HOUSE OF DELEGATES, THEN AND NOW

On The Boardwalk - Arizona Delegates 1952 ANA Convention, Atlantic City, New Jersey—(Left to right) Jean Davidson, Phoenix; Alouise Steward, Prescott; Loretta Anderson, Phoenix; Dyliis Salisbury, Phoenix; Jefferson I. Brown, Phoenix; Elouise Hiatt, Yuma; Mary Burke, Phoenix; and Louise Alcott, Phoenix.

Pictured here with ANA President Karen Daley (red jacket) and Marla Weston, ANA Executive Director (tan jacket) are AzNA Delegates 2012 Ray Kronenbitter, Sharon Rayman, Barbara Halle, Sandy Thompson, Teri Wicker, Carol Stevens, Amy Steinbinder, Anne McNamara (ANCC BOD), Pat Johnson (NANNP), Judy Hightower and Robin Schaeffer (front) at HOD in Washington, DC.

Current resident or

Mission Statement:
To Advance and Promote Professional Nursing in Arizona

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AzNA Symposium
September 14th
Double Tree Resort
Paradise Valley
The exciting news is that pertinent bylaws changes were voted in that are aimed at strengthening and engaging membership, streamlining governance and operations, and increasing its capacity to respond more quickly to emerging issues. The ANA Board of Directors is committed to making transformational changes that will position not only the ANA, but AzNA, for great success.

The AzNA Board understands that to keep up with the transformation taking place at the national level we too will require radical adjustment to continue to be effective. To address concerns and propel potential changes to AzNA’s members, the Board of Directors had a retreat in July to discuss relevant issues that we need to bring before you, so AzNA can continue to move forward.

It was bittersweet to serve as one of the Arizona delegates this summer knowing it was the last due to the development of the Membership Assembly. But more exciting was the experience to be part of making history through changing bylaws that will truly benefit the association’s members and bring to all of us the transformation that is due. Arizona, like the ANA, is ready for change and our Board of Directors is looking forward to presenting to you bylaws proposals at the 2013 Biennial Convention.

Just as Eleanor Roosevelt wrote in 1946, “We face the future fortified with the lessons we learned from the past. It is today that we must create the world of the future” and AzNA has a great future to look forward to.

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No material in the newsletter may be reproduced without written permission from the Executive Director. Subscriptions price: included in AzNA membership or $30 per year. The purpose of the Arizona Nurse is to communicate with AzNA members and non-members to: 1) advance and promote professional nursing in Arizona, 2) disseminate information and encourage input and feedback on relevant nursing issues, 3) stimulate interest and participation in AzNA and 4) share information about AzNA activities.

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Robin Schaeffer, MSN, RN, CNE, Executive Director

"If we work hard together and do this right: no one person will get exactly what they want, but in the end, we all will win," said American Nurses Association (ANA) CEO Marla Weston (and past Executive Director of AAGNA) at the beginning of an exciting and exhausting 5-days that would determine ANA’s future direction. The goal was to approve bylaws changes that would simplify the governance structure of the ANA to more quickly address pressing issues and better meet the needs of nurses.

This historic week of dialogue between many state leaders (Executive Directors and Presidents) began days before the 500 state delegates arrived. The stakes were high and varied for each state. Conversations were filled with passion, laughter, respect for diversity and lots and lots of patience. As I sat through the hours and hours of meetings, I thought: this is the nursing process at its best! In three days, we assessed the situation, collected the data, made and implemented a plan. The plan was to write and introduce amendments to important ANA transformational bylaws and update our state delegates so they could make an informed vote at the House of Delegates. The ten Arizona delegates caucused well into Thursday night and were ready to listen and vote on Friday. The following is a summary of two major bylaws votes that Arizona nurses need to know about.

Passed by a 2/3 vote a new structure of governance called the Membership Assembly was adopted. The Membership Assembly (a 200-person House of Delegates) will provide an updated and streamlined governance model for member input. The Membership Assembly will be representative of the constituent and state nurses associations and the organizational affiliates, and elect, advise and direct the ANA Board of Directors on emerging environmental trends, recommend areas for policy development to the Board, discuss and identify critical discussion points for deliberation by the Board. The Membership Assembly will meet a minimum of once per year.

Not adopted and sent back to the Board of Directors was a bylaws change that represented a new membership structure proposed by ANA. Although the model was exciting and progressive, many delegates agreed that they did not yet have enough evidence to support the change (it’s all about the evidence!) During the next year, ANA will conduct membership pilots, focus groups and more to collect qualitative and quantitative data that will be reported back to the new Membership Assembly for reconsideration of a new membership structure.

The work done during this week was transformational, visionary and dynamic. It validates for me that nurses have a unique skill set that allows us to work together to create and deliver change in a challenging environment. I close with a message to every nurse reading this publication:

Thank you for reading this issue of the Arizona Nurse and for your commitment to our profession.

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HOD 1952

The following is an excerpt from the August 1952 issue of the Arizona Nurse from the report on the American Nurses Association 1952 House of Delegates in Atlantic City, New Jersey.

June 15 was a warm day in Atlantic City. The bright sunlight dancing along the crests of gentle breakers painted a moving canvas of constantly changing moods and colors. Elsewhere at this famous seaside resort other changes were taking place. Inside the cavernous convention hall, the vanguard of nearly 9,000 nurses and others who were to register for the 1952 Biennial Nursing Convention, heard Pearl Molwer, RN, say, “There are persons both within and without the profession who fear change.”

What fears existed were dispelled like a fog evaporating under the power of light. By week’s end the most momentous change in the history of the nursing profession had taken place. When the tired but happy nurses began their homeward trek, they could look back on fulfillment of the long-sought merger of the four leading nursing organizations into a new structural pattern.

The week-long drama was crowded with one busy program after another: long hours of deliberation, rushed meals, and high pitched excitement. But the most important, when the final Convention curtain rang down, there stood the newborn twin curtain rang down, there stood the newborn twin Nursing Association. Nursing and a revised and expanded American Nurses Association 1952 House of Delegates meeting in Atlantic City, New Jersey.

The following is an excerpt from the August 1952 issue of the Arizona Nurse from the report on the American Nurses Association.

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Approved ANA Action Reports

Amy Steinbinder PhD, RN, NE-BC, Second Vice President

This issue of the Arizona Nurse is full of information about our recent House of Delegates meeting in Washington DC. As you read our President’s and Executive Director’s reports, you will be impressed by the thoughtful decisions and transformational implications for ANA and ultimately AzNA. The following five action reports that were discussed, voted on and approved are evidence of the relevancy of our deliberations. The recommendations put forth will contribute greatly to our profession, our communities and our nation once they are fully operationalized.

