ANA-Illinois Elects New Board Members and Other Leaders

Members of the ANA-Illinois elected Ann O’Sullivan MSN, RN, CNE, NE-BC, ANEF as vice president, and Pamela Brown, PhD, RN, ANEF as treasurer of the professional association that represents the interests of Illinois’ 170,000+ registered nurses (RNs).

The members also elected three members to the nine-member board of directors as directors at large – Karen Egenes EdD, MSN, MA, RN, Bonnie Salvetti BSN, RN and Crystal Vasquez DNP, MS, MBA, RN, NEA-BC, CPHIMSP.

O’Sullivan serves as the Assistant Dean for Support Services and is an associate professor at Blessing Rieaman College of Nursing. O’Sullivan is a nationally certified Nurse Executive and Nurse Educator. She holds Master and Bachelor of Science in Nursing degrees from Northern Illinois University, DeKalb, IL.

Brown is professor emeritus at Blessing Rieaman College of Nursing. Previously, Pamela Brown was the president/chief executive officer of the college and is the immediate past president of the association. She is currently serving as faculty at Blessing Rieaman College of Nursing in Quincy. Brown earned her PhD from Wayne State University, Master’s degree in nursing from Southern Illinois University, Edwardsville and her baccalaureate degree in nursing from Quincy College.

Egenes is an associate professor and Chair of the Department of Health Promotion at Loyola University Chicago Marcella Niehoff School of Nursing. Egenes earned her Bachelor of Science in Nursing from Marquette University, Master’s degree from Rush University, and Doctor of Education from Northern Illinois University. Egenes also teaches undergraduate and graduate nursing courses and a community health clinical rotation in Surrey, England, which has a strong impact on many students who make the trip.

Salvetti serves as manager of Special Projects at Southern Illinois Healthcare. She also serves on the Illinois Emergency Medical Services for Children (EMSC) Advisory Board. Salvetti received her Bachelors in Nursing degree from McKendree College.

Vasquez serves as director of solution innovation for the American Hospital Association and assistant professor at Loyola University Chicago. She is a board certified nurse executive. Vasquez received her bachelor of Nursing from Loyola University Chicago, a Masters in Health Informatics from University of Illinois, an MBA in healthcare administration from Dominican University, and doctorate of nursing practice from Duke University.

Those continuing their terms on the ANA-Illinois Board are: President Dan Fraczkowski MSN, RN; Secretary Kathryn Serbin DNP, MS, RN; Director at Large, Elaine Hardy PhD, RN; Director-at-Large Amanda Buechel BSN, RN.

Elected to serve on the Nominations Committee are: Maria Connolly PhD, CNE, ANEF, FCCM, Elizabeth Davis DNP, CNL, RN-C, MNN and Lisa J Woodward-Hernandez DNP, RN.

NURSE SPECIALTY PLATES

So I signed up for the plates, where are they?

MANY HAVE CALLED THE OFFICE ASKING THIS QUESTION.

1500 reservations were required before the process of producing the plate could begin. We achieved this in June 2016. At that point, the Secretary of State stated that the length of time to production could be 6 to 8 months.

WHAT IS CURRENTLY HAPPENING?
The Secretary of State’s office has sent our proposed plate design to the State Police for comment. They look to be sure the design will not impede their ability to read the plate when necessary.

WHAT HAPPENS THEN?
Once that hurdle is cleared, the secretary of state will notify in writing all those who reserved the plate that the plate is ready and provide details regarding the process of obtaining the plate.

Then the plate will be listed on the Secretary of State’s website for all those interested in having the specialty plate.

$20 of every plate will go to the Illinois Nurses Foundation to fund project and research grants & scholarships for nurses!
Dear Illinois Nurse Colleagues,

By the time you receive this we will know who will be leading our country for the next 4 years. During the election cycle the foundations linked to each candidate were extensively covered by the media. Concerns were raised about possible misuse of funds, conflicts of interest and undue influence of donors on the political and governing processes. Often, just the perception of misuse of funds can result in donors losing faith in the foundation and its commitment to the stated mission.

It is very important that a foundation adheres to all the relevant state and Federal laws pertaining to how donations are solicited, collected and used. The board members of any foundation are charged with the responsibility to assure that donations go the intended target as effectively, efficiently, and ethically as possible. Board members share the fiduciary responsibility for managing the donated funds. Be assured that the Illinois Nurses Foundation Board is up to the challenge! The INF Board takes very seriously its charge to be good stewards of the funds that have been donated to the Foundation.

As a result of the Board’s careful oversight, the Foundation endowment has grown and the number of scholarships granted each year has increased. Most recently the Foundation has served as the fiscal agent for a grant supporting leadership development and the RWJF grant that supported the Illinois Healthcare Action Coalition (IHAC) activities. The Foundation was also the largest source of the required matching funds for the RWJF grant for the IHAC. The Foundation will continue to provide the Nursing Voice, continuing education, and the newly established the 40 Under 40 event to recognize emerging nursing talent and leadership.

Looking to the future with the opportunity created by a steady revenue stream from license plate fees, the INF Board has begun outlining the criteria for research and project grants to be awarded by the foundation. The INF Board members believe that our charge includes growing the evidence base for safe, high quality nursing practice. This is an exciting next step for the INF.

The work of the Foundation is done by more than just the Board members, however. Assisting us in doing this work are the volunteers who are serving on the editorial board and on the 40 Under 40 planning committee. We were gratified to have an overwhelming response to a call for additional volunteers for the Nursing Voice editorial committee. Many of those who responded indicated that they are willing to assist with future work and we recruited a member of the research committee from that group. Because of the large number of scholarship applications we now receive we will be recruiting others that group. Because of the large number of scholarship applications we now receive we will be recruiting others that group. Because of the large number of scholarship applications we now receive we will be recruiting others that group. Because of the large number of scholarship applications we now receive we will be recruiting others that group. Because of the large number of scholarship applications we now receive we will be recruiting others that group. Because of the large number of scholarship applications we now receive we will be recruiting others that group.

