I’m sitting on my balcony watching two hummingbirds whiz back and forth, always so busy and on the go. It’s a gorgeous day, one of those San Diego afternoons when you’re reminded that you’re human and the world is surrounding you with its energy. It’s a time to feel small, and a time to feel giant – where anything is possible!

Poeticism aside, I was thinking about the success of our 2016 20th Anniversary Celebration and General Assembly in Redondo Beach. If you weren’t one of our 70+ attendees, I encourage you to read this issue with a good, strong cup of coffee so you can experience the energy buzz that rocked the conference center throughout our 2-day event (of course, only if you’re interested in volunteering, complete the Committee Interest Form on our website, or contact us by email at president@anacalifornia.org).

Stop by our office in Sacramento, and meet Marketa and Teresa, if you haven’t already. Share your stories with us – what you love about nursing, what needs work and what you’re doing about it. We have a wall of fame in our new office that needs pictures of you doing the work you love. As always, if there’s anything I can do for you, I’m available at president@anacalifornia.org. I look forward to hearing from you!

Corinne MacEgan, MSN/Ed, RN, CHPN
ANA California accepts and encourages manuscripts and editorials be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA California members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANA California reserves the right to edit letters and articles to meet style and space limitations. Letters, Articles and Manuscripts submitted to ANA California will be published as space allows unless content is of a timely nature. Letters, Articles and Manuscripts submitted by members of ANA California will be given first consideration when there is an availability of space in the newsletter. Photographs should be in jpg format and emailed with the name of the Letter, Article or Manuscript referenced in the subject line. Email to TheNursingVoice@anacalifornia.org. Letters, Articles and Manuscripts may be reviewed by the Editorial Staff. Letters, Articles and Manuscripts submitted by members of ANA California will be given first consideration when there is an availability of space in the newsletter. Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email. E-mail all narrative to TheNursingVoice@anacalifornia.org.

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The Nursing Voice is the official publication of the American Nurses Association in California ANA California is located in The Senator Office Building 1121 L Street, Suite 406 Sacramento, CA 95814

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The official publication of the ANA California shall be The Nursing Voice.

The Nursing Voice is published quarterly starting in January, copy must be received by the first (1st) of November, February, May, and August to be included in the next publication. The publication is complimentary to ANA California members, schools of nursing and their nursing students, affiliates of the association and their memberships, if you would like to submit a letter, article, or manuscript, for publication please read Article Submission for The Nursing Voice in this issue for submission details.

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ANA President Pam Cipriano Opens ANA\C General Assembly

Marketa Houskova, RN, MAIA, BA
ANA\C Government Affairs Director

“Nurses must be allowed to practice in accordance with their professional training … and assume leadership roles in the redesign of the health care system”
—Harvey Fineberg, MD, Former President, Institute of Medicine

Growing up in Czechoslovakia, one of my Mom’s somewhat effective parenting tools was her not-so-veiled threat of “you will become like them if you stay surrounded by them!” While her worry that I may not achieve full potential, or lose my will to succeed based on the company I kept proved totally unfounded, her overall hypothesis of influenced by association may have some merit in certain circumstances. Intentionally surrounding yourself with people you want to be “like” can be a strategy to help you learn and grow. Case in point, ANA\C’s 2016 General Assembly 2016 in Redondo Beach where I was afforded an unforgettable opportunity to be influenced by association.

It was amazing to be surrounded by many outstanding nurses and leaders such as our keynote speaker, ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN, who was named in the Top 25 Women in Healthcare and Top 100 Most Influential People in Healthcare in 2015 and 2016.

Cipriano delivered a rousing presentation on nursing leadership, From Bedside to Boardroom, to open the General Assembly. Did you know that with 3.6 million registered nurses in the United States, and about 420,000 in California, we only hold about 5 percent of hospital board positions? Yes, we are the largest employee group in any hospital, yet our professional voice is not represented on most of the hospital boards in our country? To make matters even more frustrating, nearly half of US hospital boards do not have racial or ethnic minority representation whatsoever. If this is not a call to action, I do not know what is.

“Nurses are the experts in the patient and family experience, quality and patient safety and improving the system to reduce costs,” said Cipriano. “It’s time they play a greater role in the boardroom.”