Here’s a brief overview of the Action Reports and Recommendations:

1. Rights of RNs Handling Hazardous Drugs – Since potential exposure to hazardous drugs (i.e. chemotherapy) is so prevalent in the work environment and exposure to these agents can be associated with increased risk of cancer, ANA supports the rights of nurses to practice in settings where the National Institute for Occupational Safety (NIOSH) guidelines are fully instituted.

2. Reproductive Rights of RNs Handling Hazardous Drugs – This action report was introduced separately from the previous action report because the first report is reaffirming existing policy whereas the reproductive rights report addresses a new area of focus. ANA advocates for the right of nurses to engage in alternative job responsibilities excluding handling of hazardous drugs while trying to conceive, while pregnant and/or when breastfeeding.

3. Workplace Violence – Statistics indicate that violence against nurses is one of the most dangerous workplace hazards. Currently only 5 states have mandatory comprehensive workplace violence programs and ANA will petition the US Occupational Safety and Health Administration (OSHA) to require comprehensive workplace violence prevention programs.

4. A Process for Optimal Nurse Staffing – There is strong evidence that inadequate staffing does impact patient safety and nurse satisfaction. Despite the evidence, staffing continues to be a concern for direct care nurses and they have limited staffing related decision-making authority. ANA reaffirms its dedication to championing an enforceable nurse-led staffing process that includes staffing principles, nurse-patient ratios and nurse-sensitive indicator data collection.

5. Nurses’ Role in Recognizing, Educating and Advocating for Healthy Energy Choices – Due to the health risks associated with coal production and oil drilling, ANA will educate individuals, communities and the nation about the risks associated with fossil fuel energy and will collaborate with others to implement policies that will incentivize energy conservation and use of safe alternatives.

You would have been proud of our nursing colleagues who spoke so eloquently about these relevant issues. We will keep you informed as these recommendations are implemented. In the meantime, please go to www.nursingworld.org for additional information.
The evolution of student nurse to new graduate nurse is one experienced with conflicting emotions. Dissonance between the new-grad experience and held expectations of what it will mean to “be a nurse” often result in feelings of anxiety, enhanced insecurities, and shortcomings. (Thrysoe, Hounsgaard, Nina, & Lis, 2011) These experiences can contribute to high staff turnover as well as nurses leaving the profession within the first year of their career. (Thrysoe et al., 2011) This phenomenon is troubling to the future of nursing and, therefore, it is troubling to the Arizona Nurses Association. As an organization, we believe that seeds of nursing greatness can be sown and nurtured through a deliberate spirit of mentorship.

The mentor-mentee relationship is dynamic in nature. It is a give and take; a sharing of time, thoughtful considerations, and experience which is achieved through open and honest dialogue. We encourage our Arizona nurses to consciously consider their own journey and to identify attitudes and behaviors of mentors and leaders within themselves. Reflection and analysis will help you identify which characteristics you already demonstrate or need to develop. Through thoughtful introspection you’ll readily identify what you can contribute to the future of nursing in Arizona. Please visit facebook.com/arizonanursesassociationsnewgradconnection.

References

Did you know that the Arizona Nurse goes to all registered nurses in Arizona for free? Arthur L. Davis Publishing does a great job of contacting advertisers, who support the publication of our newsletter. Without Arthur L. Davis Publishing and advertising support, AzNA would not be able to provide the newsletter to all the nurses in Arizona.

Now that you know that, did you know receiving the Arizona Nurse does not automatically provide membership to the Arizona Nurses Association?

AzNA needs you! The Arizona Nurses Association works for the nursing profession as a whole in Arizona. Without the financial and volunteer support of our members, our work would not be possible. Even if you cannot give your time, your membership dollars work for you and your profession both at the state and national levels. The AzNA works hard to bring the voice of nursing to Legislative Hall, advocate for the profession on regulatory committees, protect the nurse practice act, and provide educational programs that support your required continuing nursing education.

At the national level, the American Nurses Association lobbies, advocates and educates about the nursing profession to national legislators/regulators, supports continuing education and provides a unified nationwide network for the voice of nurses.

Now is the time! Now is the time to join your state nurses association! Visit www.aznurse.org to join.
Congratulations March 2012 AzNF Scholarship Winners!

Jessica Crossland, Arizona State University
Anne Dineen, Brookline College
Megan Kirschner, Chamberlain College
Megan Kost, Grand Canyon University
James Stangle, Grand Canyon University
Katie Stewart, Grand Canyon University
Jesvin Rajan, Grand Canyon University
Andrea Utley, Grand Canyon University
Cristina Hamrick, Grand Canyon University
Rachel Hathaway, Mesa Community College
Megan Linker, Mesa Community College
Priscilla Wyatt, Phoenix College
April Childress, Phoenix College
Marnie Cantrell, Mesa Community College
Kathryn Malisewski, Northern Arizona University
Timothy Mellberg, Phoenix College
Angela Randolph, Pima Community College
Patricia Gonzalez, Pima Community College
Kristi Keczely, Pima Medical Institute

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There were 90 golfers who braved the Arizona sunshine to help AzNF raise money for nursing scholarships. Pictured here are the golfers who won the dubious distinction of coming in last place: Carol Stevens, Barbara White, Theresa Hoegel and Judy Sayles all from Arizona State University College of Nursing. The 2nd Annual AzNF Open has been scheduled for June 1, 2013 at the Orange Tree Golf Resort, don’t miss it!

Anne McNamara, AzNF Chair, Diane Dietz, Golf Tournament Committee and Judi Crume AzNF Board member are pictured here on the golf course at the first Annual AzNF Open Golf Tournament. Diane golfed, Anne and Judi passed out cold towels to participants.

Pima Medical Institute supported the AzNF Open by volunteering and playing golf at the Orange Tree Golf Resort on June 2 in Scottsdale. Pictured here are Tim Gilbert (Pima Student Nurses Association President), Jennifer Vaughan, Sharon Caves (Director), Shawna Smith (Pima Student Nurses Association Vice President), Katherine Notestine, Bianca Kartchner, Carmela De Leon (Pima Student Nurses Association Faculty Advisor), Chris Brower.

Nurses from Casa Grande (front) Angela Chia, Rosie Quinonez, Glenda Whisenhunt, (back) Dottie Hakeman, Karen Schussler, Jann Gaige, Jackie Owen, Cheryse Austin and Irma Vergara-Culla enjoy the reception prior to the main event. Johnson & Johnson was a major sponsor of the event for the 10th year and Brookline College joined this year as a major sponsor.