Of course I would be remiss if I did not acknowledge the hard working, capable staff that make our events and activities happen. The INF work would not be possible without all the support of the Board members, other volunteers, and staff. I am proud to work with such dedicated professionals who provide their time, treasure, and talent to the INF on behalf of nurses and nursing in Illinois!

Maureen Shekleton
PhD, RN, DPNAP, FAAN

www.ana-illinois.org

Published by: Arthur L. Davis
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Greetings,

By the time you read this message, we will have elected a new President, and a new Illinois General Assembly. The spring 2017 legislative session will be a busy time for the nursing profession as we move forward revisions to the Nurse Practice Act in time for the sunset. I’ve written before about the Illinois Coalition of Nursing Organizations (ICNO), an informal collaboration of 26 nursing organizations from every specialty and practice area that work together to advance the profession. Together representatives from each organization have developed language and intent that we will be introducing for the new draft of the Nurse Practice Act. If you haven’t yet signed up online to get action alerts and learn how you can play a role in advocating for the nursing profession, please visit, http://cqrcengage.com/ilnurses/2017SUNSET. Anyone can sign up—member or non-member, student or nurse.

Congratulations to newly elected members of the Board of Directors and Nominations and Elections committee, who were installed at our October 2016 ANA-Illinois Membership Assembly. Thank you again to all who ran for office and consented to serve. I’d also like to congratulate the newly elected Student Nurses Association of Illinois Board of Directors, who took office at the beginning of October 2016.

Similarly, I’d like to highlight and congratulate Thelma T. Miller, who was presented with an Honorary Lifetime Membership to ANA-Illinois at the Membership Assembly. A strong supporter of ANA and our state nurses association, we were honored to recognize and celebrate her achievements in the profession. Ms. Miller is in the process of writing a book about her experiences as a nurse. Her journey and life story are inspirational.

I’d like to thank you all for your support of the ANA-Illinois. We’ve had the opportunity to present on the work of the Illinois Coalition of Nursing Organizations’ shared efforts for the Nurse Practice act in several settings this fall with accompanying CE. We are also getting the message out via visits to schools of nursing and healthcare organizations across Illinois. If you would like us to present to your organization, please contact us via email, our information is available online. We are also in the process of developing other CE opportunities that will be offered after the busy spring legislative session.

In this issue of the Nursing Voice you’ll find notification of a special virtual membership meeting to discuss recommendations for amendments to our bylaws and revisions to our legislative platform. Our legislative platform is a guide to the positions that ANA-Illinois supports, and is often referenced when meeting with legislators, stakeholders, and government agencies. We had initially planned to vote on our by-law amendments and legislative platform revisions at our Membership meeting this past October, 2016. Unfortunately, we did not have the requisite number of members present, quorum, to vote on these revisions. Despite our nearly 3,000 ANA-Illinois members, we must ensure the rights of every member through our bylaws. I was glad to see a number of guests and non-members at our membership assembly, coupled with longtime ANA members. I hope to see an even larger group next year. Remember that this is your organization, we, members of the Board of Directors we are here to serve you.

Thank you for all that you do for your patients, the public, and the profession.

Dan Fraczkowski MSN, RN
President- ANA-Illinois
@NurseDanF
The Nursing Voice

Emerging Nurse Leaders Award

Rhys A. Gibson, BSN, RN, Chairperson

The 2016 Emerging Nurse Leaders event was held September 22 at Rush University. The Event recognizes 40 outstanding nurses in Illinois under 40 in order to celebrate and encourage exemplar dedication to the nursing profession, dedicated service within the community and the promise to grow in leadership for the advancement of nursing in Illinois.

Building on the success of the 2015 inaugural celebration, the Emerging Nurse Leaders Advisory committee reconvened to review the nominations of nearly 100 worthy individuals for the 2016 honors. This award is designed to recognize all levels of IL licensed nurses, LPNs, RNs and APNs under the age of 40 years. Nominations were received from patients, friends, family, coworkers, employers, students, etc. Award recognition recipients reflected leadership success, exemplary leadership qualities, participation in professional associations and community service.

The advisory committee team members (Alyssa Hayward BSN, RN, Dan Fraczkowski MSN, RN, Lauren Mardirian BSN, RN, Rhys Gibson BSN, RN, Shannon Halloway PhD, RN, Stephanie Mendoza MSN, RN, Toni Scott MSN, RN, CYT, and Diana I. Salihar BSN, RN, PEL-CSN) had their work cut out for them as there were so many worthy candidates for this award. The committee was truly moved to have the honor of acknowledging fellow nurses who are known change agents that help shape policy state wide and beyond. Their efforts have served to expand and grow nursing practice as well as to empower our communities. Award recipients were proud to be celebrated by members of their own cohort as well as Illinois nursing leaders, and of course from their family members.

Rush University Medical Center once more proved to be the perfect venue to host the event. The accomplishments of each award recognition recipient can be readily viewed at the IL Nurses Foundation website http://www.illinoisnurses.foundation/photos-from-event_2016/.

We’re all looking forward to acknowledging the next cohort of nurse leaders in the years to come. Next year, this recognition event will take place on September 14th—please check the foundation website for further information – http://www.illinoisnurses.foundation/

Advisory Committee Consultants: Susan Gonzalez MHA, MSN, RN, CNML, President, NAHN - Illinois; Linda B. Roberts MSN, RN, Manager, Illinois Center for Nursing; Susan Y. Swart MS, RN, CAE, Executive Director, ANA-Illinois/Illinois Nurses Foundation/ Illinois Society for Advanced Practice Nursing
The Illinois Coalition of Nurse Leaders (ICNO) met on August 3, 2016 in Bloomington, Illinois to discuss the “sunset” of the Illinois Nurse Practice Act (NPA) that will take place in 2017. The NPA, regulated through the Illinois Nurse Practice Act, and Professional Regulation (IDFPR), provides oversight and accountability for the profession of nursing in Illinois, and is up for review by the Illinois General Assembly. The coalition provides a system for the continuation, revision or termination of all professions in Illinois, and while the Act and Rules for each profession have undergone review, it is the first time for legislators to evaluate the ways that professions are regulated. ICNO has been preparing for the sunset of the NPA next year by gathering recommendations for language revisions and updates of NPA.

