As you know, the Institute of Medicine (IOM) Future of Nursing Report recommended that nurses should be full partners with physicians and other health professionals in redesigning health care in the United States. Although individual nurses can provide essential leadership, professional organizations also have an obligation to do so. The Code of Ethics for Nurses, Provision 9 states that professional nursing organizations have a duty to “articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.”

Accordingly, the Wisconsin Nurses Association (WNA) supports principles that the profession believes will result in the greatest benefits to patient care, such as speaking collectively to shape or reshape health care policy or legislation that affects accessibility, quality of care and health care costs/value. With the advent of the internet and social media, and the improved ability to communicate, nurses in the U.S. must also act collectively with the global community.

One professional organization leadership tool is strategic planning—a necessary tool for long term organizational planning. It gives the association direction, establishes priorities, and allocates time, money and human resources. It also sets forth organizational goals and objectives that will be accomplished. The WNA Board of Directors used the evidenced based research in the IOM report as the basis to revisit the WNA Strategic Plan. During the past year, the Board created a bold new vision for the organization which is reflected in its new 2017-2019 Strategic Plan.

The new WNA Strategic Plan is modeled after the American Nurses Association (ANA) Strategic Plan. It shifts the paradigm from an internally focused product or service based plan, to an external plan focused on member needs. The WNA Strategic Plan contains three primary goals: 1) nurse profession-wide engagement, 2) nurse focused innovation, and 3) nurse-to-consumer relationships.

Strategic Goal #1—Nurse State-wide Engagement

Strategic goal one strives to increase the number and engagement of nurses in Wisconsin by creating innovative approaches that increase direct relationships with all registered nurses. To shift the paradigm, WNA is changing its focus from initiatives to build membership and create products, to enabling members to achieve outcomes that matter to them. In other words, WNA is interacting with members to: 1) understand their needs, 2) co-develop WNA’s value, and 3) define member’s individual involvement. What does such a shift look like? Members will say “I just could not do my job without access to the WNA peer network/mentors” or “I visit the WNA website every day to use the tools and resources.”

Attributes of an externally focused professional organization include emphasizing member outcomes. This requires identifying where Wisconsin nurses are trying to go and what obstacles are preventing them from getting there. A survey of the WNA membership and dialogue forums at the Fall Learning Symposium revealed multiple obstacles like more advertising further ahead of WNA events and holding events at hospitals, to allow additional time to ask off of work and decrease the time needed to participate. Other examples could be new and better tools for workplace violence, moral resilience or nurse innovation.

WNA – Leading the Way! continued on page 12
# Membership

## WNA/ANA Membership Activation Form

### Essential Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name/Last Name</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>Mailing Address Line 1</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>Mailing Address Line 2</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>County</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>Professional Information</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>Employer</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>Type of Work Setting</td>
<td>[Insert information]</td>
</tr>
<tr>
<td>Practice Area</td>
<td>[Insert information]</td>
</tr>
</tbody>
</table>

### Ways to Pay

- **Monthly Payment $15.00**
  - Checking Account
  - Credit Card

#### Important Notes

- All recurring payments are charged to your credit or debit card on or after the first of each month according to the terms and conditions below.
- For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org.
- ANA will provide thirty (30) days written notice of any dues rate changes annually unless you cancel.
- The account designated by the enclosed check will be used for the recurring payments.
- The Wisconsin Nurses Association (ANA) will be charged to your credit or debit card on or after the first of each month according to the terms and conditions below.
- The account designated by the enclosed check will be used for the recurring payments.
- If you have questions about your membership, please contact us.

### Monthly Electronic Deduction

| Payment Authorization Signature | [Insert signature] |

### Amounts

- **Membership Dues (Price just reduced $15 monthly/ $174 annually)**
  - Dues: [ ]
  - ANA-PAC Contribution (optional): [ ]
  - American Nurses Foundation Contribution (optional): [ ]
  - Total Dues and Contributions: [ ]

### Credit Card Information

- **Credit Card Number**
- **Expiration Date (MM/YY)**
- **Credit Card Type**

### Authorization Signature

- **Printed Name**
- **Member ID**
- **Membership Number**
- **Expiration Date (MM/YY)**

### For assistance with your membership activation form, contact ANA’s Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org.

---

That research paper isn’t going to write itself. **Visit www.nursingALD.com** to gain access to 1200+ issues of official state nurses publications, all to make your research easier!

---

**New Family Nurse Practitioner and Clinical Nurse Specialist programs beginning Fall 2018**

**Online MSN and DNP tracks in:**

- Family Nurse Practitioner
- Clinical Nurse Specialist
- Education
- Administration

Some face-to-face and blended options also available.

**Contact Jenna Aalsteen**

608.663.4255, gps@edgewood.edu

---

**WISCONSIN NURSES ASSOCIATION 2018 BOARD OF DIRECTORS**

- Linda Gobis, President
- Elizabeth Markham, Vice President
- Pam Sanberg, Treasurer
- Julie Raam, Secretary
- Stacy McNall, Director-at-Large
- Tiffany Barta, Director-at-Large
- Jaime L. Potopinski, Director-at-Large
- Nicole Faulkner, Staff Nurse Representative
- Lisa Pinsey, APRN Representative

---

**WISCONSIN NURSES ASSOCIATION STAFF**

- Gina Dennick-Champion, Executive Director
- Megan Leadholm, Associate Director
- Cindy Virmg, Administrative & Projects Coordinator
- Teresa Prattke, Education Program Coordinator
- Tracy Gast, Accountant

---

**NURSES FOUNDATION OF WISCONSIN BOARD OF DIRECTORS**

- SueAnne TeStrake, President
- Pamela Macari Sanberg, Treasurer
- Jana Esden, Secretary
- Alex Heitzer, Director-at-Large
- Gina Fellenz, Director-at-Large
- Isabelle Garibaldi, Executive Director
- Jill Berg, Director-at-Large
- Laurie Radojvec, Director-at-Large
- Lindsey Lucero, Director-at-Large
- Rorey Pritchard, Director-at-Large
- Cathy Berry, WNA Board Representative

---

**THE WISCONSIN NURSE EDITORIAL STAFF**

- SueAnne TeStrake, Executive Director
- Gina Dennick-Champion, Deputy Executive Editor
- Cindy Virmg, Managing Editor

---

**CONTACT INFORMATION**

**Wisconsin Nurses Association/ Nurses Foundation of Wisconsin**

2820 Walton Commons, Suite 336 Madison, WI 53718
info@wisconsinnurses.org
www.wisconsinnurses.org – @wisconsinnurses

**American Nurses Association**

8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
memberinfo@ana.org – www.nursingworld.org

**The Wisconsin Nurse**

is published quarterly every January, April, July and October by the Arthur L. Davis Publishing Agency, Inc. Subscriber rates are available: 608-221-0383.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613. (800) 626-4081. sales@aldpub.com.

NFW and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Nurses Foundation of Wisconsin of the products advertised, the advertisers or the claims made. Rejection of an advertisement does not imply that a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. NFW and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of advertisers’ products. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of WNA, or those of the American Nurses Association.
Welcome New WNA Members! 11/14/17 – 02/14/18


Wisconsin Nurses Association Updates
Vanessa Duhr
Karol Dillie

Online Programs convenient for Working Nurses

- RN to BSN Completion for Nurses with an ADN or Diploma
- MSN Leadership & Management in Health Systems

- Online classes fit your schedule
- No campus presence required
- Affordable, competitive tuition
- Nationally Accredited
- RN to BSN students may transfer up to 90 of the 120 required credits and take courses full or part-time at a pace comfortable for you.
- MSN program requires 34 credits that can be completed in as little as 2 years and features a Leadership Project in a health care setting. No entrance exams are required for admission.

888-415-8085 | previant.com
Wisconsin Nurses Association Updates

Summary of 2018 WNA Leadership Summit

Representatives from WNA's Board of Directors and Councils came together on Friday, January 26, 2018 at the WNA Office to gain a better understanding of WNA and their individual role and responsibility as a member of a leadership team. The morning started with WNA President Gobis sharing her perception and best-practices related to leadership and nurse's role. Gina Dennik-Champion, WNA Executive Director, described WNAs organizational and governance structure. WNA's Legal Counsel, Burt Wagner, joined the group to provide information on the fiduciary responsibilities of boards of directors and reviewed WNA's Conflict of Interest Policy.

Review of 2017-2020 WNA Strategic Plan

Participants received information from Linda Gobis on the purpose and direction of the 2017-2020 WNA Strategic Plan. The identified activities contained within the plan were reviewed along with a discussion and decision on how to operationalize the approved 2017 WNA References. The day allowed for time for WNA Board of Directors and WNA's three Councils, Tri-Council, Public Policy and Workforce Advocacy to meet and discuss their priorities related to the strategic plan. The groups reconvened to share their priorities for the year.

WNA Organizational Assessment Process Identified

The participants were informed of one activity that the WNA Board will focus on in the strategic plan which is to implement an assessment of WNA's capacity, accountability and sustainability.

WNA is adopting ANA's recommended, Standards for Excellence: An Ethics and Accountability Code for the Nonprofit Sector resource tools. These tools were developed by Standards for Excellence Institute. The process that WNA Board has adopted for this year is to perform an assessment using the tools provided and develop and improvement plan in 2019.

2018 WNA Call for Professional Policy Topics, Proposed Bylaw Changes, and Nominations for Leadership Positions

This is the official notice to WNA members to become engaged in the following opportunities:

1. WNA Professional Policy Committee – The process for submitting professional policy related topics that you would like the membership to approve at the 2018 WNA Annual Meeting need to be submitted to WNA's Professional Policy Committee. Proposals are to be submitted to the WNA Board of Directors by August 1, 2018. To find the submission form and more information please go to WNA’s website. The information is under the About Us tab.

2. WNA Bylaws – Anyone interested in recommending changes to the WNA Bylaws must notify and submit the changes to the WNA Bylaws Committee no later than June 30, 2018. You can find WNA’s current Bylaws and the submission form please go to WNA’s website click on the “About Us” tab.

3. Nominations for 2018 WNA Elections – If you have thought about contributing your time and talents to WNA, please consider running for a Board, Council, or Committee position. The open positions are for a two-year term of office:
   • Vice President
   • Secretary
   • three (3) Directors one of whom is a Staff Nurse
   • 3 members of each Council
   • 3 Nominating Committee Members

Roles and responsibilities of each position and instructions on filling out a consent to serve form are located on WNA’s website.

Please consider running!

REGISTER TODAY!