The AzNF 10th Annual Promise of Nursing Celebration Luncheon was held on May 4th at the Double Tree Resort Paradise Valley and there were over 350 nurses and nursing students in attendance. Jason Schecterle was the keynote for this event just as he was back in 2003 at the first Promise of Nursing. Jason is pictured here with members of the Student Nurses Association of Arizona, (front) Shelley Jackson (SNAAz President), Sandy Phan, and Stephanie Nielson and (back) Virginia Keller and Erika Keller who also volunteered at the event.

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✓ Certified Personal Care Aide for CNAs
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Promise of Nursing 2012
Raised Over $90,000 for Nursing Scholarships
Social Media: Mind Your Professional Manners

Sandy Thompson, MS, RN, AzNA Secretary

In the last issue of the Arizona Nurse, Barbara Halle discussed the ethical aspects of nurses’ use of social media. Nurses commonly believe that the only risky behaviors related to social media involve privacy and professional boundaries. But there is another issue that has implications, not just for the individual nurse, but for the image of nursing as well. What we say and do in public has a direct effect on others’ perceptions of us as nurses and as professionals, which has a direct effect on the perception of nursing as a whole. This dynamic is important in our social network setting.

We may think that posting statements with offensive language or questionable messages is harmless. Isn’t it what we do or say in our off time our own business? Don’t we have freedom of speech in this country? And what’s wrong with posting photos of the wild party we attended last weekend? Who’s to judge? What we may not realize is that the very nature of information shared online has the capacity to reflect poorly on a nurse’s professionalism. Negative judgments about the nurse may be made by others and could potentially damage his or her educational or employment future. Nurses might even be reported to their state board of nursing for unprofessional conduct. And the image of nursing suffers.

Nurses have historically struggled with the public image of the profession for years. Nurse Ratched, the Naughtly Nurse, and the Physician’s Handmaiden are stereotypes that have historically plagued the profession. But times are changing. Nurses are increasingly considered essential contributors within the complex health care setting, and the public is beginning to understand that the care provided by nurses is based on science and theory. Nurses are also considered the most trusted profession in the U.S. over the past 11 years. Unprofessional information posted by a nurse can quickly diminish the stature and trust in both the individual nurse and the profession of nursing.

So what should we do? Should we all close our social networking accounts because we are professional nurses? Of course, that is not the answer. We must use discretion in the information we share and the nature of how we share it. Provision 5 in the ANA’s Code of Ethics for Nurses supports moral self-respect, wholeness of character, and preservation of integrity for all nurses. In order to align our behavior with these characteristics, ANA recommends that “Nurses should evaluate all their postings...Online content and behavior has the potential to either enhance or undermine not only the individual nurse’s career, but also the nursing profession” (ANA, 2011). ANA also recommends that nurses utilize privacy settings in their personal activities in social networking sites and separate personal from professional sites and information. The standards of professionalism don’t change just because we are online.

So the next time you log into your social networking account, think twice before you post something. Does it enhance my reputation as a nurse? Does it positively impact the image of our profession? Is it professional? If not, take heed, think twice, and mind your manners.

References

ANA Transformation and You!

Karen Holder, ENP-BC, MHS, CNM, AFN-BC, AzNA Director at Large

“The purpose of ANA shall be to work for improvement of health standards and the availability of healthcare services for all people; foster high standards of nursing and stimulate and promote the professional development of nurses.”

Did you know that you belong to a community of approximately 80,000 nurses in Arizona, and to a larger community of over 3 million nurses throughout our nation? As professionals, who advocates for our collective community of nurses? Who represents our interests and our rights at state and national levels to ensure that we, as nurses, have safe, secure and well funded educational and workplace opportunities? Since 1896, the American Nurses Association (ANA) has represented and advocated for nurses. ANA works on behalf of nurses at the state and national level to ensure nurses have the resources needed to provide quality care for all people.

What does it mean for each of us?

- Continued state advocacy
- Enhanced national advocacy with a smaller, less cumbersome ANA BOD
- Greater opportunity for state based nurse expert participation as members of ad-hoc professional issues panels and work groups
- Enhanced technology and greater online access to pertinent professional educational, legislative, workplace and patient advocacy services
- A strengthened and powerful voice for nurses at state, regional and national levels

Whether you are educated as a licensed practical nurse, hold an associate or baccalaureate degree, a masters or PhD in nursing; whether your specialty is long term care, school health, bedside nursing, community based or office practice, oncology, neonatal, geriatric, adult, pediatrics, advanced practice, academic, research—remember we are all a part of a larger community of nurses, and together we are a more empowered voice. Our time to move forward with a stronger and innovative leadership is now. Please join us in supporting our American Nurses Association as we move nursing forward enhancing patient care and our profession.

For more information about how these changes affect you visit: www.nursingworld.org

ANA Social Media: Mind Your Professional Manners

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The incidence of severe sepsis and septic shock is increasing at alarming rates. There are an estimated 750,000 new cases each year (IHII, 2012). Mortality rates are high for severe sepsis patients and even higher for those patients that progress to septic shock. We continue to see severe sepsis under-diagnosed in the early stages when it may be reversible (Society of Critical Care Medicine, n.d.). Developing a solid screening process is essential for early recognition of severe sepsis and timely implementation of resuscitative interventions. Having an understanding of the standardized screening criteria is necessary to appropriately screen patients. Severe sepsis is defined as a known or suspected infection, two or more general or inflammatory variables, and evidence of at least one acute organ dysfunction. According to Dellinger et al. (2008), general and inflammatory variables include:

- Fever (> 38.3 °C)
- Hypotension (< 90 mm Hg)
- Tachycardia (> 90 beats/min)
- Tachypnea (respiration > 20/min)
- Hyperglycemia in the absence of diabetes
- Acute kidney injury (serum creatinine > 1.5 mg/dL or > 1.3 mg/dL for patients with baseline creatinine > 1.5 mg/dL)
- Coagulopathy
- Thrombocytopenia (platelets < 100,000/mm³)
- Lactic acidosis (serum lactate > 4 mmol/L in the absence of a readily apparent source)

Dellinger et al. specifies acute organ dysfunction as:

- Arterial hypoxia
- Renal dysfunction evidenced by oliguria and increases in creatinine
- Hyperbilirubinemia
- Thrombocytopenia
- Hyperlactatemia
- Ileus
- Coagulation abnormalities
- Arterial hypotension

Imagine, you are caring for a patient admitted to your unit with the diagnosis of UTI. Today, you note that the white blood cell count is much higher with bands now present in the differential. The patient’s vital signs indicate tachycardia, fever, and tachypnea. There is no history of renal dysfunction but today the creatinine is elevated. The symptoms may well go undetected until the time of hemodynamic instability without mechanisms in place to screen patients for severe sepsis.