Through her inspiring presentation, Cipriano challenged us to more actively lead change in health care by seeking positions on boards. She described the National Nurses on Boards Initiative that calls for 10,000 nurses to serve on boards by 2020. These boards include hospital, corporate, nonprofit, community advisory and others. (Learn more at: http://campaignforaction.org/join-effort-get-10000-nurses-onto-boards-2020)

It’s about time for nurses to have a voice on boards—we bring a different skill set to boardrooms, and we employ critical thinking and analytical abilities honed by years of nursing practice. And what of nurses being voted the most trusted and ethical profession for the 13th year in a row? Icing on the cake!

Whether you’re an RN interested in pursuing your Bachelor of Science in Nursing, or ready for your Master of Science in Nursing, this is a perfect time to earn your advanced degree at Concordia University Irvine.

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For more about the Concordia RN to BSN or MSN programs, contact MJ Caterinicchio at 949-214-3654 or mj.caterinicchio@cui.edu.

MSN Info Sessions: Jan 12 & Mar 9
RN2BSN Info Session: Mar 9
MSN Classes Start: Jan 14 & Aug 26
RN2BSN Classes Start: Mar 15 & 16

Concordia University Irvine
How do we improve the health of our nation? To answer this question, asked daily by health care providers, the American Nurses Association (ANA) is challenging all nurses to model the way by engaging in positive habits to improve the health of 3.6 million RNs across the country through participation in the Healthy Nurse, Healthy Nation™ initiative. ANA defines a healthy nurse as:

One who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal, and professional wellbeing. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and their work environments, and ultimately for their patients.

In October at ANA’s General Assembly, Jaime Murphy Dawson, ANA’s Healthy Nurse, Healthy Nation™ program manager, presented an overview of the program to RNs in attendance. What a great idea to demonstrate that California nurses can be health care coaches and role models for a healthy lifestyle. As innovators and early adopters, ANA has taken on the challenge and volunteered to be one of the beta testers of this new program. ANA members tested the system in September – late October and provided feedback in preparation for ANA’s national launch in January 2017. The Healthy Nurse, Healthy Nation:™ concept tied in nicely to the presentation Marsha Fowler, PhD, MDU, MS, RN, FAAN, presented earlier in the conference on our Nursing Code of Ethics. As defined in provision number five of the 2015 Nursing Code of Ethics: “Nurses should model the same health maintenance and health promotion measures that they teach and research, obtain health care when needed, and avoid taking unnecessary risks to health or safety in the course of their professional and personal activities.”

It should be a priority for nurses to promote self-care for our patients and achieve self-care for ourselves. Similar to the airline concept of “putting on your own oxygen mask before helping others,” nurses need to take care of themselves prior to helping others whether at work or at home. We need to be our own priority number one!

Recognizing that nurses are the ultimate care givers (usually to others first), ANA requests that nurses accepting the Healthy Nurse, Healthy Nation™ challenge first complete a comprehensive survey to determine their primary areas of need. Once the survey is complete, the nurse is directed to proven interventions that can help individuals develop a personal plan to improve health and wellness. Initial steps to self-care and more information about the Healthy Nurse, Healthy Nation™ Grand Challenge can be discovered on the ANA website. During one of the breakout sessions, attendees also discussed best practices in their work environment to engage nurses and decrease stress. Suggestions included:

- unit based Zen rooms for relaxation, live music programs, float nurses to off-load the stress on the unit, and staff combining their talents with other units for fun events, such as sing-alongs.
- Imagine if all 3.6 million nurses improved their health and encouraged those around them from their families and communities to improve just a little – how much healthier our world could be!

Jaine Murphy Dawson from ANA describes the Healthy Nurse Healthy Nation™ Grand Challenge.
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ANA\C 20th Anniversary Celebration & General Assembly

MAKING WAVES:
EMPOWERING CALIFORNIA NURSES

Redondo Beach, CA | October 14-15, 2016
Delia Santana’s study used the qualitative approach of phenomenology to explore factors that contribute to low rates of influenza vaccination in older African Americans (population health/patient safety/patient experience).