SURVIVING Your First Year

Monday, April 9, 2018 • Country Springs Hotel and Conference Center • Pewaukee, WI
WNA Legislative and Regulatory Update
February 26, 2018

Wisconsin Nurses Association Updates

WNA continues to monitor and provide feedback to legislators on legislative proposals that are of interest to professional nurses and our patients. Below is a summary of WNA’s position on legislative and regulatory proposals.

2017 – 2019 Legislature Regular Sessions

AB41 – Grants to technical college district boards and technical college faculty, staff, and students for making appropriations.

Position: Support
Rationale: Increase the capacity of nursing education programs to minimize wait times for nursing students through targeted funding.

Status: Referred to Committee on Workforce Development. 6/14/17 – Referred to assembly and referred to Senate Health and Human Services Committee. Passed Senate, 10/31/17. 11/7/17 referred to Senate Health and Human Services.

AB96/SB209 – Supply and use of epinephrine auto-injectors by certain authorized individuals.

Position: Support
Rationale: Apply evidence-based care to improve patient outcomes.

Status: 4/20/17 AB 96 Passed the Assembly and 8/2/17 – Signed by the Governor.

AB227/SB182 – Administration of vaccines by pharmacy students.

Position: Support
Rationale: Provide affordable prescription drugs, medical supplies, and healthcare services that are accessible and preventable.

Status: 7/5/17 Public hearing Assembly Committee on Rural Development 2017 Assembly Bill 227 5/24/17 Public hearing Mining and the Senate Committee Revenue, Financial Institutions, and Rural Issues 2017 Senate Bill 161

AB252/SB182 – Physical examinations conducted by chiropractors; performance of medical examinations by chiropractors for youth athletic activity and for the Federal Motor Carrier Safety Administration.

Position: Oppose
Rationale: Protect the rights and safety of patients in and across all health care settings.

Status: AB 252 – 6/14/17 Passed the full Assembly, 6/16/17 – Passed the Senate – Correctly enrolled. 8/2/17 – Signed by the Governor http://docs.legis.wisconsin.gov/document/acts/2017/32


Position: Oppose
Rationale: Provide affordable prescription drugs, medical supplies, and healthcare services that are accessible and preventable.

Status: 3/17/18 Assembly Committee State Affairs 2017 Assembly Bill 396. 10/17/17 – Public hearing (AB306) in the Senate Health and Human Services Committee. 6/23/17 Senate – Referred to the Senate Committee on Health & Human Services.

AB306/SB237 – Tracking of the sale of pseudoephedrine products.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 10/13/17 – AB 382 Waiting to be scheduled for a floor vote in the Assembly. AB 382 – Passed out of the Education Community. 9/21/17 – Passed out of Education Community. 8/24/17 – Public Hearing. 6/6/17 – Introduced and referred to Assembly Education Committee.

AB382/SB 382 – Screening school district employees for tuberculosis.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 9/2/18 – Introduced and referred to Assembly Education Committee. 11/17/17 – Introduced and referred to Senate Committee on Health and Human Services.

AB301/SB 301 – Education funding.

Position: Support
Rationale: Apply evidence-based care to improve patient outcomes.

Status: 6/13/17 – Passed out of the Committee on Health and referred to the Joint Committee on Finance. 5/17/17 Public hearing Assembly Committee on Health 2017 Assembly Bill 293 and 5/11/17 – Introduced and referred to Senate Committee on Health and Human Services.

AB306/SB237 – Tracking of the sale of pseudoephedrine products.

Position: Support
Rationale: Provide affordable prescription drugs, medical supplies, and healthcare services that are accessible and preventable.

Status: AB 306 – 7/21/17 Passed out of the full Assembly. 8/2/17 – Introduced and referred to Assembly Committee on Health. 2017 Assembly Bill 306. 10/17/17 – Public hearing (AB306) in the Senate Health and Human Services Committee. 6/23/17 Senate – Referred to the Assembly and referred to the Senate Committee on Health & Human Services.

AB382/SB 382 – Screening school district employees for tuberculosis.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 10/13/17 – AB 382 Waiting to be scheduled for a floor vote in the Assembly. AB 382 – Passed out of the Education Community. 9/21/17 – Passed out of Education Community. 8/24/17 – Public Hearing. 6/6/17 – Introduced and referred to Assembly Education Committee.

AB382/SB 382 – Screening school district employees for tuberculosis.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 9/2/18 – Introduced and referred to Assembly Education Committee. 11/17/17 – Introduced and referred to Senate Committee on Health and Human Services.

AB301/SB 301 – Education funding.

Position: Support
Rationale: Apply evidence-based care to improve patient outcomes.

Status: 6/13/17 – Passed out of the Committee on Health and referred to the Joint Committee on Finance. 5/17/17 Public hearing Assembly Committee on Health 2017 Assembly Bill 293 and 5/11/17 – Introduced and referred to Senate Committee on Health and Human Services.

AB306/SB237 – Tracking of the sale of pseudoephedrine products.

Position: Support
Rationale: Provide affordable prescription drugs, medical supplies, and healthcare services that are accessible and preventable.

Status: AB 306 – 7/21/17 Passed out of the full Assembly. 8/2/17 – Introduced and referred to Assembly Committee on Health. 2017 Assembly Bill 306. 10/17/17 – Public hearing (AB306) in the Senate Health and Human Services Committee. 6/23/17 Senate – Referred to the Assembly and referred to the Senate Committee on Health & Human Services.

AB382/SB 382 – Screening school district employees for tuberculosis.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 10/13/17 – AB 382 Waiting to be scheduled for a floor vote in the Assembly. AB 382 – Passed out of the Education Community. 9/21/17 – Passed out of Education Community. 8/24/17 – Public Hearing. 6/6/17 – Introduced and referred to Assembly Education Committee.

AB382/SB 382 – Screening school district employees for tuberculosis.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 9/2/18 – Introduced and referred to Assembly Education Committee. 11/17/17 – Introduced and referred to Senate Committee on Health and Human Services.

AB301/SB 301 – Education funding.

Position: Support
Rationale: Apply evidence-based care to improve patient outcomes.

Status: 6/13/17 – Passed out of the Committee on Health and referred to the Joint Committee on Finance. 5/17/17 Public hearing Assembly Committee on Health 2017 Assembly Bill 293 and 5/11/17 – Introduced and referred to Senate Committee on Health and Human Services.

AB306/SB237 – Tracking of the sale of pseudoephedrine products.

Position: Support
Rationale: Provide affordable prescription drugs, medical supplies, and healthcare services that are accessible and preventable.

Status: AB 306 – 7/21/17 Passed out of the full Assembly. 8/2/17 – Introduced and referred to Assembly Committee on Health. 2017 Assembly Bill 306. 10/17/17 – Public hearing (AB306) in the Senate Health and Human Services Committee. 6/23/17 Senate – Referred to the Assembly and referred to the Senate Committee on Health & Human Services.

AB382/SB 382 – Screening school district employees for tuberculosis.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 10/13/17 – AB 382 Waiting to be scheduled for a floor vote in the Assembly. AB 382 – Passed out of the Education Community. 9/21/17 – Passed out of Education Community. 8/24/17 – Public Hearing. 6/6/17 – Introduced and referred to Assembly Education Committee.

AB382/SB 382 – Screening school district employees for tuberculosis.

Position: Support
Rationale: Promote a strong, viable, well-funded public health system and infrastructure that utilizes state and county health rankings to improve the health of the population.

Status: 9/2/18 – Introduced and referred to Assembly Education Committee. 11/17/17 – Introduced and referred to Senate Committee on Health and Human Services.

AB301/SB 301 – Education funding.

Position: Support
Rationale: Apply evidence-based care to improve patient outcomes.

Status: 6/13/17 – Passed out of the Committee on Health and referred to the Joint Committee on Finance. 5/17/17 Public hearing Assembly Committee on Health 2017 Assembly Bill 293 and 5/11/17 – Introduced and referred to Senate Committee on Health and Human Services.
Wisconsin Legislative and Regulatory Update

continued from page 5

Hearing: 8/3/17 – Introduced and referred to Senate Education Committee. 2017 Senate Bill 382 Signed by the Governor 2017 Wisconsin Act 107

AB432/SB 341 – Prohibits the hours of instructional program for nurse aids to be greater than the federal requirement of 75 hr. The hours required for Wisconsin 120 hours.

Position: In discussion

Rationale: Protect the rights and safety of patients in and across all health care settings.

Status: Assembly: 11/6/17 – Referred to Senate Committee on Health and Human Services; 11/2/17 – Passed full Assembly; 6/30/17 Introduced and referred to Assembly Committee on Aging and Long Term Care.

Senate: 7/13/17 Introduced and referred Senate Committee on Health and Human Services. 2017 Senate Bill 341

AB 500/SB 417 – Ratification of the Enhanced Nurse Licensure Compact, extending the time limit for emergency rule procedures, and providing an exemption from emergency rule procedures.

Position: Strongly support

Rationale: Appropriate utilization of APRNs and RNs

Status: Assembly: 10/18/17 – Scheduled to be passed out of the Committee. 10/11/17 – Fiscal Estimate received. 9/28/17 – Public Hearing in the Assembly Committee on Health. 9/20/17 – Introduced and referred to Assembly Committee on Health. 2017 Assembly Bill 500


AB529/SB 452 – Requirements for certain services covered under the Medical Assistance program

Position: Support

Rationale: Appropriate utilization of APRNs and RNs

Status 2017 Assembly Bill 529 - 10/18/17 – Scheduled for a public hearing 10/19/17 – Introduced and referred to Assembly Health Committee.

2017 Senate Bill 452 – 10/17/17 – Public hearing in Senate Health & Human Service Committee. 10/12/17 – Introduced and referred to Senate Committee on Health and Human Services.

11/3/17 Passed full Senate, 11/8/17 passed full Assembly. Signed by the Governor 11/30/17 2017 Wisconsin Act 119

AB 568/SB 497 – Relating to licensure of advanced practice registered nurses and granting rule-making authority.

Position: Strongly support

Rationale: Appropriate utilization of APRNs and RNs

Status: Assembly: 1/22/18 – Legislation withdrawn until further negotiations could be achieved. 10/24/17 – Introduced and referred to Health and Human Services Committee. 2017 Assembly Bill 568

Senate: 2/18/18 – Received vote on bill from the Assembly and waiting to be scheduled. 2/18/18 – Passed out of Committee. 2/18/18 – Public Hearing. 10/18/17 – Introduced and referred to Health and Human Services Committee. 2017 Senate Bill 497

AB 582/SB 477 – Relating to delegation of the practice of podiatry.