This is a call to action! We have a professional responsibility to implement and hardwire screening practices to ensure each and every patient is identified early in the progression; from screening practices to ensure each and every responsibility to implement and hardwire instabilities without mechanisms in place to screen patients. Severe sepsis is defined as a known or suspected infection, two or more general or inflammatory variables, and evidence of at least one acute organ dysfunction. According to Dellinger et al. (2008), general and inflammatory variables include:

- Fever (> 38.3 °C)
- Hypotension (< 90 mm Hg)
- Heart rate > 90
- Tachycardia
- Altered mental status
- Hyperventilation in the absence of diabetes
- Leukocytosis (WBC > 12,000)
- Leukopenia (WBC < 4,000)
- Bands > 10%

Want to make a difference in your professional practice and generate momentum for a vibrant nurses association? Professional nurses have a role in developing models as they appear today may not be effective or relevant tomorrow. Members of professional organizations expect value in return for membership (Coeruer & Byers, 2011). Some of the driving forces behind value propositions include: real time communications, instant media access, sharing financial resources, best practices culture. Another key driving force that may influence changes to how professional associations may function is the potential loss of knowledge and expertise related to future registered nurse retirement at the same time that there is increasing demand for health care and nursing services (IHII, 2012). Arizona Nurses Association (AzNA) completed its annual board elections in October. In early December, 2011, the newly elected board of directors participated in its first face to face board meeting to prepare strategic initiatives for 2011-2013. Board members participated in a lively discussion about what makes an association vibrant, how to nurture and sustain board leadership talent, how to acquire new members, how to support and augment association staff to enhance productivity; but more importantly, how to involve and sustain the engagement of members. Based upon the list of topics, these energetic, qualified, elected individuals set forth the ground work of dialogue and change for a successful future.

What strategy might enable AzNA to promote future organizational leadership? Nursing literature offers strategies such as mentoring, succession planning, and intellectual capital to foster organizational leadership. There is a place for each of these strategies within AzNA.

Mentoring transforms career (career advancement) and relational (psychosocial) growth (Thomka, 2007). Mentoring has value for the novice nurse who is wishing to become actively involved within a professional organization. The mentor is a role model who provides support, guidance, motivation, and advising. The mentee is committed to assume responsibility for professional and personal growth and development (Johnson, Billingsey, & Crichlow, 2015). Thomka, 2007).

Succession planning, a process for building an internal workforce conduit, is an investment on both the organization and its human capital. Succession planning and management, based upon strategic initiatives, organizational values and goals, enables an organization to “become” rather than to “exist” (U.S. General Accounting Office, 2003). Because many leaders in healthcare organizations are nearing retirement, a succession planning program is useful for strengthening organizational leadership and transitioning experienced nurses into leadership and mentoring roles.

Intellectual capital represents wealth that is utilized, shared, and expressed in the workplace. According to Weston, Estrada, & Carrington (2007), creating and embedding a culture of wisdom into an organization requires creating employee commitment to and through the professional practice environment, establishing the culture of a learning organization, generating social networks for sharing information, and encouraging employee participation in decision making (p. 7). There are many ways to become involved and to tap into the wisdom of nurse leaders in healthcare administration, clinical practice, academic and clinical education, governmental affairs, and professional associations. The American Nurses Association (www.nursingworld.org) and Arizona Nurses Association (www.aznurse.org) is the voice for nursing. Be an advocate and leader to foster a culture of excellence in the delivery of health care services.

The Arizona Nurses Association is the voice of the registered nurses of Arizona (AzNA). AzNA is actively involved in preparing a succession plan of vibrancy and value. On behalf of the AzNA BOD and AzNA members, the Nominations/ Appointments Committee invites you to identify yourself or member nurses to become involved and support AzNA’s mission: “To advance and promote professional nursing in Arizona.”

Feel free to contact any member of the Appointment/Nominations Committee to discuss the opportunities and to field any questions/concerns that you may have about becoming involved in your professional organization. Appointment/ Nominations Committee is comprised of: Chair, Dave Hrab; members: Tammy Hostetler, Pam Fuller, Beth Hunt, Pauline Kommenich, Jacqueline Mertes, Jodie Williams, and board liaison, Sharon Rayman. Call 480-831-0404 x101 or email debby@aznurse.org to request contact information.

Together, we can be a vibrant association, not only in Arizona but nation-wide!

References
Arizona to Receive $6,864,907 in Grants From the New Health Care Law for Community Health Centers

Grants from the Affordable Care Act will help build and expand health centers, create jobs, and expand access to an additional 860,000 patients nationwide.

Today Health and Human Services Secretary Kathleen Sebelius announced $6,864,907 in grants awarded to community health centers in Arizona due to the new health care law – the Affordable Care Act. Grantees estimate these awards will help them serve approximately 6,895 new patients. A full list of Arizona grantees can be found below.

"President Obama’s health care law is making community health centers in Arizona stronger," said Secretary Sebelius. "For many Americans, community health centers are the major source of care that ranges from prevention to treatment of chronic diseases. This investment will expand our ability to provide high-quality care to millions of people while supporting good paying jobs in communities across the country."

Funding totaling more than $728 million across the United States will support renovation and construction projects, boosting health centers’ ability to care for additional patients and creating jobs. The awards are part of a series of capital investments that are made available to community health centers through the Affordable Care Act, which provides $9.5 billion to expand services over five years and $1.5 billion to support major construction and renovation projects at community health centers.

According to a new report released today, the health care law has already supported the construction and renovation of 190 health center sites and the creation of 67 new health center sites across the country, and will support the construction and renovation of more than 485 health center sites and the creation of 245 new health center sites over the next two years.

Overall, since the beginning of 2009, employment at community health centers nationwide has increased by 15 percent. And, primarily due to the Affordable Care Act and the Recovery Act, community health centers are serving nearly 3 million additional patients today and will serve an additional 1.3 million additional new patients in the next two years.

The announcement made today is for awards from two capital programs for community health centers. One will provide approximately $629 million to 171 existing health centers across the country for longer-term projects to expand their facilities, improve existing services, and serve more patients. This program will expand access to an additional 860,000 patients. The second set of awards will provide approximately $99.3 million to 227 existing health centers to address pressing facility and equipment needs.

Health centers improve the health of the nation’s communities by ensuring access to primary health care services. Currently, more than 8,500 service delivery sites around the country deliver care to nearly 19.5 million patients regardless of their ability to pay.