Annie Tat’s project focused on raising the awareness of nursing students in appreciating the lives of low income, ethnically diverse women with chronic illness by using the framework of cultural humility (population health/patient experience).

Clearly these nurse colleagues are contributing enormously to the evidence base of nursing practice and assisting nurses in improving care delivered to patients and communities. Please consider how your efforts to improve nursing and identify best practices can be shared with your colleagues.

Poster Presentations: Identifying and Sharing Best Evidence to Improve Nursing Practice

Anne Hughes, PhD, FNP, ACHPN, ACRN, FAAN
ANA/C Vice President and Chair of 2016 General Assembly Planning Committee

Florence Nightingale, founder of modern nursing, insisted that a common-sense principle of (hospital) care was that patients would not be harmed by the care itself. As a practice discipline that is both art and science, nursing is called to ensure that the care delivered is safe, effective and person-centered. The basis of this claim is the requirement that nurses continually examine their practice for the best knowledge or evidence by studying the needs of patients, communities and the delivery of care in health care settings; by testing models to improve care and sharing the results of these efforts.

Seven nurses and their co-authors shared their work to improve care and advance nursing practice in poster presentations at the 2016 ANA/C General Assembly. Collectively their work brilliantly illustrated the breadth of nursing practice and the diversity and complexity of patient/population needs. In addition, their work addressed one or more of the Institute for Healthcare Improvement’s Triple Aims for improving health care (patient experience, population health and cost effectiveness) and ANA’s 2016 Culture of Patient Safety focus.

Highlights of poster presentations:

- Cynthia Stacy and collaborators explored the experiences of nurses working on acuity adaptable units (cost effectiveness and patient safety); their poster was selected by conference attendees for the People’s Choice Award.
- Pamela Cone and colleagues’ study examined the comfort of nurses in assessing the spiritual needs of their patients (patient experience).
- Veronica Timple’s preliminary dissertation research is directed at identifying contributing factors resulting in readmission of people living with Type II Diabetes (population health/cost effectiveness).
- Rachel Choudhury conducted psychometric testing of a telemetry monitoring tool used to evaluate nurse competency (patient safety).
- Brian Hamadene described use of the organizational performance improvement strategy, LEAN, to improve compliance with pre-operative procedure checklist (patient safety/cost effectiveness).

- Delia Santana’s study used the qualitative approach of phenomenology to explore factors that contribute to low rates of influenza vaccination in older African Americans (population health/patient safety/patient experience).
- Annie Tat’s project focused on raising the awareness of nursing students in appreciating the lives of low income, ethnically diverse women with chronic illness by using the framework of cultural humility (population health/patient experience).

Clearly these nurse colleagues are contributing enormously to the evidence base of nursing practice and assisting nurses in improving care delivered to patients and communities. Please consider how your efforts to improve nursing and identify best practices can be shared with your colleagues.
ANA&C Recognizes Excellence in Nursing Practice and Patient Care

Florence Nightingale Award
Recognizes the delivery of outstanding direct patient care by a registered nurse.

Ray Cox Award
Recognizes the lifelong commitment of an RN in the advancement of the nursing profession in California.

Joyce Newman Giger, PhD, RN, FAAN
Dr. Giger, Professor Emeritus from UCLA School of Nursing, has educated and mentored thousands of nursing students, and advanced nursing practice to improve the lives of patients around the globe. Dr. Giger developed, tested and implemented the Transcultural Nursing Model, which guided day-to-day patient-centered nursing care and served as theoretical framework for research. In her role as Editor of the Journal of the Black Nurses Association, Dr. Giger has coached many minority nurses. She was nominated by the White House to the National Institute of Nursing Research, an advisory council of the National Institute of Health, and has chaired ANA councils on culture, diversity, genetics, and long term care. Dr. Giger is an admired colleague and dedicated public servant.

Elizabeth “Betty” Curtis Award
Recognizes a registered nurse who is an advocate on behalf of nursing and health care in the legislative, regulatory and/or other public policy arenas.

President’s Award
Awarded by ANA&C’s President to a Registered Nurse for outstanding contributions to nursing.