Position: Information only

Rationale: Appropriate utilization of APRNs and RNs

Status: Assembly: 2/20/18 – Passed the Assembly and sent over to the Senate for a vote. 11/29/17 – Public Hearing. 10/24/17 – Introduced and referred to Committee on Health. 2017 Assembly Bill 582

Senate: 2/18/18 – Passed out of committee. 2/18/18 – Public Hearing. 11/20/17 – Introduced and referred to Committee on Health and Human Services. 2017 Senate Bill 477

AB 633/SB 548 – Relating to: establishing a palliative care council.

Position: Support

Rationale: Protect the rights and safety of patients in and across all health care settings.

Status: Assembly: 12/1/17 – Public Hearing. 11/10/17 – Introduced and referred to Committee on Health and Human Service Committee. 2017 Senate Bill 633

Senate: 1/10/18 – Public Hearing. 11/20/17 Introduced and referred to Committee on Workforce Development, Military Affairs and Senior Issues. 2017 Senate Bill 548

AB 680/SB 576 – Authorizing pharmacists and pharmacy students to administer vaccines. If the vaccine is administered pursuant to the prescription order of a physician or other prescribing practitioner issued within the 29 days immediately preceding the day on which the vaccine is administered and the pharmacist has satisfied certain education requirements.

Position: More information needed

Rationale: Protect the rights and safety of patients in and across all health care settings.

Status: Assembly: 1/22/18 – Passed out of the full Assembly, 2/21/18 – Public Hearing. 1/18/18 – Introduced and referred to Committee on Workforce Development, Military Affairs and Senior Issues

AB 684/SB 737 – Relating to: emergency outpatient mental health treatment for minors.

Position: Support

Rationale: Protection of patients as partners in their health care

Status: Assembly: 2/20/18 – Passed the full Assembly. 2/13/18 – Passed out of committee. 1/30/18 – Public Hearing. 1/18/18 – Introduced and referred to Committee on Mental Health

Senate: 2/18/18 – Passed out of committee. 2/4/18 Public Hearing 1/29/18 – Introduced and referred to Committee on Health and Human Services

AB 903/SB 751 – Relating to: various changes to statutes administered by the Department of Safety and Professional Services and attached credentialing boards.

Position: 2/16/18 Actively Opposed the proposed amendment AA1. 2/2/18 – Amendment removed – WNA now has a neutral position.

Rationale: The mandatory nursing workforce survey needs to remain in place in order to proactively plan for an adequate supply of nurses for the future. Continue to fund data driven planning including forecasting supply and demand needs for the future nursing workforce

Status: Assembly: 2/21/18 – passed out of the full assembly without AA1. 2/21/18 – the author of AA1 was withdrawn. 2/13/18 – Amendment AA1 (changing nurse workforce survey to voluntary) this
April 2018  The Wisconsin Nurse Page 7

Wisconsin Nurses Association Updates

was approved and passed out of the committee.
2/8/18 – Public Hearing, 1/31/18 – referred to Committee on Regulatory Licensing Reform
Status: Senate: 2/22/18 – Received from the Assembly and waiting to be voted on by the full Senate. 2/14/18 – Public hearing. 1/29/18 – Introduced and referred to Committee on Public Benefits, Licensing and State – Federal Relations

AB 907/SB 767 – Relating to: continuing education in prescribing controlled substances for certain health care practitioners; maintenance and detoxification treatment provided by physical assistants and advanced practice nurse prescribers; graduate training of psychiatric nurses and others.
Position: Support
Rationale: Increase the capacity of nursing education programs to minimize wait times for nursing students through targeted funding
Status: Assembly: 2/26/18 – Passed the full Assembly; 2/12/18 – Passed out of Committee; 2/7/18 – Public Hearing; 1/31/18 – Introduced and referred to Joint Committee on Finance
Senate: 2/11/18 – Received the Assembly bill waiting to be voted on. 2/8/18 – Passed out of Committee; 2/7/18 – Public hearing, 2/2/18 – Introduced and referred to Joint Committee on Finance
SB27 – 2017 Senate Bill 27 Intravenous technician endorsement for emergency medical technicians
Position: Support
Rationale: Apply evidence-based care to improve patient outcomes
Status: 2/8/17 Introduced and referred to Assembly Health Committee

Administrative Rules/ Regulatory Updates
Scope Statement N3 – SS 034 – 16 Repeal Examining councils on registered nurses and licensed practical nurses
Position: Support—Apply evidence-based care to improve patient outcomes
Rationale: Wisconsin Board of Nursing no longer prepares the testing to become licensed as an LPN or RN. This is now a national standardized exam through National Council of States Board of Nursing.
Status: 2/8/17 Passed the full Senate; 2/14/18 – Public hearing, 1/29/18 – Introduced and referred to Committee on Public Benefits, Licensing and State – Federal Relations

Scope Statement S5 012 – 17 N1 – School of Nursing Approval (Curriculum and Clinical)
Position: Support. Apply evidence-based care to improve patient outcomes
Rationale: Changes are being proposed that support the nursing student.
Status: 2/9/18 – Passed out of the Board of Nursing; 1/11/18 – Public Hearing; Board of Nursing working on drafting of rule

Rationale: Apply evidence-based care to improve patient outcomes
Status: 7/17/17 Signed by the Governor
AB8/S88 – Creating additional opioid treatment programs and making an appropriation.
Position: Support
Rationale: Allow registered nurses and advanced practice registered nurses to practice to the full extent of their education, training, experience and license.
Status: 7/17/17 Signed by the Governor

You’re Invited!
2018 Annual GrapeVine Nurses Conference
Monday, June 18th & Tuesday, June 19th
Sheraton Madison Hotel - 706 John Nolen Dr, Madison
FREE 2-day event for new or returning GrapeVine nurse volunteers. Conference includes: respected speakers, panel discussions, exhibits, and more! Gain new skills and knowledge to engage and educate your community on:
- Opioid misuse prevention
- Creating smoke-free spaces
- Diabetes prevention
- Bone Health
CEUs also available for attendance!

For more information and registration, visit www.wfhf.org/GVConference

Bellin Health Psychiatric Center
For more than 30 years, Bellin Psychiatric Center has been the premier provider for inpatient and outpatient behavioral health services, promoting recovery and wellness to individuals and families.

Bellin Health Psychiatric Center team provides outpatient services throughout Northeast Wisconsin and Upper Michigan. Inpatient services are offered at our main facility located in Green Bay.
Currently, there are opportunities for RN’s to join our Adult Psychiatric & Adolescent/Child Psychiatric teams.
Apply online at www.Bellin.org

RNs Choose ProHealth Care.
Full Time / Part Time / Pool Opportunities:
- RN Case Managers
- Clinical Nurse Specialist (CNS)
- Bilingual RNs
- Day Surgery – ED
- RN Educator – Home Health – Trauma
- plus Clinics 

View opportunities and Apply Online at: www.prohealthcare.org/careers

You’re Invited!
2018 Annual GrapeVine Nurses Conference
Monday, June 18th & Tuesday, June 19th
Sheraton Madison Hotel - 706 John Nolen Dr, Madison
FREE 2-day event for new or returning GrapeVine nurse volunteers. Conference includes: respected speakers, panel discussions, exhibits, and more! Gain new skills and knowledge to engage and educate your community on:
- Opioid misuse prevention
- Creating smoke-free spaces
- Diabetes prevention
- Bone Health
CEUs also available for attendance!

For more information and registration, visit www.wfhf.org/GVConference
### WNA Working for You – March 1, 2018

WNA provides political advocacy, professional development and strategies that support nursing practice, competence, and personal health.

#### Nurse Workforce Health, Rights, & Safety

<table>
<thead>
<tr>
<th>Topic</th>
<th>Audience</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>N/A</td>
<td>Madison</td>
<td>11/21</td>
</tr>
<tr>
<td>Team-Based Care &amp; Hypertension</td>
<td>N/A</td>
<td>Madison</td>
<td>11/22</td>
</tr>
<tr>
<td>PEOLC Nursing Coalition MIG</td>
<td>N/A</td>
<td>Madison</td>
<td>11/23</td>
</tr>
<tr>
<td>Opioid Epidemic</td>
<td>N/A</td>
<td>Madison</td>
<td>11/24</td>
</tr>
</tbody>
</table>

#### Continued Competence & Conferences

<table>
<thead>
<tr>
<th>WNA Spring 2018 Educational Offerings</th>
<th>Topic</th>
<th>Audience</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1 – Nurses Day at the Capitol – Madison</td>
<td>N/A</td>
<td>Madison</td>
<td>11/22</td>
<td></td>
</tr>
<tr>
<td>4/9 – Surviving for First Year Workshop – Pewaukee</td>
<td>N/A</td>
<td>Madison</td>
<td>11/23</td>
<td></td>
</tr>
<tr>
<td>4/26 – 4/28 APRN Conference – Madison</td>
<td>N/A</td>
<td>Madison</td>
<td>11/24</td>
<td></td>
</tr>
<tr>
<td>5/30 – Team Based Care &amp; Hypertension Symposium – Pewaukee</td>
<td>N/A</td>
<td>Madison</td>
<td>11/25</td>
<td></td>
</tr>
<tr>
<td>Preceptor to UW-Madison Undergrad and Grad Nursing Students</td>
<td>N/A</td>
<td>Madison</td>
<td>11/26</td>
<td></td>
</tr>
</tbody>
</table>

#### Appropriate Nurse Staffing & Nurse Shortage

<table>
<thead>
<tr>
<th>Topic</th>
<th>Activity</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Workforce Planning</td>
<td>The Wisconsin Council on Medical Education and Workforce (WCMEW), of which WNA is a member, focuses on healthcare workforce data and health care delivery design models.</td>
<td>Madison</td>
<td>11/27</td>
</tr>
<tr>
<td>Patient-Centered Team-Based Care</td>
<td>WNA developed a conceptual model that describes the benefits of using team based care for the care of populations with chronic disease can be found on WNA's website.</td>
<td>Madison</td>
<td>11/29</td>
</tr>
<tr>
<td>New RN Grads</td>
<td>WNA’s Mentorship Committee is sponsoring a mentorship program for WNA members.</td>
<td>Madison</td>
<td>11/30</td>
</tr>
<tr>
<td>Future Nursing Leader Award</td>
<td>WNA's Mentorship Committee selected 5 student nurses for WNA's 2017 Future Nurse Leader Award.</td>
<td>Madison</td>
<td>11/31</td>
</tr>
<tr>
<td>Nurse Faculty</td>
<td>Advocating for funding to increase the supply of nurse faculty.</td>
<td>Madison</td>
<td>11/32</td>
</tr>
</tbody>
</table>
There were 800 registrants attending the March 1, 2018 Nurses Day at the Capitol at Monona Terrace. Nurses and nursing students came from all over the state to listen to presenters, talk with exhibitors and meet with their legislators.

