oakley, PhD, PMHNP-BC who was appointed to the National Advisory Committee of the Minority Fellowship Program (MFP)! The National Advisory Committee's major function is to advise the ANA MFP Program staff on strategies and activities to achieve the goals of the MFP-Traditional grant (given by the Substance Abuse and Mental Health Services Administration [SAMHSA]) at ANA. The National Advisory Committee works on developing partnerships with professional, academic, and clinical institutions as well as soliciting support by individuals and groups for the initiative. The Committee’s efforts strengthen the MFP by building sustainable infrastructure and long term partnerships while expanding our presence into more communities across the nation. In addition, the Committee provides professional development for Fellows that is aligned with the biologic-environment interaction model, cultural competence, and the Culturally and Linguistically Appropriate Services (CLAS) Standards. On behalf of WNA we thank Dr. Oakley for giving her time, expertise, and leadership to this important national program.

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Wisconsin Nurses Association Updates

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Wisconsin Nurses Association Updates

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DEPARTMENT OF JUSTICE

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114 East, State Capitol
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Madison, WI 53707-7857

Andrew C. Cook
Deputy Attorney General
608/266-1221
TTY 1-800-947-3329

Dear DOJ Partner:

Since my last letter on July 2 informing you of our plans for a statewide Prescription Opiate Abuse, Prevention, Education and Awareness Campaign, we’ve been hard at work conducting research, planning strategy and producing creative messaging for a compelling marketing campaign that will resonate with all target audiences. On September 17, 2015, we launched the result of these efforts - the DOSE OF REALITY: Prevent Prescription Painkiller Abuse in Wisconsin statewide campaign.

The goal of the DOSE OF REALITY effort is to address the prescription opiate abuse problem head-on in Wisconsin and stop its spread throughout the state. The campaign logo includes a skull and crossbones on a prescription painkiller bottle because it’s meant to shock people out of their complacency about the issue and into action. Using cutting-edge creative messaging that includes television, radio, online and outdoor advertising, the DOSE OF REALITY campaign will:

• Inform and educate Wisconsinites about the improper use of prescription painkillers
• Warn about the dangers of inadequate storage and disposal of prescription painkillers
• Inform each audience as to the role they play in education and abuse prevention, from medical providers and parents to high school students and young adults
• Encourage positive action

In addition to the statewide media my office will be running to communicate the vital DOSE OF REALITY message, I am making campaign assets available to you free to access, customize and use in your own communities and audiences as you see fit. Many of these materials are available today, and more will be added to the portal in the next several weeks. Go to www.DoseOfRealityWI.gov and click on RESOURCES on the bottom of the home page. This will take you to the Wisconsin Department of Justice DOSE OF REALITY (DOR) Online Ordering Portal. Then, enter your E-Mail Address and the following PRIVATE Password - Reality2015.

Once inside the portal, you will be able to select the DOSE OF REALITY assets you want for your own use and indicate whether you want general or customized versions of them.

If you have any questions about the DOSE OF REALITY campaign and how to best take advantage of the materials being made available on the portal, please contact Anne Schwartz, Director of Communications and Public Affairs, Wisconsin Department of Justice at (608) 266-1686 or schwartzae@doj.state.wi.us.

On behalf of all of us at DOJ, I appreciate your partnership in helping us to share a DOSE OF REALITY and save lives all across Wisconsin.

Very truly yours,

BRAD D. SCHIMEL
Attorney General

-----------------------------

WNA Prescription Drug Epidemic Task Force Supports Dose of Reality Awareness Campaign

On September 17, 2015 WNA’s Executive Director participated in a press conference organized by Attorney General Brad Schimel regarding the launch of the public awareness campaign, Dose of Reality: Prevent Prescription Painkiller Abuse in Wisconsin. The press conference was held at the Milwaukee County morgue. The components of the awareness campaign include education, prescription drug take-back programs, and information using a variety of media sources. WNA has joined with the Wisconsin Hospital Association, Wisconsin Medical Society, Pharmacy Society of Wisconsin, and the Wisconsin Dental Association in supporting this effort.

This campaign is one of the many recommendations that were included in the 2013 WNA Task Force Report “The Prescription Drug Abuse Epidemic in Wisconsin.” Public awareness cannot be understated as we as a nursing workforce are seeing first-hand the number of our patients, neighbors, and family members presenting opioid addiction issues. We also need to be aware of the epidemic of heroin abuse and addiction that is a result of losing access to prescription opioids. It is for these reasons that WNA is working on identifying educational and informational resources for RNs that address best prescribing practices for pain management and mental health, along with AODA services and legislation that address these issues. Attorney General Schimel forwarded an open letter to the WNA membership and is included in this edition.