ICNO is made up of 27 organizations from across the State dedicated to sustaining and advancing the profession of nursing through advocacy, cooperation and education. Prior to the August meeting, subcommittees from each participating organization had reviewed the NPA and submitted recommendations for revisions, amendments or changes. Each subcommittee had representatives present, with one individual designated as the one voting for his or her organization. The specific goal of this meeting was to discuss and vote on the recommendations, with all present having the opportunity to participate in the discussions. The intent was to give all representatives an opportunity to participate in the discussions. The intent after the discussions and voting, to have a list of recommendations for language revisions.

The coalition discussed Article 65/50-10 which addresses registered professional nursing practice. The specific language on aging, noting that in general, public policy discourages discrimination based on age, gender and sexual orientation. They concluded that the language should be revised to focus on the professional nurse’s ability, rather than on demographics (age). The specific language includes references to “deterioration through the aging process” as reasons that a nurse might not be able to practice with reasonable judgment, skill or safety. The subcommittee recommended removing the language on aging, noting that in general, public policy discourages discrimination based on gender and sexual orientation. They concluded that the language should be revised to focus on the professional nurse’s ability, rather than on demographics (age). The specific language is (30) Inability to practice the profession of nursing because of reasonable judgment, skill or safety. During the discussion, the subcommittee members also suggested that the same word be used throughout the agency’s nursing practice act. The coalition had no opposition to this change in language.

The third item of discussion, Section 70-10 contains language about mandated reporting of intoxication and drug abuse by nurses. The article currently notes that “any nurse who is an administrator or officer in any hospital, nursing home or other health care agency” is mandated to report substance abuse. The subcommittee suggested that, given the current increase in large hospital systems with varied reporting structures, adding the words “or designee” to the list of those responsible to report substance abuse could clarify the language. After a lengthy discussion, the coalition voted not to support this change in the language.

The next item for discussion was Article 70, which addresses the use of medications. The policy is very similar to the policy in the previous Act. The coalition supported the addition of this article unanimously.

The coalition considered changes and additions to Article 55, the section on the licensure of licensed practical nurses (LPNs). First, the subcommittee recommended inserting language in this section that all practical nursing programs be administered “academically and clinically” by a nurse administrator. Currently, the article only states that the program must be administered by a nurse administrator. The rationale for this change in the language is that the program’s nurse be administration should have direct responsibility for ensuring the quality of the education program. This change in the language was supported unanimously.

The next subject of discussion also centered on education. The subcommittee recommended that all LPN and RN education programs be accredited. The suggestions include the following parameters:

- All programs will have to be accredited by a specific date.
- All new programs will be given time to achieve accreditation.
- All existing programs that are not currently accredited will be given five years to achieve accreditation.
- Appropriate measures, established by the Board of Nursing, will be taken for those programs that do not achieve or maintain accreditation.

The coalition supported the addition of this article unanimously.

The subcommittee recommended that the Illinois Organization of Nurse Leaders (IONL) encourage full disclosure of the use of the nursing funds, the annual report of these “funds be made publicly available on the IDFPR’s Center for Nursing” website. The coalition supported the addition of this article unanimously.
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Nurse Practice Act continued from page 5

These recommendations stem from the fact that research shows that applicants for licensure are most successful in passing the NCLEX when it is taken shortly after graduation.

The coalition considered Section 55-30 next, which address the definition of LPN scope of practice. The subcommittee recommended adjusting the definition of practical nursing to match the current LPN scope of practice. To accomplish this, the terms “observed” and “focused assessment” were added to the formal definition. With these additions, the section will read (in part) that the LPN is “observed by a registered professional nurse, or an advance practice nurse, or as directed by a physician assistant, physician, dentist, or podiatric physician,” and that he or she will perform “focused assessment of the health status of patients.” Finally, it was recommended that “focused assessment” be defined very specifically in this section. The coalition unanimously supported this recommendation.

Next, the coalition considered the written language on the requirements of out-of-state educational programs. The subcommittee recommended that out-of-state nursing education programs be required to submit copies of their feasibility studies, and that simple summaries of these studies would not suffice. The rational for this change is to ensure accurate reporting of data to the Board.

The final discussions on nursing education centered on instruction via simulation and student to faculty ratios.

The coalition considered Section 55-10 next, which address the definition of “oversight.” To accomplish this, the terms “directed by a physician assistant, physician, dentist, or podiatric physician,” and that he or she will perform “focused assessment of the health status of patients.” Finally, it was recommended that “focused assessment” be defined very specifically in this section. The coalition unanimously supported this recommendation.

The coalition also considered recommendations on site visitation, which was agreed. The coalition unanimously supported removing this arcane term. The subcommittee stated that delegation by an RN should be supported by the Act, and suggested that delegation of certain aspects of nursing practice should be allowed and supported. To this end, the coalition discussed the principles under which delegation should occur, and suggested that specific the definitions of terms related to delegation should be used. The group agreed revise or add definitions for “delegation,” “competence,” “nursing activity,” “task,” “stable and/ or lengthy discussion, the coalition agreed on the following recommendations:

- The NCLEX must be taken within 6 months of graduation.
- The NCLEX must be successfully passed within 12 months of graduation.
- Failure to pass the NCLEX in the allotted time will result in the need for remediation.
- The NCLEX may be taken a total of 6 times before the applicant needs to return to complete a formal educational program.

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The subcommittees recommended that simulation be allowed in theoretical and clinical instruction, but that it not exceed 30% of clinical instruction, currently 25% is allowed. The recommendations regarding ratio of students to faculty in clinical areas would change from 10 to 1 to 8, and 12 to 1 to 10 when preceptors are used.

The coalition then moved on to the recommendation that cover the scope and standards of practice for the professional Registered Nurses, including the code of ethics for nurses. The subcommittee recommended deleting the current language, and adding the definitions of nursing practice that were put forth in 2015 by the American Nurses Association (ANA). The subcommittee suggested that this changes align with current nursing scope and standards of practice. The coalition unanimously supported this recommendation.