Nurses Day at the Capitol is designed to help nurses in Wisconsin appreciate the importance of their role in influencing health policy and affecting change in their practice. The intent is for nurses to take the information learned at Nurses Day and use it to advocate for better nursing practice and better patient care in their work environments and communities, and ultimately to advance the profession of nursing.

The educational sessions provided this year included a real-time informative update on Healthcare Reform and nurses need to know and be proactive on supporting insurance coverage for all. Donna Friedsam, MPH, who is the Health Policy Programs Director within the University of Wisconsin Population Health Institute, provided this important information.

WNA is once again refocusing its efforts on addressing incidents of workplace violence against nurses. WNA’s Workforce Advocacy Council and the UW-Eau Claire School of Nursing partnered to develop and implement an on-line survey to determine the prevalence of workplace violence against nurses by working with Jodi Arriola, RN, DNP, UW-Eau Claire nursing faculty member and Amanda Shimko, BSN, UW-Eau Claire DNP student presented the preliminary results of the survey. Megan LeClaire-Netzel, BSN UW-Madison DNP student presented the policy solution that WNA is supporting.

Another one of WNA’s advocacy efforts is to support the recruitment and retention of nurse faculty. An update on the latest data and implications if the nurse faculty shortage is not addressed soon was presented by the Legislative Chairperson for the Association of Nurse Educator Administrators (ANEW) was provided by Linda Young, PhD, RN, CNE, CFLE and Dean, College of Nursing and Health Sciences, UW-Eau Claire.

WNA’s Public Policy Council thought that it was important to have presentations and discussions with state legislator as part of the day. Democratic State Senate Minority Leader, Jennifer Shilling and Republican State Assembly Representative Mike Rohrkaste presented their summaries of the health care legislative issues that impacted nurses. President Linda Gobis moderated a question and answer discussion that focused on the nurse faculty shortage, workplace violence and the APRN legislation. Questions were asked by a variety of participants related to these issues and others.

WisconsinEYE provided a live video stream of Dr. Young’s and the Legislator sessions. You can find these presentations at [www.wiseye.org](http://www.wiseye.org).

The participants attend the breakout session of their choice which included:

- Current Environmental Health Issues affecting Nursing, Nursing Practice, and your Patients presented by Kathryn Lammers, PhD, RN Professor, Winona State University School of Nursing.
- APRN Legislative Update, Forbes McIntosh – WNA Lobbyist and Gina Bryan, DNP, PNHCNS-BC, APNP, WNA APRN Forum Board Member; Clinical Associate Professor, UW-Madison School of Nursing.
- WNA Legislative Update, Chris Roelke, RN, CMSRN – WNA Public Policy Council; Staff Nurse, William S. Middleton Memorial Veterans Hospital and Shanon Bruckner, MSN, RN – WNA Public Policy Council; NICU Nurse, UnityPoint/Meriter
- Briefing for Legislator Visits, Gina Dennik-Champion, MSN, MSHA, WNA Executive Director and Lobbyist. This was available to the 120 participants who had meetings scheduled with their legislators.

Another one of WNA’s advocacy efforts is to support the recruitment and retention of nurse faculty. An update on the latest data and implications if the nurse faculty shortage is not addressed soon was presented by the Legislative Chairperson for the Association of Nurse Educator Administrators (ANEW) was provided by Linda Young, PhD, RN, CNE, CFLE and Dean, College of Nursing and Health Sciences, UW-Eau Claire.

WNA’s Public Policy Council thought that it was important to have presentations and discussions with state legislator as part of the day. Democratic State Senate Minority Leader, Jennifer Shilling and Republican State Assembly Representative Mike Rohrkaste presented their summaries of the health care legislative issues that impacted nurses. President Linda Gobis moderated a question and answer discussion that focused on the nurse faculty shortage, workplace violence and the APRN legislation. Questions were asked by a variety of participants related to these issues and others.

WisconsinEYE provided a live video stream of Dr. Young’s and the Legislator sessions. You can find these presentations at [www.wiseye.org](http://www.wiseye.org).

The participants attend the breakout session of their choice which included:

- Current Environmental Health Issues affecting Nursing, Nursing Practice, and your Patients presented by Kathryn Lammers, PhD, RN Professor, Winona State University School of Nursing.
- APRN Legislative Update, Forbes McIntosh – WNA Lobbyist and Gina Bryan, DNP, PNHCNS-BC, APNP, WNA APRN Forum Board Member; Clinical Associate Professor, UW-Madison School of Nursing.
- WNA Legislative Update, Chris Roelke, RN, CMSRN – WNA Public Policy Council; Staff Nurse, William S. Middleton Memorial Veterans Hospital and Shanon Bruckner, MSN, RN – WNA Public Policy Council; NICU Nurse, UnityPoint/Meriter
- Briefing for Legislator Visits, Gina Dennik-Champion, MSN, MSHA, WNA Executive Director and Lobbyist. This was available to the 120 participants who had meetings scheduled with their legislators.

Please save Wednesday February 27, 2019 for next year’s WNA Nurses Day at the Capitol.
The month of May not only celebrates National Nurses Week but it is also National Stroke Awareness Month and National High Blood Pressure Education Month. This month as part of our grant and Healthy Nurse efforts want to highlight the purpose of Million Hearts® and the many resources available to you.

**Rationale for emphasis**

Every 40 seconds, an adult dies from a heart attack, stroke, or other adverse outcomes of cardiovascular disease (CVD). These deaths account for about one third (30.9%) of all deaths in the United States, or more than 800,000 deaths each year. About 1 in 5 of these deaths is a person younger than 65. Heart disease and stroke can also lead to other serious illnesses, disabilities, and lower quality of life. The economic toll of CVD is high—more than $316 billion each year in the United States—with CVD treatment accounting for about $1 of every $7 spent on health care in this country. While cardiovascular deaths have been declining for the past 40 years, the reduction in these deaths has slowed since 2011, indicating the need for focused, sustained action by public and private partners to improve our nation’s cardiovascular health.

**Million Hearts® 2022**

Million Hearts® 2022 is a national initiative co-led by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services to prevent 1 million heart attacks and strokes in 5 years. The initiative focuses partner actions on a small set of priorities selected for their impact on heart disease, stroke, and related conditions.

**Reaching the Million Hearts® 2022**

Goals will result in 1 million fewer heart attacks and strokes in the next 5 years:

- 20% reduction in sodium intake
- 20% reduction in tobacco use
- 20% reduction in physical inactivity
- 80% performance on the ABCS Clinical Quality Measures
- 70% participation in cardiac rehab among eligible patients

**Million Hearts® 2022 Priorities**

Million Hearts® has set the following priorities to meet the aim of preventing 1 million heart attacks and strokes by 2022:

- **Keeping people healthy** with public health efforts that promote healthier levels of sodium consumption, increased physical activity, and decreased tobacco use.
- **Optimizing care** by using teams, health information technology, and evidence-based processes to improve the ABCS (Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation), increase use of cardiac rehab, and enhance heart-healthy behaviors.
- **Improving outcomes for priority populations** selected based on data showing a significant cardiovascular health disparity, evidence of effective interventions, and partners ready to act. Populations include Blacks/African Americans, 35- to 64-year-olds, people who have had a heart attack or stroke, and people with mental illness or substance use disorders.

**Opportunities for our patients, families and you**

The only way we—as a nation—will meet the Million Hearts® goals is through the collective and focused action of a diverse range of partners. As a Million Hearts® partner, determine where your individual or organizational mission aligns with the Million Hearts® priorities and explore the evidence-based strategies most suited to your talents, interests, and resources. Check out the Million Hearts® 2022 framework and commit with us to carry out the priority actions needed to prevent 1 million heart attacks and strokes.

Heart disease is the leading cause of death in Wisconsin, accounting for more than 2 out of every 10 deaths statewide.

Approximately 1.3 million adults in Wisconsin have hypertension, and 2 out of 5 of them are unaware of their condition.

Consider joining your other nurse colleagues at the Saturday April 7, 2018 Healthy Nurses Conference. More information is available on the Events Tab on WNA’s website.

Engage in WNA’s Healthy Nurses for Wisconsin Mutual Interest Group.

---

Mentorship Corner

Fall 2017 Future Nursing Leader Award

This December, the Mentorship Committee selected 5 recipients of the WNA Future Nursing Leader Award. The award recognizes outstanding students who embody the ethics and values of nursing and exemplary leadership qualities. It is given out twice a year to graduating prelicensure students from the Spring and Fall semesters at the pinning ceremonies. Winners receive a complimentary year of membership in the Wisconsin Nurses Association, along with an appointment to a WNA council or committee of his or her choosing. He or she will also receive a certificate and lapel pin presented at their pinning ceremony.

The winners this Fall are:
- Connor Stone – University of Wisconsin – Milwaukee
- Grant Sklenar – University of Wisconsin - Eau Claire
- Allyson McCann – Milwaukee Area Technical College
- Jenni Jacobs – Alverno College
- Heather Kempf – Blackhawk Technical College

The Wisconsin Nurses Association congratulates them on their achievements, and is excited to welcome such promising leaders to our organization!

Nominations for Spring 2018 are now open! Enter your student for the award today at WisconsinNurses.org/nominate-fnla
A second attribute of externally focused organizations is moving beyond passive continuing education to active learning and professional growth and development. Members suggested increasing the use of technology to develop webinars available 24/7, online opportunities to participate in WNA and additional online nursing practice-related webinars, tools and resources.

Additional benefits come with a value based joint ANA/WNA membership. Members get discounted CE modules and free monthly Navigate Journal of Nursing Practice. You can stay up-to-date in a graduate program. You can stay up-to-date on news and issues affecting nurses through member only journals like Online Journal of Nursing (OJIN), publications, and resources. Job opportunities are posted on the ANA and WNA websites, in newsletters and in emails.

You can develop and/or improve leadership skills by attending the WNA or ANA Leadership Summit which gives you access to innumerable member only, electronic leadership resources. Finally, you can make your voice heard by joining WNA or ANA grass roots advocacy groups, such as WNA's Nurse's Voice or ANA's Take Action. These programs help you contact state and federal legislators, write letters and access talking points on hot topic issues important to nurses.