Linda Burns Bolton, DrPH, RN, FAAN
Dr. Bolton is Vice President of Nursing and Chief Nursing Officer at Cedar Sinai Health System and Research Institute. Throughout her career, Dr. Bolton has played a vital leadership role in promoting patient excellence, patient safety, and diversity in nursing education and practice. Her research, teaching, and clinical expertise includes: nursing and patient care outcomes, improving organization performance, quality care, and cultural diversity within the health professions. In 2009, she was named Vice Chair of the Institute of Medicine Commission on the Future of Nursing, which developed the Future of Nursing Report. Dr. Bolton serves as executive director, Advancing Health. Dr. Bolton has served as president for several national nursing organizations including the American Academy of Nursing and the American Organization of Nurse Executives.
Common theme of "nurses eat their young" and suggested by Parliamentarian, Susan Bowman. She addressed the important conversation in a future assembly.

Do. Every person in the room was engaged in conversation with others. The atmosphere demonstrated that nursing still has a lot of work to do. Every person in the room raised their hand. Although ANA has a staunch point in life, not just at work, it seemed as if every person raised their hand. When I asked how many had been bullied at some point in their lives, the count reached at least 75 percent. I polled the audience as the number crossed their minds. When I asked how many of them had experienced lateral violence or lateral violence – I know it wasn't easy. There was an absolute bond between each person in the room as we shared our stories with the supportive crowd.

The discussion began in a positive light, but it soon became apparent that a common theme was emerging as each nurse told her story. Kathleen described being treated poorly by someone who should have been a mentor and enlightened the audience about her own emotional difficulties, not only as a new graduate, but as a nurse transitioning between specialties. The three nurses soon grew absolute bond between each person in the room as we looked forward to implementing more education and awareness. I spoke later that week with ANA President Dr. Anne Hughes presented the motion to do just that. The Assembly unanimously passed this motion, and we look forward to implementing more education and awareness. I spoke later that week with ANA President Dr. Pam Cipriano, and we agreed to bring the subject forward nationwide for review and presentation. I wish to thank Jimil, Kelly, and Kathleen for their willingness to be unapologetically raw about their experiences. I also want to thank the attendees at the Annual General Assembly event in Redondo Beach. We were beyond excited to have Rep. Capps personally accept this prestigious award during a special ceremony at our President’s Reception. Rep. Capps worked as a public health nurse and a school nurse prior to launching her career in politics. Rep. Capps is a longtime advocate for nurses and patients, and has educated fellow lawmakers about the critical skills that registered nurses bring to the table as advocates, consensus builders, and problem solvers.

Her most recent accomplishments for the nursing profession include co-authoring the bipartisan Title VIII Nursing Workforce Reauthorization Act (H.R.2713), and founding the U.S. House of Representatives Nurses Caucus. While at the ANA/C Conference, Rep. Capps met with ANA/C President Corinne MacEgan and ANA President Pamela F. Cipriano. She dialogued with attendees and members, discussed pressing nursing issues with our Board of Directors and graciously posed for many pictures. She also visited the poster presentations and spoke with their respective authors.

Rep. Capps has been a champion for improving the health and lives of all Americans, especially related to patient safety and care delivery. In a recent blog for The Huffington Post, titled “Once a Nurse, Always a Nurse,” Rep. Capps discussed some of her many accomplishments and memorable moments as an elected national leader. Since her 2016 announcement about her impending retirement from U.S. Congress, many people have asked Rep. Capps what she intends to do with her free time. Besides spending time with her family, she said that as a nurse she will be involved in important issues in her community. Once a nurse, always a nurse, indeed?

2016 General Assembly Panel: Transitions in Practice

Corinne MacEgan, MSN/Ed, RN, CHPN
ANA/C President

During the ANA/C General Assembly, a panel of three nurses: Jimil-Anne Linton, BSN, RN, Kelly Hunt, BSN, RN, and Kathleen Feldman, MSN, RN, described their personal and professional stories of transition into nursing practice. Jimil began the discussion and spoke honestly about her initial transition into the profession, as well as a brief foray into surgical-trauma nursing which was a stark difference from her previous role as a psychiatric nurse. Kelly spoke freely about being a new graduate nurse and her transition from student to professional RN. Kathleen followed with her own story of transitioning from a staff RN to a Master’s prepared nurse specializing in professional development – a switch I personally identified with.