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ANA-Illinois members and other nurses gathered in Lisle, Illinois to be a part of the 4th Annual ANA-Illinois Membership Assembly. Members were joined by nursing students from around the state to participate in the launch of our partnership with ANA in THE HEALTHY NURSE, HEALTHY NATION™ GRAND CHALLENGE. On January 9, 2017, the ANA Enterprise will launch the Healthy Nurse, Healthy Nation™ Grand Challenge, a national movement designed to transform the health of the nation by improving the health of the nation's 3.6 million registered nurses. The Grand Challenge will broadly connect and engage individual nurses to take action within five domains: activity, sleep, nutrition, quality of life, and safety. It will provide a web platform to inspire action, cultivate friendly competition, provide content and resources to users, gather data and serve to connect registered nurses with each other.

ANA-Illinois used the keynote address Developing Resilience - Taking Care of Yourself so you can take care of business presented by Joel Weintraub, M.Ed, BS along with a presentation by Toni Scott, MSN, RN, CYT, founder of Yogatones, Inc. to focus on the domains of activity and quality of life.

Weintraub focused on how to take care of yourself and focused on starting with the basics. If you can’t control stress, enjoy a good night’s sleep, and if you are suffering from back pain, then it doesn’t matter where you go or how many times someone releases the tension between your shoulder blades. To truly take care of yourself, you may want to pamper yourself, Weintraub discussed stress reduction techniques, sleep techniques and ways to reduce risk of injury on the job.

To continue on the theme of nurses learning to care for themselves so they can provide care for others, Scott demonstrated with member participation in her 5 Minute Yoga Break™ When asked to partner with ANA-Illinois to help launch the Healthy Nurse, Healthy Nation campaign, Scott pointed to her message on her website “The healthier the caregiver the healthier the patient; creating a healthier World” ~ Toni, MSN, RN and stated “it is a natural, perfect fit.”

During the afternoon, executive director Susan Y. Swart MS, RN, CAE shared the Illinois Coalition of Nursing Organizations’ recommendations regarding the 2017 Sunset of the Nurse Practice Act. Other important nursing issues and discussion of political activism were addressed by Sue Clark, ANA-Illinois lobbyist.

The perfect ending to the day was the dessert reception, hosted by the Illinois Nurses Foundation (INF). Maureen Shekleton, President of INF, took time to thank everyone for supporting the valuable work the Foundation does throughout the year.
CONTINUING EDUCATION OFFERING

Smoke-Free Public Housing

Pamela Trotta RN
Loyola University Chicago, Marcella Niehoff School of Nursing

There is strong evidence that smoking and secondhand smoke are harmful to one’s health. There is also no question that society bears the health care costs as a result of an individual’s smoking behavior. Local authorities have enacted laws to prohibit smoking in public areas and the workplace to limit exposure to secondhand smoke. A person’s home is also a source of secondhand smoke. Health officials have recommended that individuals prohibit smoking in their homes. Secondhand smoke is especially problematic for those that live in multi-unit residences who have no protection from the secondhand smoke drifting into their home from their neighbor’s residence.

To protect residents of multi-unit housing from secondhand smoke, the U.S. Department of Housing and Urban Development (HUD) currently recommends that local public housing authorities ban smoking in public housing (U.S. Department of Housing and Urban Development, 2012). In 2015, HUD proposed an across the board ban of smoking in all public housing (U.S. Department of Housing and Urban Development, 2015). This paper will explore the health implications of banning smoking in public housing, the associated costs, the ethical concerns, the rights of smokers versus nonsmokers, and how the policy aligns with the American Nursing Association’s Code of Ethics.

Impact of Secondhand Smoke

The negative health effects of cigarette smoking have been widely reported. It is known that smoking contributes to chronic illness and cancer (Office on Smoking and Health, 2015a). According to the Office on Smoking and Health (2015a), cigarette use is responsible for 480,000 deaths per annum in the United States. In addition, secondhand smoke, the smoke emitted by cigarettes or exhaled by smokers, can harm those around the smoker. Secondhand smoke exposure carries a similar risk of chronic disease and cancer to that of smokers themselves. (Office on Smoking and Health, 2015a) There have been approximately 41,000 deaths per annum from secondhand smoke (Geller, Rees, & Brooks, 2016). Children are particularly impacted by secondhand smoke as a result of exposure in their homes (Office on Smoking and Health, 2015a). In fact, 37% of children are routinely exposed to secondhand smoke in their home (Geller, Rees, & King, 2015). Children exposed to secondhand smoke suffer from a higher incidence of asthma and respiratory illness (Winickoff, Gottlieb, & Mello, 2010). The elderly are also disproportionately affected by secondhand smoke because they are indoors more frequently (Maher, White, & Brown, 2015).

The most common areas of exposure to secondhand smoke are in the home and at work (Office on Smoking and Health, 2015a). Local governments across the country have banned smoking in restaurants, public spaces, and the workplace. However, studies show that people of lower socioeconomic status have been the least likely to be protected from these laws (Office on Smoking and Health, 2015a). Governments have stopped short of banning smoking in the home. The Surgeon General of the United States wrote a report in 2009 on Healthy Homes and recommended that individuals adopt smoke free policies in their home (U.S. Department of Health and Human Services, 2009). However, those that live in multi-unit residences may adopt smoke free policies in their home, but are not protected from their neighbors who smoke. Research shows that secondhand smoke can travel through ventilation systems, crevices in walls and floors, and through plumbing and electrical conduits (Winickoff et al., 2010).