WNA Executive Director, Gina Demnik-Champion (third from right) joins DOJ Attorney General, Brad Schimel for his press conference at City of Milwaukee Morgue on “Dose of Reality,” along with representatives from the Pharmacy Society, Medical Society, Wisconsin Hospital Association, Rep. Nygren, Secretary Kitty Rhodes, and Milwaukee’s Chief Medical Examiner.

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Visit go.wisc.edu/leadershipinpophealth to learn more.
General update: The last floor period sessions for 2015 ended on November 16 for the Assembly and November 11 for the Senate. The next floor period sessions are scheduled for January 12, 2016. Here is a breakdown on the legislative activity for both the Senate and Assembly as of November 2, 2015:

Senate Bills - 370 have been Introduced in the Senate, of which 221 are in Committee, 76 are available for scheduling for a floor vote, 30 are in the Assembly, 12 have been enrolled, and 31 have been Enacted into Law, of which 1 has been Partially Vetoed by the Governor.

Assembly Bills - 472 have been Introduced in the Assembly, of which 346 are in Committee, 21 are on the Calendar for a vote by the full assembly, 24 have been Laid on the Table, 40 are in the Senate, 1 has been Amended and Concurred In as Amended, 7 have been Enrolled, and 33 have been Enacted into Law.

Clarification of some terms used above:
Laid on the Table: To postpone the consideration of, by a vote—also called “to table.” It is a tactic often used with the intention of postponing consideration of a motion indefinitely, that is, to kill the motion.
Concurred In: An action in the second house to approve of an action of the first house Enrolled: To incorporate all amendments and corrections to a proposal that were passed, adopted, and concurred in by both houses

The bills that WNA took a position on can be found in the Summary of Legislative Proposals.

Update on APRN Uniformity Act
WNA, along with the members of the APRN Coalition, has decided to divide the current legislative draft into three sections. One section, in which we hope to advance this biennium, contains title protection for the terms advanced practice registered nurse, advanced practice registered nurse prescriber, certified nurse midwife, certified registered nurse anesthetist, nurse practitioner, and nurse practitioner. Title protection will include separate licensure. Furthermore, nurse midwifery will be listed as one of the APRNs.

A second section will be a separate piece of legislation that stipulates that the inclusion of APRN-Ps as a provider group cannot be discriminated against in regards to hospital privileges. A third section of legislation will be developed to address the inclusion of all APRN-Ps as an identified provider in the patient compensation fund. The last two sections will come in future legislation because they drew much concern and opposition from the hospital associations and physician-related associations.

At the time of this article WNA is working with a legislator to assist us in getting a new version of the legislative language drafted.

Workplace Violence
This legislative draft, LRB 1495/1, termed the Nurse Battery Bill will be introduced this spring 2016. This will more than likely be a major activity for the March 8, 2016 Nurses Day at the Capitol, including the legislator visits on that day.

WNA Position on Legislation for the 2015-2017 Biennium (11/16/15)

<table>
<thead>
<tr>
<th>Companion Bills - Numbers</th>
<th>Bill Titles and Intent</th>
<th>WNA Position</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 15</td>
<td><a href="http://docs.legis.wisconsin.gov/2015/proposals/sb15">http://docs.legis.wisconsin.gov/2015/proposals/sb15</a></td>
<td>Prohibiting the manufacture and acceptance for sale of products containing microbeads</td>
<td>Support</td>
</tr>
<tr>
<td>AB 170</td>
<td><a href="http://docs.legis.wisconsin.gov/2015/proposals/sb170">http://docs.legis.wisconsin.gov/2015/proposals/sb170</a></td>
<td>Regulating the use of vapor products</td>
<td>Oppose</td>
</tr>
</tbody>
</table>

For more information about these bills, please see the Summary of Legislative Proposals.
Legislative and Regulatory Update

**AB# 253 -** [http://docs.legis.wisconsin.gov/2015/proposals/ab253](http://docs.legis.wisconsin.gov/2015/proposals/ab253)

Restrictions on the use of electronic devices used for inhaling or exhaling vapor or a vaporized solution.