**Strategic Goal #2 Nurse Focused Innovation**

The objective of strategic goal two is to advocate for, disseminate, nursing best practices and/or nurse focused innovations that significantly impact patient and nurse outcomes for healthcare improvement. You have choices when it comes to advocacy. You can sit back and let others make decisions for you and other nurses, continue to make do, and/or feel victimized by changes with no control. Alternatively, you can actively participate and search for opportunities to improve nursing practice, education, health policy and healthcare standards. Apolitical no longer “flies;” all nurses need to take action.

Advocating for patients and nurses is just using your nursing skills in a different way. Patton, Zalon and Ludwik (2015) compared the nursing process with the policy process as shown in the following table.

<table>
<thead>
<tr>
<th>Nursing Process</th>
<th>Policy Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess and diagnose</td>
<td>Recognize and identify a nursing issue or problem</td>
</tr>
<tr>
<td>Plan interventions</td>
<td>Formulate healthcare policy</td>
</tr>
<tr>
<td>Implement care</td>
<td>Implement the policy change</td>
</tr>
<tr>
<td>Evaluate</td>
<td>Monitor and evaluate the result</td>
</tr>
</tbody>
</table>

You can see that the nursing process and policy process mirror each other. They both require assessment, planning, implementation and evaluation.

It all begins with being actively involved. Join WNA, learn about healthcare and policy issues, become familiar with the policymaking process and build relationships with legislators. For example, sign up for a nursing-related listserv such as the WNA Monitor or one of the ANA Smart Briefs. They are filled with policy issues and can help you identify one that interests you. Read the newspaper or watch a news program. Pick a policy or political issue that was discussed, such as the opioid epidemic or human trafficking in Wisconsin. Consider why your particular issue is important to nursing. New graduates can identify a policy issue that they’ve learned about in school, and determine two goals related to the policy that can be accomplished within two years of graduation. Experienced nurses can identify two workplace policy issues currently under discussion, think about its impact on nursing practice and develop two plans to bring about change.

Make a difference through activism. Follow WNA’s or ANA’s lead in policymaking and health care reform initiatives. Be knowledgeable about, and develop skills inherent in nursing activism. For example, many nurses join WNA to financially support Wisconsin nurses having a seat at the table, taking positions on pending legislation (WNA Legislative Activities available on website) and developing position papers (e.g. Enhanced Nursing Licensure Compact, APRN Modernization Act). Other WNA policy making examples include WNA Position Statements and White Papers (e.g. prescription drug abuse), the WNA Public Policy Council (reviews proposed legislation and recommends organizational positions to the WNA Board), WNA Legislative and Regulatory Affairs Committee, the 2017-2019 Biennium (i.e. WNA Policy Agenda), WNA Working for You (summary of advocacy activities) and the WNA Grassroots Advocacy booklet, Take Action Alerts and Rapid Response Conference Calls. Participating in a one hour conference call, volunteering for a task force, or running for election to a Council are easy ways to increase your activism.

WNA and ANA sponsor Lobby Days where you can meet with your legislators. For me 2017 was a year of meeting new people and shaking a lot of hands. Over 100 nurses and graduate students participated in the Wisconsin APRN Coalition Lobby Day held on October 13, 2017. Over 80 nurses and student nurses participated in Nurses Day at the Capitol on March 1st. Three WNA representatives participated in the ANA Hill Day in Washington D.C. in June, 2017. Altogether, ANA members made over 500 visits to federal legislators that day. The WNA representatives and I met with all the Republican and Democratic Wisconsin Senators, Legislators, and staff, plus the Speaker of the House’s (Paul Ryan) staff.

All registered nurses received a letter from Department of Safety and Professional Services (DSPS) about the Enhanced Nurse Licensure Compact (eNLC) and its impact on Wisconsin nurses. WNA developed the Wisconsin Nurse Compact bill to revise the compact statutes, rules and regulations. Senate Bill 417 and Assembly Bill 500 were passed by both houses and then signed into law by the Governor in December 2017. The new legislation went into effect on January 20, 2018 giving Wisconsin nurses a seamless transition from the original to the new eNLC, and maintaining Wisconsin’s status as a compact state. Participation in the compact is essential for Wisconsin nurses who respond to disasters throughout the U.S., work in telehealth, advise and teach out of state patients and are traveling nurses.

Another bill, developed jointly between WNA and the Wisconsin APRN Nursing Coalition is the APRN Modernization Act. It was introduced into the legislature on October 11, 2017 and an APRN


2018 WNA Awards Will Bring Recognition to Where the Winner Lives

WNA's Award Committee would like to increase recognition of the 2018 WNA Awards recipients by hosting their acknowledgement ceremony in the city where they live or work. WNA would like to see the award winners be recognized in their community by an audience of family, friends and nurse colleagues. The award winners will be recognized during the months of September and October leading up to the 2018 WNA Annual Meeting. Nominations are now being accepted online. You will find the application and the criteria posted on WNA's home page. The deadline for submission is July 31, 2018.

- **Signe Cooper Image of Nursing Award.** The recipient of this award is involved in activities that enhance the image of professional nursing and the image of WNA.

- **Vivien DeBack Leadership Award.** The recipient of this award is involved in activities that demonstrate innovation in the advancement of the profession.

- **Service to WNA Award.** The recipient of this award exhibits outstanding participation in the WNA, including (but not limited to) service through elected office and committee involvement.

- **Community Impact Award.** The recipient exercises extraordinary contributions to public education, community outreach, health promotion and population health.

- **Rita Kisting Sparks Excellence in Nursing Education Award.** The recipient of this award demonstrates extraordinary contribution to excellence in nursing education for students and to the development and implementation of continuing education.

- **Nursing Practice Award.** The recipient of this award is involved in activities that demonstrate innovations in patient care; role model for nursing practice; commitment to the practice of professional nurse; and utilization/dissemination of research in practice.

- **Norma Lang Excellence in Nursing Research Award.** The recipient of this award conducts original research of relevance to nursing practice and theory development in nursing; serves as principal investigator on externally funded, peer reviewed nursing research projects; generates a substantial record of data-based, referenced publications; delivers invited research presentations at professional/scientific meetings; and communicates nursing research to the general public and the nursing community.

- **Staff Nurse Advocacy Award.** This award is given to recognize excellence in individual staff nurses who provide direct patient care in all practice settings and who advocate for their patients. The recipient has demonstrated outstanding advocacy in a clinical setting at the staff nurse level.

- **Advanced Practice Nurse of the Year Award.** This award is selected by the WNA APRN Forum. The recipient is employed as an Advanced Practice Nurse, demonstrates expert knowledge and practice in an APN clinical area of nursing, demonstrates involvement and contributions in the areas of patient care, consultation, education, or research and demonstrates leadership within the nursing profession.

- **Barbara Nichols Political Nurse Award.** This award is selected by the WNA Public Policy Council. The recipient demonstrates involvement in political activities that promote quality of care; acts as a positive role model in his/her use of the political process to advance health care and/or nursing; encourages nurses to become involved in the political process; promotes the education of nurses and consumers in the use of the political process and the value of involvement in governmental affairs; and promotes increased political awareness and involvement within professional organizations.
Faith and Health

Dr. Mary Ellen Wurzbach

Although I was initially not certain of whether to write anything about faith and health, I felt compelled to do so since they seem to be so intertwined. I cannot say that faith improves physical health necessarily, but I can say that it allows one to deal with physical maladies, confront physical challenges and promotes comfort and contentment even when one is in dire physical straits.

Faith is the epitome of caring. Health care practitioners talk a lot about caring, and its essence is preserving the health of others through choices that support the health care they need. If necessary but always, if I wished, with a substitution of my own judgment – an ability to help them when they need advice, counsel and care. They have faith that our treatment of them will, above all, do no harm and, hopefully, benefit them. For ourselves, we have a belief and trust that our patients will attend to our advice and counsel, appreciate our care and try to follow the plan we have agreed upon.

Too often patients and clinicians are stereotyped by each other, which interferes with the practitioner-patient relationship. Patients may see us as unapproachable or judgmental or simply “not there” for them. We may see patients as “drug seekers” or “malingering” or “manipulators.” “Non-compliance” is seen as a major problem. Even the term suggests that patients are in a dependent position and negating our faith in them.

Faith entails allowing for the benefit of the doubt, taking patients’ word for what is happening to them. As with pain, “pain is what the person says it is.” Faith also means having a strong belief that both patients and practitioners can and will do what they say they can and will do. Or, at the very least, have “good intentions” and make “good faith promises.”

If faith is not reciprocal, both patients and practitioners may feel disrespect. Faith is a necessary extension of respect until one knows for certain it is misplaced. If one believes one’s faith is misplaced, perhaps trying to assess why a patient is unable or unwilling to follow the agreed upon plan of care or why a practitioner is not meeting the patient’s expectations will resolve the issue. Confronting the issue sometimes is all that is necessary.

This is a year in which the ANA is supporting the idea that nurses need to be healthy in order to take care of the health of others. Faith may be one important aspect of our and our patients’ mental and physical health and, as the ANA suggests, strengthen health care.

Kris Wisnefske, RN MSN, Chair, FCNC MIG

Welcome to 2018. As I write this article, I anticipate spring although it is snowing, windy and very cold. On our recent faith community mutual interest group monthly conference call, we discussed what we could contribute to this publication.

One suggestion was to include a position paper written by Dr. Deborah Ziebarth, PhD, titled “How is Faith Community Nursing the same or different than other nursing specialties? This paper is informative, and I hope that you enjoy reading it. Discussion of the scope and standards of Faith Community Nursing referenced were from the 2nd edition. The scope and standards were just updated in November 2017 and are now in the 3rd edition.

On another note, the International Parish Nurse Resource Center has been renamed the Westberg Institute. More information on this can be found at https://westberginstitute.org/

Another thought from our conference call was to discuss how the FCN (Faith Community Nurse) can collaborate within her/his community. Some personal examples include:

1. Working with Green County Public Health, and the ASTHO Million Hearts Learning Collaborative,
2. Grapevine educational programming through the Wisconsin Women’s Health Foundation on self-care for women at the Monroe Public Library and
3. BP screening with Green County YMCA for Heart Health Month
4. Beginning and sustaining a breast cancer support group in Monroe through the assistance of the Episcopal Diocese of Milwaukee for funding. This group is open to all women in the communities affected by breast cancer.

These four examples are just a few of many opportunities I have had to collaborate and partner with community organizations. It’s been a great way to get the word out about faith community nursing.

As a mutual interest group, we can provide the Basic Foundation Education course for Faith Community Nursing. Our next class will be planned for this coming summer. For further information, please check with Megan at WNA office.