The discussion began in a positive light, but it soon became apparent that a common theme was emerging as each nurse told her story. Kathleen described being treated poorly by someone who should have been a mentor and enlightened the audience about her own emotional difficulties, not only as a new graduate, but as a nurse transitioning between specialties. The three nurses soon grew absolute bond between each person in the room as they shared their stories with the supportive crowd.

When the panel opened the floor for discussion, lines formed at the microphones as attendees were inspired to share their stories as well as thank the panelists for their honesty. I took this opportunity to ask the audience how many of them had experienced lateral violence or lateral violence – I know it wasn't easy. There was an absolute bond between each person in the room as we shared our stories with the supportive crowd.

I wish to thank Jimil, Kelly, and Kathleen for their willingness to be unapologetically raw about their experiences. I also want to thank the attendees at the GA for sharing their stories of workplace bullying and lateral violence – I know it wasn't easy. There was an absolute bond between each person in the room as we shared our stories and experienced bullying and lateral violence farther than it has ever been before.
### ANA\C Retires Several Resolutions at General Assembly

**Retired Resolutions:**

- **(2013)** Addressing the Penalty for Assaulting Nurses and Other Healthcare Professionals in the Workplace
  - Still a current issue, being followed by ANA\C; last bill was vetoed by governor in 2015.

- **(2009)** Support Measures to Prevent Harm Related to Drunk Driving
  - Successful implementation. Interlock device to prevent drunk driving, implemented law in CA, due to a nurse.

- **(2007)** New Graduate Nurses Residency/Internship Programs
  - Showing increase of such programs throughout California.

- **(2007)** Strategy to Address Nursing Shortage: ISPN Programs Offered by Community Colleges
  - Information outdated. Projects were started in 2015.

- **(2007)** Strategy to Address Nursing Shortage: Increase Funding for Faculty Salaries
  - Information outdated. Ongoing battle, but strategies would need to be readdressed and updated.

- **(2007)** Strategy to Address Nursing Shortage: Offer Funding for the Private Colleges
  - Information outdated. See previous rationale.

- **(2007)** Strategy to Address Stress, Attrition Rates and the Facilitation of a Broader Student Diversity Base as it Relates to Nursing Schools: Incorporate Support Groups in all California Pre-Licensure Nursing Programs
  - Reports of support groups being encouraged and implemented in programs.

**Retained Resolutions:**

- **(2014)** Healthy Nurse Initiative Support: ANA\C, California’s Commitment to the Well-Being of Nurses in Our State
  - Recurrent issue to be followed by ANA\C.

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### Help is here for family caregivers in California.

Visit [action.aarp.org/CAcaregivers](https://action.aarp.org/CAcaregivers) to learn more about how the Hospital and Family Caregiver Law supports family caregivers.
The California Nursing Students’ Association (CNSA) 2016 Convention in October was an enriching experience for nursing students and recent graduates from across the state. Visalia, the central California location known as the Gateway to the Sequoias, was a serene setting for the event. The energy and excitement throughout the convention was high as members listened to inspiring speakers, gained insights from nurse leaders who reviewed resumes and offered job advice, and visited the exhibit hall to network with vendors, schools and potential employers.

The convention theme, A Culture of Learning: Our Passport to the World of Nursing, reminds these future nurses about the power of knowledge and the exciting possibilities that a career in nursing can hold. Registered nurses often refer to themselves as lifelong learners – this belief adds a deep and profound richness to nursing, because it keeps the profession continuously renewing and reinvigorating itself.

Having had the opportunity to serve as a CNSA advisor for the past year, I realized that the convention theme also applies to the team of advisors, led by CNSA’s Executive Officer Patricia McFarland, MS, RN FAAN, has spent more than a decade actively doing. In fact the work flows so well all year, it can appear that everything happens naturally. However, embedded into every CNSA project, meeting, decision and leadership role is the opportunity for student nurses to build a foundation of continued curiosity, self-discovery and knowledge that evolves the thinking of the nursing student into one of an aspiring nurse leader.