**Support**

This bill ratifies and enters Wisconsin into the Interstate Medical Licensure Compact (compact), which provides for, as stated in the compact, “a streamlined process that allows physicians to become licensed in multiple states.” Provisions in the compact are to be administered by boards that regulate physicians in the states that are parties to the compact (member boards).

**WNA Position on Legislation continued on page 12**

**AB# 146 -** [http://docs.legis.wisconsin.gov/2015/proposals/ab146](http://docs.legis.wisconsin.gov/2015/proposals/ab146)

SB 120 [http://docs.legis.wisconsin.gov/2015/proposals/sb120](http://docs.legis.wisconsin.gov/2015/proposals/sb120)

Grants the authority of physician assistants and advanced practice nurse prescribers regarding testing and information required for making disability determinations under certain hunting and fishing approvals issued by the Department of Natural Resources.

**Support**

This bill supports initiatives that address effective emergency preparedness efforts. This bill allows for a business or organization to maintain a supply of epinephrine auto-injectors providing that training has been received. Advanced Practice Nurse Prescribers will have authority to prescribe and deliver a supply of the auto-injectors to businesses and organizations.

**WNA Position on Legislation continued on page 12**

**AB# 197 -** [http://docs.legis.wisconsin.gov/2015/proposals/ab197](http://docs.legis.wisconsin.gov/2015/proposals/ab197)


Information to be provided by insurers about health care plans offered on the American health benefit exchange.

**Support**

This bill ratifies and enters Wisconsin into the Interstate Medical Licensure Compact (compact), which provides for, as stated in the compact, “a streamlined process that allows physicians to become licensed in multiple states.” Provisions in the compact are to be administered by boards that regulate physicians in the states that are parties to the compact (member boards).

**WNA Position on Legislation continued on page 12**

**WNA Testimony:** [http://www.wisconsinnurses.org/home?CLK=9501345-745-4e4-40fa-1d812203d182](http://www.wisconsinnurses.org/home?CLK=9501345-745-4e4-40fa-1d812203d182)

WNA supports this legislation because it supports increasing consumer knowledge, greater ease in accessing and processing information. Greater transparency supports better decision-making which contributes to improved health and financial outcomes. To view WNA Testimony go to: [http://www.wisconsinnurses.org/home?CLK=9501345-745-4e4-40fa-1d812203d182](http://www.wisconsinnurses.org/home?CLK=9501345-745-4e4-40fa-1d812203d182)

**Assembly:** 4/1/2015, Introduced and referred to Committee on State Affairs and Government Operations.

Support - 6/4/15 - Introduced and referred to Committee on Health and Human Services.

Senate - 3/27/2015, Introduced and referred to Committee on Sport Heritage, Mining, and Forestry.

**Signed by the Governor:** 11/11/15. Wisconsin Act 97

**Support**

This bill supports this bill because it specifies the term “smoking,” for purposes of the general prohibition against smoking in indoor locations, includes inhaling or exhaling vapor or a vaporized solution from an electronic device.

**Assembly:** 5/9/2015, Introduced and referred to Committee on Health. 3/14/2015, Fiscal estimate received. 3/19/2015, LRB correction. 5/20/2015, Public hearing held. 5/27/2015, Assembly Amendment 1 offered. 5/28/2015, Fiscal estimate received. 6/1/2015, Assembly Amendment 2 offered. 6/1/2015, Assembly Amendment 3 offered. 6/2/2015, Assembly Amendment 4 offered. 6/3/2015 Executive action taken (passed out of committee). 6/3/2015, Report Assembly Amendment 1 adoption recommended by Committee on Health, Ayes 12, Noes 0. 6/3/2015, Laid on the table. 6/8/2015. Received Senate 139 which was passed by the Senate on 6/9/2015. 6/9/2015, Read SB 139, 6/9/2015, Rules suspended and taken up. 6/9/2015, Read a second time. 6/9/2015, Ordered to a third reading. 6/9/2015, Rules suspended. 6/9/2015, Read a third time and concurred in. 6/9/2015, Ordered immediately messaged. Senate: 6/10/2015, Received from Assembly concurred in.