Wishing all of you a healthy and blessed 2018.

Are You Ready?

Prepare, Respond & Regroup

Thursday Sept 20

2018 WI FAITH COMMUNITY NURSE COALITION ANNUAL CONFERENCE

Aurora Sinai Medical Center
(In-person presentations)

- OR -

WITC-Superior
(Remote broadcast viewing; other remote locations pending)

Registration Available in Early Summer

Foundations of Faith

Community Nursing Course

A Presentation of the Premier Faith Community Nurse Basic Preparation Curriculum by the Wisconsin Faith Community Nurses Coalition

SCHEDULE: (Tentative)
Fri, Aug 10: 8:00 am – 6:00 pm
Sat, Aug 11: 8:00 am – 6:00 pm
Fri, Aug 24: 8:00 am – 6:00 pm
Sat, Aug 25: 8:00 am – 5:00 pm (Reception to Follow)

LOCATION: Wisconsin Nurses Association

Madison

COST: $450 ($400 for WNA Members)

REGISTRATION DEADLINE: Sun, July 22, 2018

REGISTER TODAY → WISCONSINNURSES.ORG

WFCNC is a mutual interest group of the Wisconsin Nurses Association

QUESTIONS?
Megan Leadholm, WNA
608-221-0383 ext. 203
megan@wisconsinnurses.org

Mutual Interest Groups (MIGs) Updates

Mutual Interest Groups (MIGs) Updates

April 2018

The Wisconsin Nurse

WNA

WFCNC

Page 15

2018 WI FAITH COMMUNITY NURSE COALITION ANNUAL CONFERENCE

Aurora Sinai Medical Center
(In-person presentations)

- OR -

WITC-Superior
(Remote broadcast viewing; other remote locations pending)

Registration Available in Early Summer

Foundations of Faith

Community Nursing Course

A Presentation of the Premier Faith Community Nurse Basic Preparation Curriculum by the Wisconsin Faith Community Nurses Coalition

SCHEDULE: (Tentative)
Fri, Aug 10: 8:00 am – 6:00 pm
Sat, Aug 11: 8:00 am – 6:00 pm
Fri, Aug 24: 8:00 am – 6:00 pm
Sat, Aug 25: 8:00 am – 5:00 pm (Reception to Follow)

LOCATION: Wisconsin Nurses Association

Madison

COST: $450 ($400 for WNA Members)

REGISTRATION DEADLINE: Sun, July 22, 2018

REGISTER TODAY → WISCONSINNURSES.ORG

WFCNC is a mutual interest group of the Wisconsin Nurses Association

QUESTIONS?
Megan Leadholm, WNA
608-221-0383 ext. 203
megan@wisconsinnurses.org

Mutual Interest Groups (MIGs) Updates

Mutual Interest Groups (MIGs) Updates

April 2018

The Wisconsin Nurse

WNA

WFCNC

Page 15
ANA Updates

When Nurses Speak, Washington Listens

The American Nurses Association strives to represent nurses on Capitol Hill, provide support for state nurses associations as they advance their own advocacy agendas, and help federal agencies and elected officials propose and enforce new laws that will advance the nursing profession.

ANA serves to amplify nurses' voices as policies are conceived, debated, and implemented. We create long-lasting relationships with nurses and their representatives, working to establish a health system where care is accessible, of high quality, and recognizes the nursing profession as an integral component.

Registered nurses represent the largest segment of health professionals, with more than 3.6 million nationwide. Nurses not only represent an incredible force by sheer numbers, but policymakers rely upon their expertise as they work to improve our nation's health system. For 16 years, nurses have outranked all other professions in Gallup's annual honesty and ethics survey and are viewed as the most trusted profession.

Throughout the year, we will feature examples of ANA members advocating for patients and the profession in various roles and settings, hosted at www.RNAction.org as well as shared through social media. The advocates’ stories will be paired with associated tools and ANA products & services.

Each quarter will have a dedicated theme, building from local to more global examples, but overlap with other quarterly themes will occur.

Nurses are advocates every day, so examples are endless and no illustration is too small. Please consider sharing your story and being recognized by ANA and your colleagues.

Send either a brief written description (under 150 words) OR a video (less than a minute) capturing your experience: actions, any challenges / barriers as well as strategies and any words of wisdom or tips for colleagues. If providing in writing, please include a high-resolution picture.

Questions or submissions should be directed to Janet Haebler, janet.haebler@ana.org, at ANA.

GET ENGAGED:
#BedsideandBeyond

Each quarter will have a dedicated theme, building from local to more global examples, but overlap will occur.

Q1: Nurses advocating locally (January – March)
Highlighting efforts at the bedside or in the community both for individual and/or groups of patients and/or nurses. Some examples: patient-focused practice changes/process improvements; workplace safety policies addressing issues such as staffing, workplace violence, safe patient handling and mobility; and representing the interests of patients, consumers and/or the profession while serving on a committee, council or board.

Q2: Nurses influencing elected officials and other key decision makers (April – June)
Highlighting efforts to impact change with key decision makers that are local, state or federal. Could be employer specific, immediate community/county, state legislative/regulatory, or federal. Individual influence as well as participation in a coalition.

Q3: Nurses get out the vote! (July – September)
With the approach of election day, emphasis will shift to political examples. Highlighting nurses leveraging their position as most trusted profession to impact policy change and 2018 campaigns. Will feature nurses who participated in a campaign, currently in or running for an elected or appointed position, and/or have a productive relationship with their elected official.

Q4: Global Impact and Making every year a year of advocacy (October – December)
Continue highlighting nurses who have had an impact within their community, state, or at the federal level, while also expanding to experiences beyond the US borders. Considering 2019 and future policy issues relevant to the nursing profession, will include an analysis of the November election results as well as insight on potential impact of political advocacy, and tips and words of wisdom on how to make every year a year of advocacy at any level in any role and setting.

To learn more about ANA advocacy efforts and what you can do to help, visit: http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy.

Let WNA know how you are celebrating Nurses Week! Share your photos and stories on our Facebook page!

https://www.facebook.com/wisconsinnurses

Let’s celebrate together and let’s make it happen!

#EndNurseAbuse
It’s not acceptable, it’s ABUSE

NURSES are at greater risk of workplace violence than police officers or prison guards.

REGISTERED NURSES

400 Golf Road
Pewaukee, WI 53072

We have $7,500 sign on bonus for full time day and night shift RN’s.
- Competitive compensation and Benefits packages
- Educational Assistance
- New grads welcome

Please apply online at: www.lifecare-hospitals.com

You may also contact Stephanie Matter Human Resources at 262-324-1777 or Stephanie.Matter@lifecare-hospitals.com

#EndNurseAbuse
It’s not acceptable, it’s ABUSE

NURSES are at greater risk of workplace violence than police officers or prison guards.

TEXT PLEDGE TO 52886
SUPPORT • REPORT • SHARE
ANA Updates

2018 National Sample Survey of Registered Nurses – HELP!

Nurses play a critical role in the lives of patients across the country. That is why the U.S. Department of Health and Human Services is dedicated to providing you, policy makers, and researchers with the most comprehensive data on U.S. registered nurses and nurse practitioners. To accomplish this, we need your help.

Please support and encourage participation in the 2018 National Sample Survey of Registered Nurses (NSSRN). This vital national survey is the primary source of data on the nursing workforce, the largest group of healthcare providers.

The Purpose of the Study
The NSSRN will gather up-to-date information about the status of registered nurses in the U.S. These data will be used to describe the registered nurse population at both the national and state level, so policymakers can ensure an adequate supply of registered nurses locally and nationally.

Data Collection
The NSSRN will be sent to over 100,000 registered nurses in March of 2018. Nurses will be able to fill out the survey electronically or through a paper questionnaire. It is imperative that nurses participate and send back as soon as possible.

The Survey Contractor
HRSA has contracted with the U.S. Census Bureau, the leading statistical federal agency in the United States. Census has assembled a team of expert survey methodologists responsible for gathering the lists of licensed RNs, constructing the national sample, and administering the survey by mail, and on the internet.

Did You Know?
Did you know…employment settings change as nurses age? The vast majority of registered nurses under 30 years old work in hospitals, but over 50 percent of registered nurses 55 years or older work in non-hospital employment settings. Information like this from the NSSRN survey helps policymakers and healthcare leaders plan for future staffing needs.

The Survey Results
We plan to release the public use file from the 2018 study by January 2019. A report from the 2008 study is available at http://fdow.hrsa.gov/healthworkforce.

Endorsements
The following nursing organizations have endorsed this survey. The National Council of State Board of Nursing and individual state boards of nursing have generously provided mailing lists for the survey.

American Academy of Ambulatory Care Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Nurses Association
American Organization of Nurse Executives
National Association of Hispanic Nurses
National Black Nurses Association, Inc.
National Council of State Boards of Nursing
National League for Nursing
National Organization of Nurse Practitioner Faculties

ANA’s Case for Evidence-Based Nursing Staffing
Essential for cost-effective, high-quality hospital-based care and patient safety

Registered nurse (RN) staffing makes a critical difference for patients and the quality of their care. ANA champions the role of direct-care nurses and nurse managers in working with their hospital leadership to define the best skill mix for each hospital unit, recognizing the role of nurses in managing each patient’s treatment plan and continuously assessing each patient’s health status. Our work demonstrates that patients, nurses, and health care systems thrive with appropriate and flexible nurse staffing. For hospitals to succeed, tools and processes must support evidence-based staffing decisions driven by nurses who understand the dynamic nature of patient care.

ANA bases its advocacy on research. ANA commissioned a comprehensive evaluation of nurse staffing practices as they influence patient outcomes and health care costs. A white paper, authored by consulting firm Avalere, evaluated a review of published literature, government reports, and other publicly available sources, along with information gathered from a series of panels of nurse researchers, health care thought leaders, and hospital managers.

To read ANA’s first staffing white paper, visit info.nursingworld.org/staffingwp.

Key Findings
Best practices consider many variables when determining the appropriate care team on each hospital unit:

• Patients: Ongoing assessment of patients’ conditions, their ability to communicate, their emotional or mental states, family dynamics, and the amount of patient turnover (admission and discharge) on the unit
• Care teams: Each nurse’s experience, education, and training; technological support and requirements; and the skill mix of other care team members, including nurse aides, social workers, and transport and environmental specialists

Nurse staffing models affect patient care, which also drives health care costs. Safe staffing affects a range of hospital-based care issues, including:

• Medical and medication errors
• Length of stay
• Patient mortality
• Readmissions
• Preventable adverse events, including falls, pressure ulcers, health care-associated infections, and other complications
• Nurse injury, fatigue, and low retention

Findings point to the importance and cost-effectiveness of nurse staffing decisions that are based on evidence rather than traditional formulas and grids. To foster innovation and transparency in staffing models, it is essential to capture and disseminate outcomes-based best practices.