Proposed Ban on Smoking

Twenty-five percent of people in the United States live in multi-unit housing (Snyder, et al., 2015). A growing number of private property landlords have implemented restrictions on smoking in their units in response to resident preferences and to reduce the costs associated with nonsmokers moving into smoke-free units (Winickoff et al., 2010). In 2009 and again in 2012, in an interest to protect people living in multi-unit federally funded housing from secondhand smoke, the Department of Housing and Urban Development (HUD), issued a policy recommending that local public housing authorities adopt non-smoking policies in all of their buildings (U.S. Department of Housing and Urban Development, 2012). Snyder et al. (2016) point out that not quite 10% of public housing authorities have adopted a ban on secondhand smoke. In 2010, it was estimated that public housing authorities must adopt non-smoking policies (U.S. Department of Housing and Urban Development, 2015). The new policy is out for public comment. Approximately 7 million people live in government-subsidized housing and 30% of residents in public housing are children (Snyder, et al., 2015). Studies show that children of non-smokers living in multi-unit housing had a 45% higher blood level of a nicotine metabolite than children from non-smoking detached homes (U.S. Department of Housing and Urban Development, 2015). Smoking rates among those that live in public housing (U.S. Department of Housing and Urban Development, 2015). The new policy is out for public comment. Approximately 7 million people live in government-subsidized housing and 30% of residents in public housing are children (Snyder, et al., 2015). The new policy is out for public comment. Approximately 7 million people live in government-subsidized housing and 30% of residents in public housing are children (Snyder, et al., 2015). In 2009 and again in 2012, in an interest to protect people living in multi-unit federally funded housing from secondhand smoke, the Department of Housing and Urban Development (HUD), issued a policy recommending that local public housing authorities adopt non-smoking policies in all of their buildings (U.S. Department of Housing and Urban Development, 2012). Snyder et al. (2016) point out that not quite 10% of public housing authorities have adopted a ban on secondhand smoke. In 2010, it was estimated that public housing authorities must adopt non-smoking policies (U.S. Department of Housing and Urban Development, 2015). The new policy is out for public comment. Approximately 7 million people live in government-subsidized housing and 30% of residents in public housing are children (Snyder, et al., 2015). Studies show that children of non-smokers living in multi-unit housing had a 45% higher blood level of a nicotine metabolite than children from non-smoking detached homes (U.S. Department of Housing and Urban Development, 2015).

Economics Associated with Smoking Ban

In 2011, approximately 37,000 residents of public housing received medical care directly related to the effects of secondhand smoke (Mason et al., 2015). The cost to mitigate an apartment is $1,200 - $2,900 (U.S. Department of Housing and Urban Development, 2015). King, Peck, and Babb (2014) calculated the savings associated with banning smoking in subsidized housing. They found that the total cost savings would be $496 million per annum. These costs include $310 million in savings related to health care, $133 million related to restoration expense, and $52 million related to reduction in fires. (King, Peck, & Babb, 2014)

However, HUD estimates of cost savings are much lower. HUD estimates total annual savings of $153 million, of which $94 million would be saved in health care costs and $43 million related to restoration expenses. HUD estimates that there are over 100,000 smoking-related fires in their units each year that cost $500 million in renovation costs annually. Fires caused by smoking are also a major cause of death in public housing. (Markon & Rein, 2015). Other economic concerns surround implementation of the ban. Local public housing Directors are concerned about the cost of implementing this program. They feel that their budgets are already so tight that they are struggling to provide core services. (Markon & Rein, 2015)

Rights of Smokers

Governments propose to restrict a person’s behavior in the privacy of their home raises many legal questions. In particular, is banning smoking in a home an invasion of a person’s right to privacy? Courts have ruled that the Fifth and Fourteenth Amendments to the Constitution affords a nominal right to smoke. Smokers have not been deemed as disabled by Courts under the Americans with Disabilities Act. HUD argues that smokers have no legal protection to smoke under the Fair Housing Act and the Civil Rights Act of 1964. (Winickoff et al., 2010). However, advocates of banning smoking see this as social justice in support of non-smokers and protection of the poor (Snyder et al., 2015).

The Women, Infants, and Children (WIC) places restrictions on the types of food that women can buy. Advocates of the smoking ban feel the proposal is in the same vein as the WIC voucher policy. Detractors point out that a smoking ban is different than the WIC voucher restriction, because of the addictive nature of tobacco and that a smoker could not easily abide by the new rule. However, there are other forms of nicotine that smokers could switch to. (Winickoff et al., 2010)

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Impact on Residents

Studies find that 26-64% of public housing residents surveyed reported experiencing secondhand smoke traveling into their unit (Snyder et al., 2015). A study by Levy, Rigotti, and Winickoff (2013), analyzed saliva samples from residents in public housing and found that 90% of nonsmokers tested positive for nicotine metabolites, indicating exposure to secondhand smoke. This exposure is a byproduct of nicotine in their saliva (Levy, Rigotti, & Winickoff, 2013). Other studies have confirmed the migration of secondhand smoke to non-smoking units by analyzing air samples to minimize transfer of secondhand smoke between units by improving ventilation and sealing cracks between units only improved air quality in some apartments. A study by Snyder, et al. (2015) at the Boston Housing Authority found that residents of public housing, thereby reducing smoking in multi-unit residences nationwide, not just public housing. Banning smoking in public housing would be beneficial.

The American Nurses Association Code of Ethics

The American Nurses Association (ANA) Code of Ethics delineates the ethical responsibility that nurses have to patients and the population at large. “Provision 8.3 Obligation to Advance Health and Human Rights and Reduce Disparities” addresses the ethical responsibility nurses have to promote health among the population (American Nursing Association, 2015, p. 32). Banning smoking in public housing is in alignment with Provision 8.3 because everyone has a right to live in a safe and healthy environment. The American Nurses Association Code of Ethics states, “Where smoking would be permitted on public housing properties.” (Markon & Rein, 2015)

Analysis

It is universally agreed that smoking and secondhand smoke are harmful. It is also agreed that society bears the health care costs as a result of this behavior. Given the harmful effects of smoking, especially on children, the government has a role in protecting the health of the population, which includes smokers and non-smokers. However, banning smoking in public housing can be seen as a government intrusion on a person’s private life and personal liberties. That would not be equally applied to everyone in society, only to those living in public housing who are of a lower socioeconomic status. The government is being paternalistic and singling out people who are poor. Why isn’t the government considering legislation to ban smoking in all multi-unit residences nationwide, not just public housing? Banning smoking in public housing would be beneficial.