**Assembly:** 9/15/2015, Introduced and referred to Committee on Insurance. 3/27/2015, Introduced and referred to Committee on Health and Human Services. 5/25/2015, Public hearing held. 6/4/2015, Executive action taken (passed out of committee). 6/5/2015, Report introduction of Senate Amendment 1 by Committee on Health and Human Services, Ayes 5, Noes 0. 6/5/2015 Report rejection of Senate Amendment 1 recommended by Committee on Health and Human Services, Ayes 3, Noes 2. 6/5/2015, Available for scheduling. 6/8/2015, Senate Amendment 2 offered 6/4/15 – Executive action. 6/5/15. Waiting to be scheduled for full vote of the Senate.

WNA Position on Legislation continued on page 12

Relating to: providing exemptions from practice protection laws for complementary and alternative health care practitioners; requirements and prohibitions for individuals who provide complementary and alternative health care services; and enforcement of practice and title protection laws by the Department of Safety and Professional Services.

Oppose

This bill calls for no disciplinary action against alternative care providers.

Assembly – 8/10/15 – Introduced and referred to the Committee on Health. 8/21 and 9/1/15 Fiscal Estimate received.

Senate – 6/17/15 – Introduced and referred to the Committee on Health and Human Services. 6/25/15 – Fiscal estimate received


Limitations on requiring vaccination against influenza

Oppose

As direct care providers, nurses serve as advocates for their patients. This includes minimizing the spread of communicable diseases. Being immunized against seasonal influenza meets this advocacy role. It is part of our Code of Ethics to “do no harm” to our patients and ourselves.

Assembly – 8/20/15 – Introduced and referred to the Committee on Health.

Senate – 7/28/15 – Introduced and referred to the Senate Committee on Health and Human Services.


Relating to: reporting, disclosure, and practitioner review requirements under the prescription drug monitoring program; providing an exemption from emergency rule procedures; and granting rule-making authority.

Support

This bill requires no more than 24 hours to report the dispensing of a monitored prescription drug to the Prescription Drug Monitoring Program.


Senate – 9/29/15 – Introduced and referred to the Committee on Health and Human Services. 10/13/15 – Public Hearing. 10/16/15 – Passed out of the Committee on Health and Human Services 10/16/15 – Available for scheduling.


Relating to: duty of law enforcement officers to report to the Prescription Drug Monitoring Program controlled substance violations, opioid-related drug overdoses or deaths, and reports of stolen prescription drugs.

Support

This bill supports patient safety as practitioners who prescribe are required to the Prescription Monitoring Program for review and trends.

Assembly – 9/25/15 – Introduced and referred to the Committee on Health. 10/14/15 – Public Hearing. 10/22/15 – Passed out of the committee. 10/23/15 – Referred to Committee on Rules.


Relating to: pain clinic certification and requirements, granting rule-making authority, and providing a penalty.

Support

This bill adds another layer of support for prescriptive drug usage related to opioids. This supports patient safety by having pain clinics state certified.

Assembly – 9/25/15 – introduced and referred to Committee on Health. 10/14/15 – Public Hearing. 10/22/15 – Passed out of committee. 10/23/15 – Referred to Committee on Rules.

Senate – 9/29/15 – Introduced and referred to Committee on Health and Human Services. 10/13/15 – Public Hearing. 10/16/15 – Passed out of Committee. 10/16/15 – Ready to be scheduled for a Senate vote. 10/21/15 – Fiscal estimate received.


Relating to: reporting by treatment programs using methadone and requiring review of prescription drug monitoring database.

Support

Methadone clinics will begin to report to the Prescription Drug Monitoring Program. This will monitor for patient safety.

Assembly 9/25/15 – introduced and referred to Committee on Health. 10/14/15 – Public Hearing. 10/22/15 – Passed out of committee. 1/23/15 – Referred to Committee on Rules.

Senate – 9/29/15 – Introduced and referred to Committee on Health and Human Services. 10/13/15 – Public Hearing. 10/16/15 – Passed out of Committee. 10/16/15 – Ready to be scheduled for a Senate vote.


Relating to: prescription, dispensing, and monitoring of opioid antagonists.

Support

This proposal requires prescribers who write an order for an opioid antagonist (Naxalon) must provide for education and instructions for use.

Assembly – 10/28/15 – Introduced and referred to Committee on Health. 10/22/15 Public Hearing and passed out of the committee. 11/3/15 – Passed the full Assembly and sent to the Senate delivery of 11/5/15 – Received from the Assembly. Public Hearing waived. 11/6/15 – Passed the full Senate. 11/9/15 – Assembly concurrence.
I. PURPOSE
Historically, ANA has strongly supported immunizations to protect the public from highly communicable and deadly diseases such as measles, mumps, diphtheria, pertussis, and influenza (ANA, 2014; ANA, 2006), and has supported mandatory vaccination policies for registered nurses and health care workers under certain circumstances. However, in light of a recent and significant measles outbreak in the United States, ANA has reviewed current and past position statements for clarity and intent, and current best practices and recommendations from the broader health care community. Based on that review, it was determined that a revised position statement is needed to clarify ANA’s position and incorporate current best practices.