Participating in Lifelong Learning Activities

Mary Ann McCarthy, EdD, RN, CNS, STAH
ANA/C Education Director

It is an honor to write my first article as ANA/C’s Education Director.

The fall of 2016 provided a myriad of educational opportunities for nursing students at many levels, including nursing conventions, conferences and meetings. The California Nursing Students Association (CNSA) convention in October was a true educational experience for nursing students. I had the unique opportunity to network, speak to other nurses and listen to an incredible keynote speaker. I also was able to participate in a myriad of educational sessions, which covered many different aspects of nursing. The educational sessions provided valuable information and resources that will be beneficial to nursing students as they continue their education.

The CNSA convention was held in Visalia, California, and was a great opportunity for nursing students to network with other students and professionals in the field of nursing. The convention featured keynote speakers, workshops, and networking opportunities, allowing students to connect with others in their field and gain valuable insights into the nursing profession.

A major focus of the joint conference of the California Organization of Associate Degree Nursing Directors and the California Association of Colleges of Nursing involved discussions with the Board of Registered Nursing including strategies to approve nursing education and expedite licensing of new graduates. Besides representatives from academia, this discussion included the voice of ANA/C as well as many other nursing professionals.

The conference was held in Redondo Beach, California, and featured keynote speakers, workshops, and networking opportunities. The conference was a great opportunity for nursing students to network with other students and professionals in the field of nursing. The conference featured keynote speakers, workshops, and networking opportunities, allowing students to connect with others in their field and gain valuable insights into the nursing profession.

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On behalf of ANA/C, Membership Director Phillip Bautista presents a scholarship to nursing student Joey Nguyen, from Santa Ana College, during CNSA’s 2016 Convention.

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Liz Dietz, EdD, RN, CS-NP
Legislative Director

In every legislative and election year, there is always good news and bad news. Although we did not achieve everything we wanted, there were some major accomplishments in the health policy arena.

More than 3500 bills were introduced in this past 2-year bill cycle and ANAC followed 47 of those bills. This meant our lobbyist, Roxanne Gould, and our Senior Policy Analyst, Marketa Houskova, were frequently traveling back and forth between our office and the State Capitol across the street. A tremendous thank you to Roxanne and Marketa for their steadfast support of our organization and the nursing profession. A list of those 47 bills and their disposition can be found on our website.

We spent 2016 reviewing and reestablishing policy and procedures for our committee. There are now over 80 members participating in our Legislative List Serv Committee. You can join this committee if you have been an ANAC member for more than a year and are interested in California legislative and regulatory issues. Submit your name to marketstategovcalifornia.org and we will add you to the list.

We have also established a Public Policy Committee that was endorsed and created during the ANAC General Assembly in October. The committee will consist of 7-9 members appointed by the Legislative Director, who also serves as committee chair, and approved by ANAC’s Board of Directors. As for all committees, our president will oversee the work of the committee. The Public Policy Committee will make recommendations to the BOD related to the introduction of legislation/regulation to be sponsored by ANAC. The committee will monitor ongoing California legislation relevant to nursing and health care and make further recommendations to the Legislative Committee regarding appropriate actions for ANAC. Although the Legislative Committee monitors and supports bills relevant to nursing after they are introduced, the Public Policy Committee will focus on the introduction of legislation and proposed regulations. The Public Policy Committee, as a smaller body, can more closely monitor changes in legislation and make action recommendations to the Legislative Committee and Board of Directors.

Our Endorsement Committee was reestablished for ten members – five who view themselves as conservative and five who consider themselves liberal. In 2016, the BOD appointed the following members to the Endorsement Committee: Philip Bautista, Candy Campbell, Mary Ellen Dieliefeld, Liz Dietz, Donna Dolinar, Anne Hughes, Cathy Melter, Rose Miranda, Corinne MacGhan, and Monica Wesbrook. This group meets by telephone and email.

Last year, the Endorsement Committee made the following recommendations for the 2016 election:

- Assembly Member Bill Dodd for State Senate in Senate District 3 – won this state Senate seat
- Assembly Member Autumn Burke for Assembly District 62 – won re-election
- Proposition 52 Yes to Ensure Federal Dollars Continue to Help Fund Medi-Cal – this initiative passed
- Dr. Bob Derlet, 4th Congressional District – defeated by Tom McClintock

Thank you to our committees and members for your support and contributions to our organization.