Conclusion

Smoking and exposure to secondhand smoke have serious health consequences and costs to society. There is significant evidence that secondhand smoke can migrate between residences in multi-unit housing. Lack of a ban on smoking in multi-unit housing represents a gap in protection from secondhand smoke. The only way to protect smokers from this exposure is through a ban on smoking in multi-unit housing. HUD has proposed a change from an housing authority to ban smoking in public housing. Most residents in multi-unit public housing favor a ban on smoking. Smokers have no legal protection to smoke in their home and must be weighed against the rights of non-smokers. The savings to society annually, if smoking were banned in public housing, would be $500 million dollars. The ANA Code of Ethics is in support of policies that improve the health of populations and reduce smoking and saving people from secondhand smoke exposure. The American Nurses Association Code of Ethics would support smoking cessation not a cornerstone of the Medicaid program.

CE Offering

1.0 Contact Hours

This offering expires in 2 years: November 15, 2018

Learned Outcome:

After reading the article, the nurse will be able to identify health implications of banning smoking in public housing, the associated costs, the ethical concerns, the rights of smokers versus non-smokers, and how the policy aligns with the American Nurses Association’s Code of Ethics

How to Earn Continuing Education Credit

This course is 1.0 Contact Hours

1. Read the Continuing Education Article
2. Go to https://illinoisnursesfoundation.wufco.com/forms/dec-2016self-study/ to complete the test and evaluation. This link is also available on the INF website www.illinoisnursesfoundation under programs.
3. Complete the content of processing fee as follows: ANA Illinois members: $7.50 Non members: $15.00

Achievement

To earn 1.0 contact hours of continuing education, you must achieve a score of 80%. If you do not pass the test, you may take it again at no additional charge. Certificates indicating successful completion of this offering will be emailed to you.

Acknowledgment

This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

CE quiz, evaluation, and payment are available online at https://illinoisnursesfoundation.wufco.com/forms/dec-2016self-study/ or via the INF website www.illinoisnursesfoundation under programs.
Our business meeting was held, with a few changes to bylaws voted upon. The most significant of these was to allow our student members to vote!

For me, this year’s conference was a little bit sweeter as it is my last conference as President.

My parting words to ALL APNS in ILLINOIS – to be a professional APN who is not only strong clinically, but is aware of the various impacts upon our profession. Our association depends on the support and membership of the APNs within the state. As a practicing member of the profession one should be a member of ISAPN and one’s national organization. ISAPN is the ONLY organization that represents all branches of specialties – CNM, CNP, CNS and CRNA. It is the only organization with a collective voice in Springfield. Sunset 2017 is right around the corner – do you want to have a voice? and unite with our nursing colleagues to move nursing forward in 2017? Be in the know! I implore nursing educators to be members and encourage our students to join ISAPN, give them the resources to be the best they can be. I regularly hear about the impact ISAPN has made to students.

I know that, with the help of Board members that have served with me, we leave ISAPN a stronger organization. I am also confident that the new president, Dr. Ricki Loar, and the Board of Directors will continue to serve you well.

RICKI LOAR - I am honored and pleased to assume the duties of President of ISAPN. I would like to take a brief minute to thank Mary Barton for all of her dedication and hard work over the past four years of her presidency, and would like to recognize and sincerely thank the outgoing Board of Director members: Shannon Holthaus, Michelle DiGiovanni, Beth Matthews, Denise Orrill and Izabela Kazana. I hope to make good use of the wisdom and experience that each of these Board members has shared and look forward to their continued involvement in ISAPN.

Membership in ISAPN is extremely important for our profession. ISAPN is the only organization that speaks for the interests of all four APN specialties in Illinois. If you are already a member, I would encourage you to continue your membership. If you are not a member, you can use the appropriate link on the ISAPN website to join now (https://isapn-site-vm.com/general/register_member_type.asp). Your membership dollars are used to provide high quality educational and networking opportunities throughout the state and to represent you in Springfield. Please volunteer for one or more of the ISAPN committees as we welcome your input, expertise and dedication to APN practice in Illinois.

We do have some distance to walk over the next 2 years, and it is always best to take this walk together. Our practice act is due to sunset in 2017 and our Executive Director Susan Swart has been hard at work to coordinate the voices of the different nursing organizations throughout Illinois.

Illinois APNs are striving for Full Practice Authority. For this reason, it is vital for all APNs to know their legislators and contact them in person. If you don’t know who your legislators are, you can find out through the ISAPN website by selecting the advocacy portal (http://cqrcengage.com/ilnurses/home) and enter your zip code under Legislator portal (http://cqrcengage.com/ilnurses/home) and enter your zip code under Legislator and look up. Visit with your Senator and Representatives and tell them your personal stories about how restrictions in practice have affected your patients. Share with them how Full Practice Authority will allow you to practice to the full extent of your education and certification, thus decreasing barriers and increasing access to quality health care services for their constituents. If all APNs reach out and have a presence, we will have a strong voice.

I look forward to meeting APNs throughout the state during the upcoming 2 years.

MARY BARTON - It is always a joy to see colleagues, especially at Midwest Conference! Here are some of my musings about MWC... The registration area was full of joyous hellos as colleagues embraced and tried to catch up on the past year. The staff was all smiles, knowing they are prepared well!

Opening session was by someone who most of us recognized from graduate school readings – Carolyn Buppert, APN and attorney. Carolyn presented a very informative talk on Medicare/Medicaid Billing. We all came away determined to review our billing and coding.

Then the sessions began... most of which were presented by our fellow APN colleagues! So many choices – Autoimmune disease, malignant hematology, diabetes, stroke, treatment, PTIs and management of pulmonary disease, pharmacology, joint injections, simple office procedures, wound care (including suturing), sports injuries, IBS, chronic illness, periodontal disease, education topics, orthopedic management, food allergies, anemia, APN owned business, identification and management of psychiatric illness, etc... you get the picture – something for everyone!

Most exciting this year was the roll out of the ISAPN Pilot Mentor Program. This is a program that will support APN students in their last months of being a student and into being an APN. The goal is to provide professional support and introduce the student to resources available through the organization.