II. STATEMENT OF ANA POSITION
To protect the health of the public, all individuals should be immunized against vaccine-preventable diseases according to the best and most current evidence outlined by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). All health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations from the CDC and Association for Professionals in Infection Control and Epidemiology (APIC).

ANA supports exemptions from immunization only for the following reasons:
1. Medical contraindications
2. Religious beliefs

All requests for exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request.

Individuals who are exempted from vaccination may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission. Employers should ensure that reasonable accommodations are made in all such circumstances.

III. BACKGROUND
The controversy over mandatory vaccination, which seems to pit the rights of the individual against the protection of the public, was highlighted with the 2014-2015 measles outbreak that affected both children and adults who were not vaccinated against the disease. Over a six-month period, five outbreaks and 173 confirmed cases of measles were reported to the CDC (2015). Reasons for an individual’s decision to not vaccinate vary and include concerns about the safety of vaccination, objections to vaccination based on religious grounds, and lack of urgency or priority, explained in part by the supposition that herd immunity will protect the unvaccinated from infection (LaVail & Kennedy, 2012).

The Public
Current evidence and research show that immunizations are essential to the primary prevention of disease from infancy through adulthood. In fact, the reduction and elimination of vaccine-preventable diseases has been one of the great public health achievements in the United States (CDC, 2011). Effective vaccination programs for both children and adults, according to current recommendations from the CDC and ACIP, are for promoting and maintaining the health of the public. Vaccine-preventable diseases include seasonal influenza, for which annual immunization is recommended. Between 1976 and 2007, the number of deaths annually from influenza ranged from 3,000 to 49,000, with many more people hospitalized due to severity of symptoms (CDC, 2013).

Registered Nurses
As stated in the Code of Ethics for Nurses (ANA, 2015, p. 19), RNs have an ethical responsibility to "model the same health maintenance and health promotion measures that they teach and research..." which includes immunization against vaccine-preventable diseases.

Vaccine Prevention Programs
Most states do not have a law requiring vaccination of HCP. Therefore, the onus has been on hospitals and health care facilities to develop their own policies. While evidence of vaccination against highly communicable diseases such as mumps, measles, and rubella is often a prerequisite of employment in health care facilities, this isn’t true for influenza, which requires annual immunization.

Voluntary influenza vaccination programs for HCP have been in place since the CDC recommended in 1984 that all health care workers receive the vaccine, and influenza vaccination has been the most successful voluntary vaccination program. However, the overall vaccination rates have remained low, at around 50 percent (Galanakis, Jansen, & Lopalco, 2013). In sharp contrast, facilities that have adopted mandatory influenza vaccination policies and programs have been highly successful. An early adopter of mandatory influenza vaccination program, the Johns Hopkins Medicine System in Baltimore, Children's Hospital of Philadelphia, and Loyola University Medical Center in Illinois all reported influenza vaccination rates of 99% (Galanakis, Jansen, & Lopalco, 2013; Yasmin, 2013). Such adoption rates emphasize the need for mandatory immunization programs where voluntary programs fail, in order to promote and maintain the health of the public.

All individuals including HCP have the right to apply for an exemption to vaccination based on medical contraindications or religious beliefs. To ensure that appropriate standards are applied, such exemptions should be granted only when supported by formal documentation from an appropriate authority, such as a health care provider or religious leader, detailing the reason an exemption is needed.

If an RN or other health care worker is exempted from vaccination, the health care facility will have the discretion to determine what steps, if any, are necessary to accommodate the individual’s exemption.
If registered nurses are represented by a union or collective bargaining unit, the employer should work with the designated representative to clarify or resolve any issues that may arise associated with implementation of a mandatory vaccination policy or program.

V. SUMMARY OF RELEVANT ANA PUBLICATIONS AND INITIATIVES

Code of Ethics for Nurses

The Code of Ethics for Nurses (the Code) makes explicit the primary goals, values, and obligations of the profession. ANA believes that the Code is nonnegotiable, and that each nurse has an obligation to uphold and adhere to its ethical precepts.