A List of Capital Development – Immediate Facility Improvement Program awards by State can be found at http://www.hrsa.gov/about/news/2012tables/120501facilityimprovement.html.

Information on the Affordable Care Act is available at www.healthcare.gov.

For more information on HRSA’s community health center program, visit http://bhpc.hrsa.gov. To find a health center in your area, visit http://findacommunityhealthcenter.hrsa.gov.

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**Members on the Move**

**Angie Golden Takes Post as President of American Academy of Nurse Practitioners**

The American Academy of Nurse Practitioners (AANP) recently held a ceremonial “exchange of the gavel” as Angela K. Golden, DNP, FNP-C, FAANP took her place as the professional membership organization’s new President. The ceremony took place in Orlando, Florida at the AANP National Conference, the largest annual gathering of nurse practitioners (NPs) in the country.

Speaking to the thousands of NPs who gathered at the conference, Dr. Golden stressed the important role NPs play in the American health care system. She said, “As a nurse practitioner and a proud, long-time, active member of the AANP, it is my honor to serve as President of this great organization especially during this critically important time for health care in the United States. AANP has already accomplished so much for our profession and patients, and I have no doubt in our collective ability to continue this work for the benefit of all those currently struggling to access high-quality, cost-effective, patient-centered care.”

Key among Dr. Golden’s priorities during her two-year term will be increasing awareness of the important role nurse practitioners play among consumers, policy makers, health insurers, members of the health care community and others. Congratulations Angie!

**Erich Widemark, PhD, NP, has been officially elected to serve on the 2012 Arizona Health-e Connection Board of Directors. Erich will provide nurse practitioner representation on the board. Congratulations Erich!**

**Angie Golden**

**LeAnne Prenovost**

**Lesly Kelly**

**Tomi St. Mars**

**BestCollegesOnline.com recognized AzNA member, LeAnne Prenovost, MSN, MBA, MHA, RN as the 2012 Online College Professor of the Year. As an online assistant professor at Grand Canyon University, LeAnne has taught online classes in nursing, health care and business for the past five years. Congratulations LeAnne!**

**Erich Widemark**

**Tomi St. Mars**

**Angie Golden Takes Post as President of American Academy of Nurse Practitioners**

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Key among Dr. Golden’s priorities during her two-year term will be increasing awareness of the important role nurse practitioners play among consumers, policy makers, health insurers, members of the health care community and others. Congratulations Angie!

The Agency for Health Research and Quality (AHRQ) has awarded Dr. Lesly Kelly a two-year R03 award to assess the relationship between tele-ICUs and healthcare associated infections. Dr. Kelly is a Research Assistant Professor at Arizona State University and the RN Clinical Research Program Director at Banner Good Samaritan Medical Center.

**Capital Development - Building Capacity Program**

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<th>Grantee Organization</th>
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<td>El Rio Santa Cruz Neighborhood Health Center</td>
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**Capital Development - Immediate Facility Improvement Program**

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<td>United Community Health Center, Inc.</td>
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<td>Arizona</td>
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value based purchasing in healthcare – 
what does it mean for the front line?

Fran Bushey
MBA, HSBCN, RucAdmin(r), RN, CCRN, AnA Communications Committee

Oh no!! Another article about health care reform!! Why do people keep talking about this stuff? This is a question we ask when we hear about health care reform. It’s also the reason we turn the page to find something interesting to read. For those of us on the “front lines,” this is not meant to be another boring article about health care reform. It is simply meant to inform.

Value based purchasing (VBP) is another health care reform “buzz” word being tossed about. Although it sounds new, this term has existed for years. VBP affects each of us, not only the frontline nurses, but also as consumers of health care services. VBP focuses on how care can be delivered with quality, safety, and efficiency, while being measured. Improved outcomes under VBP promise to be more costly, unnecessary and inappropriate care (CMS, n.d.; Davis, 2010; Deloitte, 2011; AHQA, n.d.).

So what does this mean? Simple. It’s the basic concept of supply and demand. We are consumers who live in a resource limited world of health care that is often wasteful and ineffective. These costs are unsustainable for all stakeholders (patients, hospitals, medical groups, employers, consumers, employers, and government). If we want our economy to thrive, we must reduce what we spend. This is not “rationing” care. It simply looks at where we are spending our money. It is not about labor costs. It is about under funded preventative care, proven to be highly effective in improving the health of individuals and populations (CMS, n.d.; Davis, 2010; Deloitte, 2011; PHAC, n.d., a,b).

There are several strategies to achieve VBP. The first is uniform quality measures and reporting requirements. Multiple purchasers join together to establish standard quality measures, which are translated into standard data requirements for health care plans. These data requirements and public reporting. Quality and cost information is a critical piece of VBP. Using data collected, value (quality & cost) measures are applied to present comparative data that reflects evidence based medicine. This will lead providers to compete on the basis of quality and cost. The third involves direct incentive based strategies. Incentives or penalties are intended to change the behavior of consumers, employers and providers in ways that promote improved quality of care, value for dollars spent, and health outcomes (CMS, n.d.; Keckley et al, 2011; Silow-Carroll, 2007; Kindig & Stoddard, 2003).

Cautions exist regarding the true impact of payment reform. Costs of care and provider performance are not necessarily correlated. Not all providers treat similar patient groups nor have access to the same data. Goals that are set must be appropriate so providers do not continually lose incentives or risk financial viability. Providers may also shift resources from unrewarded to rewarded measures in order to maximize incentives. In doing so, they may inadvertently decrease quality. Rewards will eventually decrease over time, potentially leading to a plateau in improvement of care. Costs of implementation may also outweigh incentives for some providers as well (Deloitte, 2011).

There will be emphasis on health care purchasers and suppliers to reorganize and work cooperatively on strategies. This involves changing the “system” and will not come without challenges. Entities need to look beyond cost to incorporate quality in decisions. Federal purchasing constraints, consumer engagement and increased public awareness and education are no small tasks. There will be difficult trade-offs of social, technological, and political challenges (Silow-Carroll, 2007; CMS, n.d.; AHA, 2011).

Nurses can and should position themselves to take the lead with these impending changes. Think of it as our shared leadership project on a grand scale. Now more than ever, it is important for us to have a say in how these changes affect our communities, our environments, our employment opportunities and challenges.

Reference


Arizona State University Seeks Full Time Clinical Track Faculty and Part Time Faculty Associates for the Undergraduate Nursing Programs Non-tenure track positions are available at Arizona State University, College of Nursing & Health Innovation. Responsibilities include didactic and/or clinical teaching in areas of Community/Public Health, Adult Health/Medical Surgical, Critical Care, Pediatrics, Maternal/Child and Psychiatric Mental Health.