Here and there arrangements were being made to meet up in the PAC VIP Lounge, where chair massages, makeup sessions, and hairdos were being done in preparation for professional photographs. It was a great place to share a beverage and just be!

At every opportunity APNs were networking and sharing successes and frustrations. The best part about this conference is the camaraderie... an opportunity for like-hearted and like-minded individuals united by their profession to get recharged! One hearted and like-minded individuals united by their profession to get recharged! One
The Illinois Association of Colleges of Nursing (IACN), comprised of the Deans and Directors of Baccalaureate Nursing programs across the state had their annual planning meeting on Friday, September 23, 2016 at Loyola University Chicago's Niehoff School of Nursing in Maywood, Illinois. Twenty-five schools attended the meeting. The strategic plan and annual goals were reviewed.

Goals for this year include: 1) Create synergistic partnerships across the state so that IACN can be more strategic in our efforts; 2) Increase our visibility and serve as a lead organization to make recommendations on important issues through enhanced web presence and publications; and 3) Create a legislative platform that allows our leadership to take positions that are consistent with our mission, vision, values and strategic goals and objectives.

At the September meeting the web site was reviewed and strategies for improvement were discussed; a discussion regarding seamless progression for Associate Degree Nurses to pursue a BSN was discussed. The Illinois Association of Colleges of Nursing (IACN) fully supports baccalaureate nursing education in 4-year institutions of higher education. The opportunity to pursue academic professional development and career advancement needs to be accessible to every nurse. IACN continues to promote initiatives that facilitate baccalaureate and higher degree completion, ensure that nurses have the support needed to advance their education, and provide for a robust nursing workforce in Illinois. In addition, a recommendation for a financial audit was approved; IACN lobbyist Sue Clark presented a legislative update; and Michelle Bromberg, nursing coordinator for the Illinois Department of Financial and Professional Regulation gave a state-wide nursing update. For more information, go to the IACN website: illinoiscollegesofnursing.org.

CRNAs needed for FT and PRN work to administer general or regional anesthetics to surgical and obstetrical patients. IL RN and CRNA licenses required. BLS, ACLS, and PALS certifications required. FT has medical, dental, vision, pension, PTO. Both have 457(b). Generous wages paid in a friendly, small town atmosphere. If interested, please send CV to hr@hammondhenry.com.

EOE/MFDV
New from IDFPR – Store your Nursing License Pocket Card on your Smartphone or Tablet

An alternative to the paper license pocket card is now available for Illinois APNs, RNs and LPNs. An estimated 1.1 million active licensees within the Division of Professional Regulation (IDPR) and the Division of Real Estate (DRE) may now choose to store an electronic license pocket card on their Smartphone or tablet. The e-license pocket card is the latest announcement from IDPRP in their ongoing efforts to modernize the state’s regulatory agency.

“Smartphone technology permeates our existence in 2016,” said Bryan A. Schneider, IDPRP Secretary. “We use them in all facets of our lives, from keeping up with our friend’s social lives to managing our personal finances. By providing an electronic pocket card, we are able to offer the latest in innovation for our licensee’s digital wallet.”

For licensees wishing to store an electronic license pocket card on their Smartphone or tablet, please visit: www.idfpr.com/GetMyLicense. Electronic pocket cards may be saved as a PDF file or by taking a screenshot and storing as a photo.

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- Onsite Faculty/Early Learning Center
- Earn up to 4 weeks of Paid Time Off the first year
- Opportunities for Personal and Professional Growth

VA Nurse Opportunities
- Competitive Pay
- Generous Benefits
- Generous Educational Assistance
- Supportive Environment including a Nurse Residency Program
- Onsite Faculty/Early Learning Center
- Earn up to 4 weeks of Paid Time Off the first year
- Opportunities for Personal and Professional Growth

Please contact our nurse recruiter, Gwendolyn Holland at 314-289-6479 or email at gwendolyn.holland@va.gov

Become a VA nurse.

The Illinois Center for Nursing Elects New Chairperson and Vice-Chairperson

The Illinois Center for Nursing (ICN) is offering Illinois Licensed Practical Nurses (LPNs) the opportunity to voluntarily participate in a survey upon completion of the 2017 online license renewal process. The ICN partnered with the Illinois Department of Financial and Professional Regulation (IDFPR) Licensing and Information Technology units to create the straightforward questionnaire.

The survey consists of 27 questions, including those from the National Minimum Data Set. All data will be reported in the aggregate for use in determining nursing workforce projections and needs in Illinois. Individual responses will remain anonymous and confidential.

Mailing the survey will begin January 31, 2017, so please encourage your LPN coworkers to complete this survey upon conclusion of their individual online licensure renewal. Thank you.

Find your career today! Search job listings in all 50 states, and filter by location and credentials.

Please note, all comments and content are subject to review and moderation before publication.

The ICN Advisory Board of Directors meets the second Wednesday of the months of February, April, June, September, October and December by videoconference in the IDFPR offices in Springfield & Chicago, 10am-2pm; meetings are open to the public.

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.

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American Nurses Credentialing Center Appoints New Senior Leaders

Loressa Cole Named Chief Officer/Executive Vice President and Jeffrey Doucette Named Vice President

Silver Spring, MD — The American Nurses Credentialing Center (ANCC) announced the appointment of Loressa Cole, DNP, MBA, RN, FACHE, NEA-BC, as its new chief officer/executive vice president. As the leader of ANCC’s full portfolio of credentialing programs, she will guide the organization to fulfill its strategic vision of nursing excellence, quality care and improved patient outcomes.

Dr. Cole is an accomplished health care leader who brings more than 30 years of nursing and management experience, most recently as the chief nursing executive for LewisGale Regional Health System located in Salem, Virginia, where she directed system-wide clinical operations, partnering with other C-suite leaders on strategic and tactical planning and execution. Previously, she served as chief nursing officer at LewisGale Montgomery Hospital in Blacksburg, Virginia, where she led the hospital to achieve its initial Magnet Recognition® in 2009 and its redesignation in 2013. Dr. Cole began her career as a staff registered nurse and administrative nursing supervisor.