Five provisions within the Code speak to the obligation of registered nurses to act in a manner that is consistent with maintaining patient and personal health:

- Provision 2: The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.
- Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

VI. REFERENCES


LaVail, K., & Kennedy, A. (2012). The rule of attitudes about vaccine safety, efficacy, and value in explaining parents’ reported vaccination behavior. Health Education and Behavior, 40(1), 544-551.


IDSA, SHEA, and PIDS. (2013). IDSA, SHEA, and PIDS joint policy statement on mandatory immunization of health care personnel according to the ACIP-recommended vaccine schedule.


The ANA Immunize website provides nurses and other health professionals with research, education, tools, advocacy information, and resources related to immunizations. The site also includes information by workplace setting and for special populations.

The Immune News E-Newsletter provides monthly articles, news, and resources from the CDC, immunization organizations, ANA state nurses associations, and ANA organization affiliates.
The Importance of Health Policy Advocacy for APRNs

Mary Beck Metzger, MSN, APRN-BC, APNP
WNA APRN Forum Board, WNA Public Policy Council

I believe that it is vital, urgent, and imperative that advanced practice registered nurses (APRNs) are involved in health advocacy. APRNs must advocate for their own practice; if we don’t, others will decide how we will practice.

Advocacy can take the form of paying dues to state and national APRN groups who are constantly monitoring the legislative landscape and reporting back to members; advocacy can take the form of being active within one’s employment organization or regional APRN groups. Larger healthcare organizations may have a group of APRNs that meet regularly and offer opportunities for networking, professional advancement, education, and advocacy.

Advocacy can also take the form of serving on one of the various boards within the Wisconsin Nurses Association (WNA) or the board of directors of the WNA APRN Forum. Older members of these organizations, who have rich institutional memory and have been part of many previous legislative efforts, can serve as mentors and role models for APRNs. The WNA Public Policy Council has reviews at a group piece of health-related legislation that is proposed by the state assembly or the state senate. We take one of five positions: strongly support, support, take no position, oppose, or strongly oppose. If we strongly support or strongly oppose a piece of legislation, Gina Dennik-Champion, executive director of WNA, or one of the members of the PPC will testify at the bill’s hearing. Gina frequently testifies at bills’ legislative sessions are adjourned. The notices for participation than nurse practitioner groups. The National Association of Clinical Nurse Specialists (NACNS) has been much more successful in persuading their colleagues to join the state/national groups, boasting much higher participation than nurse practitioner groups. This collegiality serves an important purpose.

Beyond state/national groups, there is better information flow and more influential in Madison and Washington DC. This is something we can envision; this is something we can accomplish! I invite all APRNs to take a step to advocate for patients and our professions. Today.


Environmental Health

Kathryn Lamners

The Wisconsin Environmental Health Nurses Coalition was formed about 2006 by Laura Anderko PhD, RN and Betty Koepsel MS, RN of UW Milwaukee School of Nursing by calling for a meeting in Madison. They presented a solid plan with officers, a mission, and a vision. We eagerly signed up.

- **Mission:** The WEHNC is committed to advancing the nursing profession and protecting the public using environmental health nursing principles, through initiatives that impact practice, research, education, and policy in Wisconsin.
- **Vision:** Inspiring Wisconsin Nurses to protect, conserve, and educate to improve our environment and our health.

In the beginning years we would host panel discussions and presenters at the annual meetings. We held networking meetings with Minnesota and Iowa for conferences, position statements, and methods to reach out to nurses. The excitement of learning from other nurses was highly interesting. As a result, our confidence grew to write WNA learning from other nurses was highly interesting. The excitement of Iowa for conferences, position statements, and methods to reach out to nurses. The excitement of learning from other nurses was highly interesting.

Some of our successful methods include:
- Speaker sessions and panels at the annual meetings
- Luncheons to share experience and goals at annual meeting
- Educational posters at annual meetings

When we held our luncheon in 2015, the members described a variety of projects in hospitals, the community, and nursing homes. The members supported efforts and valued being together to share our interests. Each year nurses and other health care professionals have made improvements with waste management, sustainability, food quality, local farmer cooperatives, and red bag waste.

We feel good about the growth of green practices.