Staffing and Cost Containment
Nurse salaries and benefits are among the largest components of a hospital’s expenses and thus are an easy target when balancing budgets. However, decisions to cut labor costs are sometimes shortsighted when the long-term impacts on cost and patient care quality are not considered.

Other variables to consider in addressing hospital-based care costs include:

• High-tech devices and procedures
• Prescribed drugs and other medicine
• Clinician and system practice insurance
• Facility construction, renovation, and maintenance
• Information technology investments and upgrades

Well-managed hospitals/health systems continuously balance competing needs to keep organizations fiscally sound.

Legislated nurse-patient ratios versus flexible, nurse-driven staffing
Some organizations advocate for legislated nurse-patient ratios, believing that strict ratios will ensure patient safety. Based on our experience with unintended consequences, ANA does not support numeric, fixed ratios. In many cases, to meet these ratios, hospital administrators have eliminated other care team positions and then shifted noncore patient care work to nurses. This leaves nurses overextended and distracted from their core responsibilities of continuously monitoring patient status and implementing clinical treatment plans.

Conclusion
ANA supports direct-care nurses and nurse managers in working with hospital clinical and management teams to address pressures to control costs while providing high-quality care in a safe environment. Outcomes-based staffing models require partnerships between nurses and hospital/health system leadership, including those in finance, operations, and clinical areas. Together, we can find pragmatic solutions to complex and pressing issues.

info.nursingworld.org/staffingwp

Faculty, Nursing Instructor
This is a full-time faculty position where you will work 40 weeks, have 12 weeks off with NO holidays or weekends! Excellent health insurance and other benefits available.

MSN required with active or ability to attain a Wisconsin RN license. Two years occupational experience required.

APPLY ONLINE AT: http://www.ntc.edu
1000 W. Campus Dr | Wausau, WI 54401

Northcentral Technical College

April 2018
The Wisconsin Nurse
Page 17

ANA Updates

2018 National Sample Survey of Registered Nurses – HELP!

Nurses play a critical role in the lives of patients across the country. That is why the U.S. Department of Health and Human Services is dedicated to providing you, policy makers, and researchers with the most comprehensive data on U.S. registered nurses and nurse practitioners. To accomplish this, we need your help.

Please support and encourage participation in the 2018 National Sample Survey of Registered Nurses (NSSRN). This vital national survey is the primary source of data on the nursing workforce, the largest group of healthcare providers.

The Purpose of the Study
The NSSRN will gather up-to-date information about the status of registered nurses in the U.S. These data will be used to describe the registered nurse population at both the national and state level, so policymakers can ensure an adequate supply of registered nurses locally and nationally.

Data Collection
The NSSRN will be sent to over 100,000 registered nurses in March of 2018. Nurses will be able to fill out the survey electronically or through a paper questionnaire. It is imperative that nurses participate and send back as soon as possible.

The Survey Contractor
HRSA has contracted with the U.S. Census Bureau, the leading statistical federal agency in the United States. Census has assembled a team of expert survey methodologists responsible for gathering the lists of licensed RNs, constructing the national sample, and administering the survey by mail, and on the internet.

Did You Know?
Did you know…employment settings change as nurses age? The vast majority of registered nurses under 30 years old work in hospitals, but over 50 percent of registered nurses 55 years or older work in non-hospital employment settings. Information like this from the NSSRN survey helps policymakers and healthcare leaders plan for future staffing needs.

The Survey Results
We plan to release the public use file from the 2018 study by January 2019. A report from the 2008 study is available at http://fdow.hrsa.gov/healthworkforce.

Endorsements
The following nursing organizations have endorsed this survey. The National Council of State Board of Nursing and individual state boards of nursing have generously provided mailing lists for the survey.

American Academy of Ambulatory Care Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Nurses Association
American Organization of Nurse Executives
National Association of Hispanic Nurses
National Black Nurses Association, Inc.
National Council of State Boards of Nursing
National League for Nursing
National Organization of Nurse Practitioner Faculties

ANA’s Case for Evidence-Based Nursing Staffing
Essential for cost-effective, high-quality hospital-based care and patient safety

Registered nurse (RN) staffing makes a critical difference for patients and the quality of their care. ANA champions the role of direct-care nurses and nurse managers in working with their hospital leadership to define the best skill mix for each hospital unit, recognizing the role of nurses in managing each patient’s treatment plan and continuously assessing each patient’s health status. Our work demonstrates that patients, nurses, and health care systems thrive with appropriate and flexible nurse staffing. For hospitals to succeed, tools and processes must support evidence-based staffing decisions driven by nurses who understand the dynamic nature of patient care.

ANA bases its advocacy on research. ANA commissioned a comprehensive evaluation of nurse staffing practices as they influence patient outcomes and health care costs. A white paper, authored by consulting firm Avalere, evaluated a review of published literature, government reports, and other publicly available sources, along with information gathered from a series of panels of nurse researchers, health care thought leaders, and hospital managers.

To read ANA’s first staffing white paper, visit info.nursingworld.org/staffingwp.

Key Findings
Best practices consider many variables when determining the appropriate care team on each hospital unit:

• Patients: Ongoing assessment of patients’ conditions, their ability to communicate, their emotional or mental states, family dynamics, and the amount of patient turnover (admission and discharge) on the unit
• Care teams: Each nurse’s experience, education, and training; technological support and requirements; and the skill mix of other care team members, including nurse aides, social workers, and transport and environmental specialists

Nurse staffing models affect patient care, which also drives health care costs. Safe staffing affects a range of hospital-based care issues, including:

• Medical and medication errors
• Length of stay
• Patient mortality
• Readmissions
• Preventable adverse events, including falls, pressure ulcers, health care-associated infections, and other complications
• Nurse injury, fatigue, and low retention

Findings point to the importance and cost-effectiveness of nurse staffing decisions that are based on evidence rather than traditional formulas and grids. To foster innovation and transparency in staffing models, it is essential to capture and disseminate outcomes-based best practices.

Staffing and Cost Containment
Nurse salaries and benefits are among the largest components of a hospital’s expenses and thus are an easy target when balancing budgets. However, decisions to cut labor costs are sometimes shortsighted when the long-term impacts on cost and patient care quality are not considered.

Other variables to consider in addressing hospital-based care costs include:

• High-tech devices and procedures
• Prescribed drugs and other medicine
• Clinician and system practice insurance
• Facility construction, renovation, and maintenance
• Information technology investments and upgrades

Well-managed hospitals/health systems continuously balance competing needs to keep organizations fiscally sound.

Legislated nurse-patient ratios versus flexible, nurse-driven staffing
Some organizations advocate for legislated nurse-patient ratios, believing that strict ratios will ensure patient safety. Based on our experience with unintended consequences, ANA does not support numeric, fixed ratios. In many cases, to meet these ratios, hospital administrators have eliminated other care team positions and then shifted noncore patient care work to nurses. This leaves nurses overextended and distracted from their core responsibilities of continuously monitoring patient status and implementing clinical treatment plans.

Conclusion
ANA supports direct-care nurses and nurse managers in working with hospital clinical and management teams to address pressures to control costs while providing high-quality care in a safe environment. Outcomes-based staffing models require partnerships between nurses and hospital/health system leadership, including those in finance, operations, and clinical areas. Together, we can find pragmatic solutions to complex and pressing issues.

info.nursingworld.org/staffingwp

Faculty, Nursing Instructor
This is a full-time faculty position where you will work 40 weeks, have 12 weeks off with NO holidays or weekends! Excellent health insurance and other benefits available.

MSN required with active or ability to attain a Wisconsin RN license. Two years occupational experience required.

APPLY ONLINE AT: http://www.ntc.edu
1000 W. Campus Dr | Wausau, WI 54401

Northcentral Technical College
Southeastern Wisconsin, a place families flock to live because of its proximity to the beautiful shores of Lake Michigan and accessibility to both Milwaukee and Chicago. This beautiful community is also home to many new moms and babies who face challenging health care issues.

Southeast Wisconsin, and the nation, is facing real problems with diabetes, hypertension (high blood pressure), and obesity of new moms that impact the delivery and the health of the new baby. Over half of the new moms at the Aurora Medical Center Kenosha (AMCK) find themselves managing, aside from their pregnancy, hypertension (high blood pressure) or diabetes related issues. Hypertensive disorders affect approximately 22% of all pregnancies in Wisconsin and contribute to approximately 15-20% of NICU admissions. Both moms and babies may experience detrimental effects by needing medication, dietary adjustments, and face the increased risk of a premature birth.

A number of national and statewide initiatives focus on preventing premature birth and improving the outcomes for the mom and baby. For example, the March of Dimes releases the Premature Birth Report Card* which highlights priority areas for action with the goal of giving every mother and baby a fair chance for a healthy pregnancy and birth. The 2017 Report Card presents a nationwide Preterm Birth Rate of 9.6% (2016 data), or Grade C. Despite many efforts, the rate has continued to trend upwards, from 8.3% in 2007 to now 9.6% in 2016, the national goal is to reach 8.1% by 2020.

Nurses at the Aurora Medical Center Kenosha reached out to AkkeNeel Talsma, PhD, RN, FAAN, Walter Schroeder Chair of Nursing Research, at UW-Milwaukee College of Nursing to monitor clinical care and evaluate solutions for better outcomes for new moms and babies. The Aurora Medical Center in Kenosha (AMCK) delivers approximately 800 babies per year and more than half of all deliveries involve issues with hypertension and diabetes putting babies at higher risk for delayed growth, premature birth, and need for specialty care. Moms that develop high blood pressure or diabetes during pregnancy may have a difficult time reversing these diagnoses and may result in challenges for babies as they grow up.

During the Fall Dr. Talsma and her doctoral nursing students, Lindsey Roddy, BSN, RN and Becky Parizek, MS, RN started meeting with nurse leaders at Aurora Medical Center in Kenosha (AMCK), including Donna Jamieson, PhD, RN, Vice President and Chief Nursing Officer and maternal child nurse leaders [Megan Pignatar, CNS, Krista Berger, Manager] to evaluate and monitor maternal care for patients with hypertension and diabetes and their babies. The goal is to use day-to-day clinical data to generate nursing care measures that help monitor practices that lead to better outcomes. This project is modeled after Dr. Talsma’s previous multi-hospital perioperative improvement initiative that demonstrated important improvements in patient outcomes.