For Part-time Faculty Associate positions – Current licensure as an RN in Arizona, BSN and a minimum of 3 years clinical experience is required.

For Full-time Clinical Track Faculty positions – Current licensure as an Arizona Registered Nurse, BSN is required; 2 years of clinical experience is required; prior teaching experience in area of clinical specialization is highly desired.

A background check is required. Apply by submitting a letter of interest, curriculum vitae/professional resume, and names, email or e-mail addresses, and numbers for three professional references. Send application materials to Mark Green:

Pima Medical Institute Nursing Faculty Full-Time

Pima Medical Institute

Nursing Faculty Full-Time

Masters of Science in Nursing (MSN) required. Graduate of an accredited nursing program required. 2-3 years experience in a professional nursing role with complete care patient. Classroom/Laboratory and Clinical experience required. Must work in a positive environment. Must hold a professional license that is active and in good standing and any certifications, education, or other designations as required by local, state or federal laws to work in the field. Pima Medical Institute offers a competitive benefits and compensation package. Applicants may submit a letter of interest and resume to Joannelle Haydon, Program Director for Nursing, Peoples Pathway.com or for the Internet at 520-326-2495.

Arizona State University is an affirmative action/equal opportunity employer.

ASU College of Nursing & Health Innovation

500 N. 3rd Street, Phoenix, AZ 85004-0698
Email: mark.green@asu.edu

Arizona State University is an affirmative action/equal opportunity employer.
In 2012 the Archives Committee and Robin Schaeffer, AzNA’s Executive Director, met with Barbara Lambisi who was representing Mary Bennett a past administrator at St Monica’s Hospital in Phoenix. Bennett retired in the 60’s and saved memorabilia when the School of Nursing closed in 1956. She gave permission to the Archives Committee to preserve, share or distribute the items at our discretion. Some of the nursing items may be sent to missions and the photos will be added to the historical folders that the committee has created. Members of the Archives Committee were interested in hearing about the first integrated nursing program in the United States.

On October 1st, 1944, St Monica’s School of Nursing opened the first school of nursing to recruit nonwhite women. The philosophy of St. Monica’s was to provide the “best possible nursing training and experience to any young women regardless of their racial or religious background” (Shields, H., White Caps in the Desert 1970, p. 63). St. Monica’s School of Nursing was the first nursing school in the United States to have a written policy to accept and integrate nonwhite students into their nursing program. This historical event prompted Eleanor Roosevelt to be the graduation speaker of this first integrated group. St Monica’s was renamed Memorial Hospital in 1949. From 1944-1956, the school (a diploma program) graduated 145 nurses.

Members of AzNA Archives Committee: Jeannine Dahl, RN, EdD; Geraldine Greaves, RN, CNOR, BSN, MA; Mary Killeen, RN, MS, PhD; Jean Stengel, RN, PhD.

The HIV panic of the 1980s prompted CDC and OSHA to mandate the use of natural rubber latex gloves as protective equipment for all health care workers. This increased use of rubber gloves created a latex allergy crisis. The author gives an engaging historical perspective of latex glove use in healthcare. In addition, the author’s personal experience and the experience of others who suffer from a latex allergy is told. Available in print book & e-reader formats.

• Barnes & Noble
• Amazon.com
• kankpublishing.com

Margaret has had a successful career in nursing and had to alter her nursing career path after developing a severe latex allergy.

ST. MONICA’S HOSPITAL in Phoenix, first hospital in the United States to open a school of nursing with the policy of accepting all races, graduated 21 nurses, including one Spanish-American and four Negro girls, at exercises held July 1. Among the members of this second class are, left to right, top row, Mary Jane Stanberry of Arcata, Calif., Class President; Mildred Jones, Baton Rouge, La., Vice President; Ruby J. Gordan, Prescott, Secretary; Flora Lee Rose, Chicago, Treasurer; Virginia Louise Mashaw; Carlsbad, N. Mex., Social Chairman; Mary Genevieve Milardovich, Phoenix, who presented the class gift to the hospital; and Becky Nourse, Tucson; center row, Erma Pollard, Ajo; Virgie Coats and Mary Joan Pappas, both of Ashfork; Alta Marie Arpan, Ft. Apache; Evangelina S. Streecter, Sonora; Patricia Dean Trainor, Springerville, and Isabel S. Bustamente, Williams; bottom row, Ida Lee Elkins, Cleveland, Oh.; Verna Jean Becker, Peoria, Ill.; Julia Anne Matill, Troy, Mont.; Elisabeth Rose Brown, Detroit; Patricia Ann Grant, Dowagica, Mich.; Georgia Louise Dickson, New Iberia, La.; and Ida Rudisill, Pasadena, Calif.
Welcome New and Returning Members

3/1/12 – 5/31/12

Chapter 1
Tammi Ankrak
Lauraine Jackson
Carrie Vargas
Slaney Krogman
Kimmi Short
Julia Lopez
Barry Maupin
Miranda McMurry
Mary Montes
Minahay Pieper
Melissa Pacheco
Vanessa Rhodes
Kourttnay Gomez
Becky Palmer
Sarah Hopper
Rhonda Gordon
Deanna Laios

Chapter 2
Mary Addison
Jackie Fitzsimmons
Charlotte Ezell
Susanna Liljenstolpe
Tina Jobski
Lisa White
Sherie Palmer
Laura Smith
Tonjaa Sibley

Chapter 3
Mary Mcmurry
Barry Maupin
Julia Lopez
Kimmi Short
Tammi Ankrah
Lauraine Jackson
Carrie Vargas
Slaney Krogman
Kimmi Short
Julia Lopez
Barry Maupin
Miranda McMurry
Mary Montes
Minahay Pieper
Melissa Pacheco
Vanessa Rhodes
Kourttnay Gomez
Becky Palmer
Sarah Hopper
Rhonda Gordon
Deanna Laios

Chapter 4
Orlando Garcia
David Carlson
Heidi Gonzales
Mu-hung Cardi
Deborah Rodrigues
Aisha Estrella
Michelle Madrid
Aisha Estrella
Deborah Rodrigues
Carrie McCarthy
Pamela Johnson-Carlson
Faith Grassi
Tami Foster
Laurie Graham
Angela Dreyer
Linee Miranda
Linda Bailey-Thelen
Brandon Rodish
Laly Saji
Cassandra Welling
Jennifer Allen
Cynthia Wustner
Cheryl Proctor
Michelle Ormiston
Shanyln Jonas
Lowella Lasola
Carolyn Andro
Linda Thompson
Carlynn Andro
Lowella Lasola
Sharilyn Jonas
Michelle Ornstein
Cheryl Proctor
Cynthia Wustner
Jennifer Allen
Cassandra Welling
Lary Saji
Brandon Rodish
Linda Bailey-Thelen
Linee Miranda