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The GrapeVine Project Continues to Set the Bar High

The GrapeVine Project is a health education outreach program of the Wisconsin Women’s Health Foundation (WWHF). The GrapeVine Project sprouted out of the idea that faith communities would be a great point of contact for sharing health and well-being resources with women across the state. This idea took off and the seeds that were sown nearly 15 years ago continue to thrive. The Grapevine Project has recently branched out to welcome all registered nurses who carry a Wisconsin license. The goal of the program is to train and equip Wisconsin nurses with the necessary tools to enhance their educational role in their community. The nurses conduct free, one-hour educational sessions in their communities at various venues such as libraries, churches, schools, and senior centers.

Currently WWHF partners with over 100 volunteer nurses through the program, and reaches over 1200 Wisconsin women annually. The GrapeVine units include a PowerPoint presentation, talking points, audience handouts, nurse reference materials, and small gifts for the attendees. Unit topics include:


This past June, GrapeVine offered a two-day conference open to all pre-registered nurses. Due to its great success, the conference will now be an annual event. The 2016 conference will be held in Madison on June 13 & 14. Our focus areas will include heart health, mental health, promoting healthy relationships, and advanced care planning. A variety of break-out sessions and networking opportunities will also be on the agenda. Check the WWHF website (www.wwhf.org) for further details and registration in the new year.

Our commitment to Faith Community Nurses (FCNs) continues stronger than ever with the annual scholarships we offer. Two scholarships up to $750 each will be made available to nurses in Wisconsin who are interested in taking a Faith Community Course. The scholarship details and specifications are available on the WWHF website and at this link: http://www.wwhf.org/grants-scholarships/faith-communityparish-nurse-scholarship/.

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Greetings from the chair of WNA’s FCNCMIG. You may wonder what is FCNCMIG? This acronym stands for Faith Community Nursing Coalition Mutual Interest Group and was known in the past as the Wisconsin Parish Nurse Coalition.

As you may have heard, our steering committee met as a group in person in September. One of our challenges has been to find and connect with FCNs throughout Wisconsin. As a potential means of increasing our connection to all FCNs in WI, we have decided to meet on a monthly basis and the majority of those meetings will be conference calls. You as a Faith Community Nurse are invited to participate. Call in information and the dates are available through WNA. I as well as the rest of the steering committee look forward to connecting with all of you. If you would like more information please contact me through WNA. Many Blessings.

Symposium Objectives:
1. Examine resilience in spiritual development.
2. Identify how resilience is demonstrated through faith community nursing practice within faith communities.
3. Examine the emerging outcome-based research of faith community nursing practice.
4. Discuss strategies for faith community nursing that support personal, professional, and organizational resilience.

Faith Community Nursing Coalition
Kris Wisniewski, MSN, RN FCN

SAVE THE DATE
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Mutual Interest Groups (MIGs) Updates

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THE NIGHTINGALE TRIBUTE

The Nightingale Tribute is a ceremony that can be used during a funeral service to honor a Registered Nurse for their commitment to their patients and their dedication to nursing. The Nurses Foundation of Wisconsin has materials on the WNA website that you can use to conduct the Nightingale Tribute. We also collect the names of nurses who have recently passed away so that they can be honored at WNA’s Membership Assembly and Annual Meeting and at the NFW Lamplight 5k Run/Walk. Below are those nurses that were honored at the 2015 WNA Membership Assembly in October.

More information is available at www.wisconsinnurses.org.

Helen Aasen
Tracey Anderson
Sister Claire
Patricia Conley
Barbara Thoman Curtis
Marilyn Dethlifsen
Brenda Dockery
Lori Fayes
Kim Genser
Carol Ginder
Ruth Hanson
Agnes Kline
Anne Marie Maxfield
Mary Naber
Lois Olsen
Judy Poulsen
Ruth Rochon
Donna Schultz
Betty Waring

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Come join our Nursing Team! The Department of Health Services; Division of Long Term Care; Central Wisconsin Center (CWC); has full and part time openings for Certified Nursing Assistants (CNAs) with paid certification provided, Licensed Practical Nurses (LPN), Registered Nurses, and other nursing positions.

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The WNA CEAP Committee is continually looking for qualified nurse peer reviewers to become part of our review team. Nurse peer reviewers must have at least a bachelor’s degree in nursing, and some level of involvement in continuing nursing education is helpful. Consider joining this dedicated group of nurses serving their professional association!

For more information, please contact Megan Leadholm at 608-221-0383, ext. 203 or megan@wisconsinnurses.org.

Wisconsin Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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2015 NFW Nightingale Tribute

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