Additionally, ANCC also announced the appointment of Jeffrey N. Doucette, DNP, RN, FACHE, NEA-BC, CENP, LNHA, as vice president of the Magnet Recognition and Pathway to Excellence® Programs. He is responsible for vision, governance and operations of the Magnet Recognition Program®, the Pathway to Excellence Program and any future credentialing programs recognizing nursing excellence at the organization, department or unit level.

Dr. Doucette is currently regional vice president of clinical services and chief nursing officer at Bon Secours Hampton Roads Health System in Suffolk, Virginia. Prior to that, he served from 2011 to 2016 as vice president of patient care services and chief nursing officer at Mary Immaculate Hospital and St. Francis Nursing Care Center in Newport News, Virginia. He brings extensive experience in executive nursing practice, academia and professional nursing organizations to the role. While at Mary Immaculate Hospital, he led the team in achieving initial Pathway to Excellence designation and redesignation. The hospital was further recognized as the 2013 Pathway Award® winner. He has been awarded an Executive Nurse Fellowship by the Robert Wood Johnson Foundation.

Dr. Cole will join the organization on Oct. 24 and Dr. Doucette will begin his new role on Dec. 5.

“We are pleased to welcome Dr. Cole and Dr. Doucette to ANCC and look forward to them leveraging their leadership skills and passion for excellence in nursing to fulfill our mission and vision,” said ANCC President Patricia Reid Ponte, DNSc, RN, NEA-BC, FAAN.

“This is an exciting time for the American Nurses Association (ANA) Enterprise as we move forward with a focus on greater collaboration and synergy among ANCC, ANA and the American Nurses Foundation,” said ANA Enterprise CEO Marla J. Weston, PhD, RN, FAAN.

“Each of these new leaders embraces the belief that by working together, we will be better able to serve nurses and have a greater impact on health care through ANCC’s credentialing programs.”

Dr. Cole is active in many professional nursing organizations, including the Virginia Nurses Association, where she served as president from 2012 until 2014. She is a member of the American Organization of Nurse Executives, the Virginia Organization of Nurse Executives and the American College of Healthcare Executives. She has presented at a wide range of conferences, including the 2011 and 2012 ANCC National Magnet Conference.

Dr. Doucette is active in many professional associations including the Virginia Nurses Association, Case Western Reserve University, her master’s in business administration at Averett University and her bachelor’s of science in nursing from Virginia Commonwealth University. He is ANCC board-certified as a Nurse Executive, Advanced and is a Fellow of the American College of Healthcare Executives. Dr. Doucette is active in many professional associations including the Virginia Nurses Association, where he currently serves as vice president. He has published in many professional journals and has presented at numerous conferences, including the Pathway to Excellence Conference® and ANCC National Magnet Conference. He holds a doctorate of nursing practice from Old Dominion University, a master’s of science in health care administration and a bachelor’s of science in nursing from Marymount University. He is ANCC board-certified as a Nurse Executive, Advanced and is a Fellow of the American College of Healthcare Executives. Additionally, he is a licensed nursing home administrator.

About ANCC

The mission of the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), is to promote excellence in nursing and health care globally through credentialing programs. ANCC’s internationally renowned credentialing programs certify and recognize individual nurses in specialty practice areas. ANCC recognizes health care organizations that promote nursing excellence and quality patient outcomes while providing safe, positive work environments. In addition, ANCC accredits health care organizations that provide and approve nursing education. ANCC is the only nurse credentialing organization to successfully achieve ISO 9001:2008 certification in the design, development and delivery of global credentialing services and support products for nurses and health care organizations. For more information, visit www.nursecredentialing.org.
American Nurses Association Launches Enhanced Career Center Powered by YourMembership

Silver Spring, MD — The American Nurses Association (ANA) is pleased to announce the launch of an enhanced version of theANA Career Center. The newly redesigned site is powered by YourMembership, the leading provider of career center and job board services.

In addition to listing thousands of nursing jobs, theANA Career Center will also provide:

- Access to YourMembership so applicants can control who views their information
- Recruitment options for employers and access to ANA's exclusive Job Flash, Smart Brief and Career Brief emails
- Integration of job content to engage with ANA's Twitter, Facebook and LinkedIn communities, and convenient access to webinars, continuing education courses and conferences
- Advertising opportunities for employers
- Mobile-friendly interface to access YourMembership's network of nearly 2,500 career centers
- Alerts so applicants receive timely updates on jobs that match their goals and interests

"The ANA Career Center serves the nursing profession by providing our members with value-added opportunities for professional development and career growth," said Donna Grande, ANA's VP of Products and Services. "Our members are committed to the highest standards of integrity and training and are exceptionally appealing to employers." Grande added, "Powered by YourMembership's technology, ANA's Career Center will connect nurses with health care organizations seeking their sought-after skills and expertise."

"The American Nurses Association is a world-class organization whose members are an integral part of the country's healthcare industry," said Tristan Jordan, YourMembership's CEO. "The ANA Career Center is an innovative gateway that matches the right employers with the right nursing talent to help keep healthcare organizations well-staffed and nursing professionals' careers moving along a path that meets their goals."

To jump start your nursing career, please visit the ANA Career Center.

About the American Nurses Association

The American Nurses Association (ANA) is the voice of nursing, representing the interests of the nation's 3.6 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all.

About YourMembership

YourMembership, established in 1998, empowers associations, organizations, nonprofits and other companies worldwide to deliver more value to their users, drive non-dues revenue through innovative career centers and buyer’s guides, increase their relevance using ground-breaking engagement tools, and enhance overall operational efficiencies. YourMembership’s cloud-based membership management solution enables associations to effectively brand their organizations, engage their customer bases, and streamline their administrative processes. As the world’s largest provider of membership and company management software, YourMembership provides comprehensive membership solutions to more than 5,000,000 customers in 32 countries. For more information, visit YourMembership.com. To learn more now, call 1-727-827-0046.
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