Dr. Jamieson stated that “The collaboration with UWM and Aurora has been long standing and I’m very excited that we are setting up a monitoring system here in Kenosha that can become a network across Southeastern Wisconsin as we are targeting better outcomes for our families.” Dr. Talsma and her doctoral nursing students have initiated a literature review in collaboration with Dr. Cindy Phelan, senior research scientist at the Aurora Center for Nursing Research and Practice (CNRP). The results of the review are used to prepare quality measures that help prevent and manage care for moms and babies before and after delivery.

While this project is in the beginning stages, the project team draws from both organizations and best clinical practices for healthier moms and babies in Wisconsin. The team, with all care givers in the community, wishes to meet the March of Dimes goal of 2020.


The APRN Modernization Act, Legislation Bills Assembly Bill 568 and the Companion Bill 497 were introduced on October 24, 2017. Since that time WNA APRN Forum Board of Directors, WNA members and WNA Lobbyists worked with representatives and lobbyists from the Nurse Organization to introduce the bill to the Wisconsin legislature. This group, the Wisconsin APRN Coalition Legislative Committee, met with legislators, lobbyist sponsored meetings, attending Wisconsin Board of Nursing meetings and the Wisconsin Hospital Association (WHA) during October 2017 through January 2018. The Committee members reviewed and responded to the proposals that were provided by the Board of Nursing and the Wisconsin Hospital Association. There were 26 desired changes to the bill that were submitted by the Board of Nursing and WHA.

The APRN Coalition Legislative Committee members supported the changes recommended by the Board of Nursing. WNA’s Legal Counsel provided suggested legislative drafting instructions that were used by the bill sponsor to develop the amendment language related to the Board of Nursing request. Meetings with the Wisconsin Hospital Association representatives were productive. However, there was one item where we could achieve agreement given the legislative timeline.

The APRN Coalition members agreed to stop lobbying for the legislation. The APRN Coalition Legislative Committee and lobbyist will be meeting in March to review success and challenges to develop a grass-roots advocacy strategy for the summer and through the November 2018 general elections.

The bill sponsors, Senator Devin LaMahieu, District 9, Oostburg, and Assembly Representative Mike Rohlkaste, District 55, Neenah have indicated that they want to be the lead the bill sponsors for the next biennium. If you are interested in supporting the APRN Modernization Act, please consider joining the Wisconsin APRN Coalition. For more information go to WNA’s website and click on the advocacy tab.

UWM and Aurora Medical Center Kenosha Collaborate to Improve Outcomes

The Wisconsin Nurse April 2018

Lakeview Hospital – what our employees are saying about working at Lakeview:

I love the work I do, the people I work with, and the support that Leadership provides

We seek RNs to join our award winning team!

NURSES ROCK OUR WORLD – THANK YOU!
National Nurses Week May 6-12, 2018

How Can You Help When Disaster Strikes?
Put your skills to work for Wisconsin!
Learn more and sign up at the Wisconsin Emergency Assistance Volunteer Registry (WEAVR)

https://weavrmwi.org/

Lakeview Hospital – what our employees are saying about working at Lakeview:

I love the work I do, the people I work with, and the support that Leadership provides

We seek RNs to join our award winning team!

Current RN jobs available (due to continued growth):

- Medical Intensive Care Unit (MICU)
- Critical Care Resource Team (CCRT) – scheduled shifts on both the ED and the MICU
- Operating Room (OR)
- Hospice
- Homecare
- As a market leader in providing outstanding patient care in the Twin Cities Metro area, located in Stillwater, MN, we share the beautiful St. Croix River as a border to western Wisconsin.
- We offer market competitive pay and benefits at 0.5 FTE and above.
- To view and apply for these positions go to www.lakeviewhealth.org/lakeviewjobs

APRN Modernization Act Update

The APRN Modernization Act, Legislation Bills Assembly Bill 568 and the Companion Bill 497 were introduced on October 24, 2017. Since that time WNA APRN Forum Board of Directors, WNA members and WNA Lobbyists worked with representatives and lobbyists from the Nurse Organization to introduce the bill to the Wisconsin legislature. This group, the Wisconsin APRN Coalition Legislative Committee, met with legislators, lobbyist sponsored meetings, attending Wisconsin Board of Nursing meetings and the Wisconsin Hospital Association (WHA) during October 2017 through January 2018. The Committee members reviewed and responded to the proposals that were provided by the Board of Nursing and the Wisconsin Hospital Association. There were 26 desired changes to the bill that were submitted by the Board of Nursing and WHA.

The APRN Coalition Legislative Committee members supported the changes recommended by the Board of Nursing. WNA’s Legal Counsel provided suggested legislative drafting instructions that were used by the bill sponsor to develop the amendment language related to the Board of Nursing request. Meetings with the Wisconsin Hospital Association representatives were productive. However, there was one item where we could achieve agreement given the legislative timeline.

The APRN Coalition members agreed to stop lobbying for the legislation. The APRN Coalition Legislative Committee and lobbyist will be meeting in March to review success and challenges to develop a grass-roots advocacy strategy for the summer and through the November 2018 general elections.

The bill sponsors, Senator Devin LaMahieu, District 9, Oostburg, and Assembly Representative Mike Rohlkaste, District 55, Neenah have indicated that they want to be the lead the bill sponsors for the next biennium. If you are interested in supporting the APRN Modernization Act, please consider joining the Wisconsin APRN Coalition. For more information go to WNA’s website and click on the advocacy tab.
Have you seen the television commercial—“what’s in your wallet” or what about “where’s the beef?” Today the question posed, while we are deep into Wisconsin winter snow and cold—is ‘what’s in your garden?’

Winter weather prompts us to start thinking about spring flowers and summer vegetable and herb gardens. An alternate garden might also include water- or rock gardening. Water gardens are typically designed for their soothing views, cleansing feeling, peaceful waterfall reflections and overall emotional relaxation. Rock gardens are also contemplative but involve anchoring our energies so we can slow down and embrace calmness.

Managing an ornamental, root, vegetable or herb garden involves action on our part, tilling the soil, cultivating, weeding and planting seeds or cuttings. These seeds and cuttings, when properly nourished grow into foods and beauty that nourish and support our overall health. Our properly nourished grow into foods and beauty or cuttings. These seeds and cuttings, when

- **Herb garden** involves action on our part, tilling the soil, cultivating, weeding and planting seeds or cuttings. These seeds and cuttings, when properly nourished grow into foods and beauty that nourish and support our overall health.
- **Vegetable garden** involves a commitment and setting priorities. Providing emotional, social and physical support, as needed to our friends, family and neighborhood contacts, also takes a time commitment. Nurturing this support system assists in our self-esteem growth and lends credence to support we receive in turn—paying it forward.

- **Friendship garden** involves an active participation in face-to-face, online and research activities. Seeking out opportunities for personal and professional growth requires commitment, patience and hands on energy. In order to nurture this garden, as with earth gardens, hands on energy involve the time commitment, sensitivity to others, professional respect, and the nurses’ dedication to the population supported in clinical, education, research or retired practice.

- **Root garden** involves tilling the soil, cultivating, weeding and nurturing your own support garden. We expend energy to stay in touch via social media, telephone network or face-to-face get-togethers. Most of the time this takes a commitment and setting priorities. Providing emotional, social and physical support, as needed to our friends, family and neighborhood contacts, also takes a time commitment. Nurturing this support system assists in our self-esteem growth and lends credence to support we receive in turn—paying it forward.

- **Professional friendship garden** involves an active participation in face-to-face, online and research activities. Seeking out opportunities for personal and professional growth requires commitment, patience and hands on energy. In order to nurture this garden, as with earth gardens, hands on energy involve the time commitment, sensitivity to others, professional respect, and the nurses’ dedication to the population supported in clinical, education, research or retired practice.

Mingling and inter-mingling involves active nursing conference participation, involvement in focus group and staff meetings, seeking out colleagues with like interests and hobbies, similar to tilling the soil and cultivating. Joining as members in Wisconsin Nurses Association (WNA), Mutual Interest Groups (MIG) and Nurses Foundation of Wisconsin (NFW) promotes planting seeds of professional collegial growth. Planting seeds of friendship involves an active participation in face-to-face, online and research activities. Seeking out opportunities for personal and professional growth requires commitment, patience and hands on energy. In order to nurture this garden, as with earth gardens, hands on energy involve the time commitment, sensitivity to others, professional respect, and the nurses’ dedication to the population supported in clinical, education, research or retired practice. Aligning yourself with a professional support system assists in keeping up to date with nursing practice and legislative changes, and the voice of nurse colleagues statewide.

How then do you support self-worth, and personal growth in the tilling, cultivating, weeding and nurturing your own support garden? We expend energy to stay in touch via social media, telephone network or face-to-face get-togethers. Most of the time this takes a commitment and setting priorities. Providing emotional, social and physical support, as needed to our friends, family and neighborhood contacts, also takes a time commitment. Nurturing this support system assists in our self-esteem growth and lends credence to support we receive in turn—paying it forward.

We schedule time for ourselves on a regular basis, for exercise, massage therapies, and occasional social hour or two. We spend family/friend time to lighten our stress burden, tilling, cultivating and planting friendship memories to sustain this garden. An essential component is making time for me. This is a difficult commitment to follow thru, especially for the busy multi-tasking professional, with multiple personal, professional and family commitments. Rule of thumb: establish priorities, schedule me time, weed and till your garden to remove the toxic and negatives to maintain your individual positive supports. Schedule wellness appointments, build in daily exercise, add solid nutritional efforts and drink plenty of water. These efforts can make the difference in quality of life and a strong personal garden.

Gardens, whether they are earthen, professional or personal, need tending to include a time commitment, nutrients, sunshine and weeding in order to glean all the rewards a garden can bring.

SueAnne TeStrake MSN, RN-C
President Nurses Foundation of Wisconsin
If you are looking for a unique opportunity to improve and enrich the lives of others, please visit our website atriumlivingcenters.com or contact one of our Wisconsin locations:

**Prescott Nursing & Rehabilitation Community**
1505 Orrin Rd., Prescott, WI 54021 • 715-262-5661

**Tomah Nursing & Rehabilitation**
1505 Butts Ave., Tomah, WI 54660 • 608-372-3241

**Frederic Nursing & Rehabilitation Community**
205 United Way, Frederic, WI 54837 • 715-327-4297

EOE/M/W/Vets/Disabled