Chapter 5
Theresa Tarrant
Mary Comeau

Chapter 6
Emily Scotland
Jamie Runburg
Jamie Zinek
Maritza Encinas
Misty Pagan
Theresa Martin
Michelle Anthon
Jennifer Muhammad
Jessica Zazanu
Rebecca Heral
Linda Lillard
Sheila Balleza
Deloris Davis
Jennier Jacobson
Linda Tucker
Jennifer Booze
Rachel Quebedeaux
Angelica Larriu
Lori Soteros
Ana Zamudio
Sara Fuggiti
Brenda Sheetz
Lauren Sigl

Chapter 7
Luwahlati Schuck
Kainoa Varnick
Nico Heald
Ingrid McCreery
Regina Martinez
Jessica Hammons

Chapter 8
Belinda Beam
Abigail De Leon

Chapter 9
Mary Gibson
Mickey Houston
Shawn McCarpey
Jodi Yeman
Melody Maldonado
Joanne Spafford
Maureen Harrison
Jennifer Eldred
Veronica Fox
Terry Horine
Ann Moore
Jean Deliner
Keri Kremer

Chapter 10
Emily Lopez
Linda Thompson
Carolyn Andro
Lowella Lasola
Sharilyn Jonas
Michelle Ornstein
Cheryl Proctor
Cynthia Wustner
Jennifer Allen
Cassandra Welling
Lary Saji
Brandon Rodish
Linda Bailey-Thelen
Linee Miranda

Chapter 11
Yingying Arvat
Caroline Lamoreaux
Patricia Romo
Jennifer Baldwin
Elizabeth Whistaker
Royce Oliver
Renae Wright
Nancy Gomez
Deborah Schmoldt
Kimberly Russ
Kathryn Hanson
Courtney Hoover
Candice Greenwald
Laticia Mehta
Kristin Smith
Maria Meli
Deanne Richter
Jeri Pounds
Kim Anderson
Howard La Pierre
Margaret Riondan
Margo Macleod
Denise Burger
Laura Odonnell
Leah Sweazingers
Claudia Stappert
Cindy Rooney
Donna Ritchie
Kathy Davis
Gayla Kofter
Jeanette Peterson
Aundrea Young
Sharon Davids
Lana Fretz-Mason

Members Celebrating Their 2 Year Anniversary
Jane Abuha
Marylin Barnett
Debbie Bechtold
Geri Bennett
Mary Bieber
Andrea Bigley
Rebecca Bowers
Kimberly Caple
Heather Carlisle
Carol Cavouras
Margaret Clampet
Patricia Coe
Angela Cooper
Hannah Davis
Junya Fischer
Eileen Furman
Colleen Gavigan
Paula Gionet
Susan Gonda
Luci Hanus
Brenda Hosley
Beverly Imperiali
Bryant Johnson
Karen Johnson-Ford
Carol Kleinman
Terry Mccormick
Leila Micklos
Lisa O’Neal
Monique Parker
Dibor Roberts
Isabel Samaniego
Pam Shields
Kristy Simmons
Melissa Sorensen
Maria-luz Sotomayor
Karen Sutherland
Karim Toci
Leigh Ann Tovar
Jenan Tully
Jeanette Yazzie
B. Sue Zager
Krystal Zamarra
Joan Zerwekh

Exciting nursing opportunities and the breathtaking allure of the Navajo land and its people await committed & highly motivated nurses in northern Arizona at

Winslow Indian Health Care Center

Winslow is located just 7 miles from the edge of the Navajo reservation, and 50 miles via interstate from Flagstaff, a university town with extensive winter activities. You can go from “Standing on a Corner in Winslow, Arizona” to hiking through many scenic and majestic landscapes.

Explore our variety of RN Opportunities

Clinical nursing, Public Health Nursing or Family Nurse Practitioners

Visit us today at www.wihcc.com and apply online.

Regional Medical Center
Springerville, Arizona

EOE
American Academy of Nursing Announces 2012 Class of Fellows

The American Academy of Nursing (AAN) is honored to announce that 176 nurse leaders have been selected to be inducted as Fellows during the Academy’s 39th Annual Meeting and Conference on October 13, 2012 in Washington, DC. AAN is composed of the nation’s top nurse researchers, policy makers, scholars, executives, educators, and practitioners.

The 2012 American Academy of Nursing Fellows from Arizona include:

Shannon Dirksen, PhD, RN, Arizona State University
Debra Hagler, PhD, RN, ACNS-BC, Arizona State University
Lois Loescher, PhD, RN, University of Arizona
Marianne McCarthy, PhD, RN, BC, Arizona State University
Kathryn Records, PhD, RN, Arizona State University

Congratulations!

AzNA Members Carol D. Moffett, PhD, FNP-BC, CDE, FAANP, and Marianne C. McCarthy, PhD, GNP, PMHNP, FAANP, were recently inducted as Fellows in the American Academy of Nurse Practitioners also. Congratulations Carol and Marianne!
Developing confident, skilled healthcare leaders.

A two-tiered multidisciplinary program, each in four parts, designed for front-line and middle managers in healthcare, including charge nurses, clinical leaders, managers and/or supervisors who aspire to such positions. Also designed for those individuals recognized for their leadership abilities and potential. Directors are welcome.

Participants of the Arizona Healthcare Leadership Academy may be sponsored by their organization in recognition of their achievements and leadership potential. Tier II attendance requires graduation from Tier I or recommendation from a senior-level manager.

Learn how to improve team morale and motivation, successfully adapt to change, deal with project pressures, communicate effectively, and more.

**AzHCLA 2012 Schedule**

**Tier I**

August 15, 29 & September 12 & 26th
Phoenix Indian Medical Center
4212 N 16th Street - Phoenix, Arizona

September 19th, October 3rd, 17th and 31st
The University of Arizona
Eller College of Management
Soldwedel Executive Education Center
1130 E. Helen Street
Tucson, Arizona

**Tier II**

September 27th, October 10th, November 1st and 14th
Mercy Gilbert Medical Center
Medical Office Building - McAuley Room A
3420 S. Mercy Road – Gilbert, AZ 85296

Nurses have a professional responsibility to be informed and to understand the evolving landscape of health care issues. Nurses are in the position to support the shift from acute “sick” care delivery to community-based “health” care delivery across the health continuum. This symposium will identify the changing roles of the nurse in transforming the health care delivery system.