American Nurses Advocacy Institute: Developing Nurses into Political Leaders

Liz Dietz, EdD, RN, CS-NP
Legislative Director

I’m very excited to be back to school as a student and not a teacher! I recently finished my orientation meeting for the American Nurses Advocacy Institute (ANA) in Washington DC. This program is a great way for nurses, whether novice or experts, to get involved in public policy and advocacy.

ANA is a prestigious year-long mentorship program to develop nurses into political leaders while expanding the grassroots capacity for the nursing profession and health care. Upon completion, each ANAI fellow is equipped to advise their state nurses association in establishment of legislative/regulatory priorities, recommend strategies for execution of the advancement of a policy issue, and educate members about the political realities as well as assist in advancing nursing’s agenda.

As a more seasoned representative from ANAC, I had a great chance during the meeting to assist some nurses new to the public policy arena, as well as an opportunity to learn from very seasoned public policy and advocacy nurses.

We had a chance to practice public relations, media and messaging with differing audiences. There was a session on digital advocacy using Twitter, Facebook, Instagram and LinkedIn, as well as an opportunity to learn more about what nurses can do to inform the public about navigating Politics 101: Mary Behrens from Wyoming, who has been a town mayor, Janet Haebler from a state government affairs staff member from the New York Nurses Association; and Erin Murphy from Minnesota, who is running for re-election to the Minnesota House of Representatives. She is also planning to run for governor of Minnesota in 2018.

The final experience was a visit to the Hill. Yes, members of Congress were in their home states, but their staff were very willing to meet with us. My group also included two nurses from Oregon and Washington, as well as the ANA Political Action Committee lobbyist. We had great conversations with the staff in Senator Boxer’s office, Senator Feinstein’s office as well as Senator Merkley from Oregon.

No nurse is too new or seasoned to utilize this fantastic program ANAC, would love to have more members attend ANAI. But the real benefit is truly personal – how you can get energized and learn to utilize the system. The excitement of DC was everywhere.

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The Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) is the product of a 4-year process that concluded with ANA’s designation of 2015 as “The Year of Ethics.” The code contains nine provisions, accompanied by interpretive statements that describe ethical obligations of all registered nurses (RNs). Provision 3 addresses Advocacy for the Patient. The interpretive statement is: “The nurse promotes, advocates for, and upholds the rights, health, and safety of the patient.”

Some legislation related to patient rights, health, and safety may require that the patient have decision-making capacity. For example, this is one of the requirements of the California End of Life Option Act. All RNs must have the skill to assess a patient’s decision-making capacity. It is likely that the assessment process will be formally defined and implemented by healthcare organizations.

Evidence-based tools exist as aids in the development of a policy and procedure for assessment of decision-making capacity. Prior to this, it is useful for RNs and other clinical staff to recognize common myths about decision-making capacity and work to dispel them. The National Center for Ethics in Health Care (2002) produced an evidence-based report from which common myths were identified. The characteristics of decision-making capacity are the same.

1. Decision-making capacity and legal competency are the same.
2. Lack of decision-making capacity can be presumed when patients go against medical advice.
3. There is no need to assess decision-making capacity unless patients go against medical advice.
4. Decision-making capacity is an ‘all or nothing’ phenomenon.
5. Cognitive impairment equals lack of decision-making capacity.
6. Lack of decision-making capacity is a permanent condition.
7. Patients who have not been given relevant and consistent information about their treatment lack decision-making capacity.
8. Patients with certain psychiatric disorders lack decision-making capacity.
9. Patients who are involuntarily committed lack decision-making capacity.
10. Only mental health experts can assess decision-making capacity.

Evidence-based approach to implementation of the Code of Ethics for Nurses is possible, as suggested by the information presented in this article. References are provided for those readers who wish to further understand what is meant by decision-making capacity and how it is measured. It is important to remember that no objective measure of capacity exists; assessment of this capacity is a judgment made by a group of people who know the patient and have observed her behavior over time.