Friday, September 14, 2012
7:15 a.m. - 4:15 p.m.
Registration Fees: Members: $119 Non-Members: $219 SNAAz/Students: $80 (After August 17th add $20)
DoubleTree Resort Paradise Valley
5491 N. Scottsdale Rd., Scottsdale

Featuring:
Richard H. Carmona, MD, MPH, FACS
17th Surgeon General of the United States (2002-2006)
Vice Chairman, Canyon Ranch, President, Canyon Ranch Institute, Distinguished Professor, Zuckerman College of Public Health, University of Arizona

The 17th Surgeon General of the United States (2002-2006), Dr. Richard Carmona served as our nation’s top doctor, issuing calls to action in the fight against major health concerns such as obesity, heart disease, cancer, and the dangers of secondhand smoke. Dr. Carmona was a Registered Nurse prior to becoming a physician.

Mary Wakefield, PhD, RN
Administrator Health Resources and Services Administration
U.S. Department of Health and Human Services

Mary Wakefield, Ph.D., R.N., was named administrator of the Health Resources and Services Administration (HRSA) by President Barack Obama on February 20, 2009. HRSA is an agency of the U.S. Department of Health and Human Services.

Jennifer Mensik, PhD, RN, NEA-BC, FACHE
Past President, AzNA,
2nd Vice President, Board of Directors, American Nurses Association, Administrator, Nursing and Patient Care Services, St. Luke’s Boise and Meridian Medical Centers

**SAFE PATIENT HANDLING COORDINATOR**

Seeking LPN that will promote the culture of safety and act as a clinical liaison. Effective trainer with strong problem solving and project skills. Location: Mesa, AZ.

Send resumes to michelle.copic@ashtontiffany.com or visit our website www.ashtontiffany.com for more information.

**Gila River Health Care**

Gila River Health Care (GRHC), only 30 miles from Phoenix, is a Joint Commission accredited Critical Access Hospital with over 1,100 employees proudly serving over 22,000 Community Members through multiple Health Centers, Long Term Care facility, Specialty Practices, Emergency Room, In/Outpatient services, Behavioral Health facilities, and its own Emergency Medical Services division.

We have the following positions open:

- Dialysis Nurse Manager
- Director of Public Health Nursing
- RNs (Various positions/ FT & Pool)
- ER Nurses
- RN – Clinical Quality, School Health Services

Please apply on-line at: [www.grhc.org](http://www.grhc.org)

Gila River Health Care • PO. Box 38 • Sacaton, AZ 85296

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**AzNA Symposium: Nurses at the Table: Bridging the Gap from Acute Care to Community**

周五，九月14，2012
7:15 a.m. - 4:15 p.m.
登记费：会员$119，非会员$219
SNAAz/学生$80（八月17日之后$20）

DoubleTree Resort Paradise Valley
5491 N. Scottsdale Rd., Scottsdale

**Featuring:**

Richard H. Carmona, MD, MPH, FACS

美国第17任外科主任（2002-2006）

副校长，Canyon Ranch，Canyon Ranch Institute名誉教授，Zuckerman College of Public Health

与美国海军上将布什的appointee

Mary Wakefield, PhD, RN

健康资源与服务管理局的前局长

U.S. Department of Health and Human Resources

Mary Wakefield，Ph.D., R.N.，被任命为健康资源与服务管理局（HRSA）局长，由总统Barack Obama于2009年2月20日任命。HRSA是美国卫生与公众服务部的机构。

Jennifer Mensik，PhD, RN, NEA-BC, FACHE

前AzNA总裁，第二副主席，美国护士协会董事会主席，护理和患者护理服务主任，St. Luke’s Boise and Meridian Medical Centers

**SAFE PATIENT HANDLING COORDINATOR**

正在寻找 LPN，将促进安全文化，作为临床联络人。具有解决问题和项目技能的合格的培训师。位置：Mesa, AZ。

将简历发送至michelle.copic@ashtontiffany.com或访问我们的网站www.ashtontiffany.com获取更多信息。

**Gila River Health Care**

Gila River Health Care (GRHC)，距离凤凰城30英里，是美国联合委员会认可的急需医疗服务医院，拥有1,100多名员工，为22,000多名社区成员提供服务，通过多间医疗服务，长期护理设施，专业实践，急诊室，门诊和住院服务，行为健康设施，以及自己的急救医疗服务部门。

我们以下列职位开放：

- 拨时护士经理
- 公共卫生经理
- RN (各种职位/全时及池)
- ER 护士
- RN – 临床质量，学校卫生服务

请在线申请：[www.grhc.org](http://www.grhc.org)

Gila River Health Care • PO. Box 38 • Sacaton, AZ 85296

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**Respecting People and Culture**

Gila River Health Care (GRHC), only 30 miles from Phoenix, is a Joint Commission accredited Critical Access Hospital with over 1,100 employees proudly serving over 22,000 Community Members through multiple Health Centers, Long Term Care facility, Specialty Practices, Emergency Room, In/Outpatient services, Behavioral Health facilities, and its own Emergency Medical Services division.

We have the following positions open:

- Dialysis Nurse Manager
- Director of Public Health Nursing
- RNs (Various positions/ FT & Pool)
- ER Nurses
- RN – Clinical Quality, School Health Services

Please apply on-line at: [www.grhc.org](http://www.grhc.org)

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**THE STRENGTH TO HEAL**

and focus on what matters the most.

当您成为护士和军官时，您将是U.S. Army Reserve Health Care Team的一员，您将能够继续在您的社区和需要时工作。您将被由护理专业人员组成的团队包围，他们将为您提供优质的护理。您可能也有资格获得财务福利，包括支付津贴和高达$50,000的教育贷款。

要了解有关U.S. Army Reserve Health Care Team的更多信息，请访问[www.healthcare.g通常是army.com/arm](http://www.healthcare.g通常是army.com/arm)。

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Arizona's General Acute Care Hospitals

Maricopa County, Opened 2006
5656 S. Power Rd.
GilbertER.com

Pinal County, Opened 2012
4545 N Hunt Hwy
FHAhlm.com

The hospital’s “Door to Doc in 31 Minutes”™ mission guarantees patients will be seen by a board-certified emergency physician within 31 minutes of arrival. Services include Emergency, In Patient/ICU, Surgical Services, MRI/CT, Digital X-Ray, Ultrasound, Nuclear Medicine. Now In-Network with most insurance plans.

ENDING CHILDHOOD OBESITY WITHIN A GENERATION

We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.
2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.
3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.
4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.
5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.