An assessment of a patient’s decision-making capacity must address four concepts. These include: the patient’s understanding, appreciating, reasoning, and stating a specific choice. Decision making involves a level of risk. Risk is defined as the probability of experiencing a harm or loss. The level of risk associated with the choice will be determined by the condition of the patient and the environment in which the chosen activity is performed. In other words, a patient’s decision-making capacity is contextual. Decision-making capacity is a dynamic characteristic of a patient rather than an immutable one. These concepts are briefly described. First, the patient’s understanding of the possible outcome of an activity is verified. Next, the patient is asked to express their appreciation of the possible outcomes of the activity, given her actual health condition and physical environment. The reasoning of the patient is explored to verify that the judgment of the patient is considered reasonable, and the patient can understand the consequences of her decision. Lastly, the patient states the final decision made and the choice has been made. This assessment process is relevant for both every day and extraordinary situations involving decision-making such as end-of-life care.

Several tools are available for use in assessing a patient’s decision-making capacity. These include: Aid To Capacity Evaluation (ACE); Hopkins Competency Assessment Test; and MacArthur Competency Assessment Tool-Treatment (MacCAT-T). Although not the same, decision-making capacity may be incorrectly referred to as competence, as illusory capacities.

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• Re-certifications for BCLS, ACLS, PALS, specialty certifications etc. where updates to current practice standards and re-validation of practice skills are required to maintain competency.

• Courses where the primary focus is recent scientific knowledge applied to direct or indirect patient/client care.

• Patient education strategies.

• Certification/recertification skills for BCLS, ACLS, PALS where updates to current practice standards and re-validation of practice skills are required to maintain competency.

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• Therapeutic interpersonal relationship skills with patients/clients

• Courses in any specialty area of nursing practice, including occupational health nursing, school nursing, office nursing, etc. Content related to Indirect Patient/Client Care can include but not be limited to:

• Nursing administration or management, nursing education, or nursing research.

• Quality assurance topics

• Medicare and State Regulation Standards

• Legal aspects of nursing

• Teaching multi-ethnic students and staff – academic practice

• Retention of nurses in the health care delivery system, including cross training

• Current trends in nursing and healthcare

• Establishing a professional nursing business or independent practice

• Publishing for professional journals or books

Other courses:

• Courses that deal with grief, human sexuality, kinesiology, nutrition, crisis intervention, counseling, stress reduction, burnout syndrome, advanced nursing courses, advanced pharmacology, advanced CPR/dysrhythmia and advanced IV therapy.

*CNE is defined by ANCC as "any learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or their development, to the end of improving the health of the public and RNs pursuit of their professional career goals."

CNE content must address a professional practice gap. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.

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ANA\C Executive Director Receives Arizona’s Legend in Nursing Award

Robin Schaeffer (center) is honored by the Arizona March of Dimes with their Legend in Nursing Award.

In 2016, the Arizona Chapter of the March of Dimes presented the Legend in Nursing Award to Robin Schaeffer, MSN, RN, CAE, Executive Director of both the California and Arizona Nurses Associations and co-leader of the Arizona Action Coalition. This prestigious award is bestowed to a nurse who has dedicated their life to making outstanding contributions to the nursing profession in Arizona. Schaeffer and other nurses whose contributions were deemed exemplary were honored August 27 at the Arizona March of Dimes’ annual Nurse of the Year Awards celebration. 2016 was only the third time the Legend in Nursing Award has been presented in the 13-year history of the Nurse of the Year awards.

“I’m utterly shocked and honored to receive this award,” said Schaeffer. “None of what I do could be done without the help of so many nurses who volunteer their time to work on the initiatives of the Arizona Action Coalition and the Arizona Nurses Association.”

A nurse for more than 38 years, Schaeffer has contributed to multiple nursing and health organizations and participated in health care initiatives at the state and national levels. Through Schaeffer’s leadership, the Arizona Nurses Association has achieved its highest membership numbers and is recognized as a valuable voice in health care decisions in the state. As ANA\C Executive Director, Schaeffer has done a tremendous job leading ANA\C operations and is a valuable resource for the Board of Directors and membership.

“I look forward to using my experience and skills to continue to guide the team of dedicated ANA\C board members and staff to the membership growth and state-based impact they are capable of,” said Schaeffer.
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