



“Nurses shaping the future of professional nursing for a healthier Georgia.”



The Official Publication of the Georgia Nurses Foundation (GNF). Quarterly publication direct mailed to approximately 130,000 RNs in Georgia.

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Georgia Nursing

GNA PRESIDENT'S MESSAGE

2018 American Nurses Association Membership Assembly Issues and Positions

Judith Malachowski, PhD, RN, CNE Ret



Judy Malachowski

President-elect Richard Lamphier, Interim Director of Operations Tim Davis, and I attended the 2018 American Nurses Association (ANA) Membership Assembly at the end of June. As always, the enthusiasm for and commitment to our profession were evident in the formal and informal meets-and-greets, the scheduled sessions, and the opportunities to form the future of nursing.

President-elect Lamphier's article focuses on the role of advocacy for the professional registered nurse. Interim Director of Operations Davis addressed the importance of collaboration. My focus on issues and positions pulls together both the nurse's role in advocacy and the need to work together.

The Assembly attendees examined three topics: *Secondary Opioid Exposure Considerations in Caring for Patients with Overdose*; *Presidential Endorsement Process*; and *An Ethics Debate: The Right to Die*. The Ohio Nurses Association (ONA) submitted the content for the forum on "Secondary Opioid Exposure." The purposes of this session were to discuss the overall impact of secondary exposure to chemical agents...

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GNF PRESIDENT'S MESSAGE

Effective Options for Stopping Sexual Harassment & Bullying in the Workplace

Catherine Futch, MN, RN, FACHE, NEA-BC (R), CHC



Catherine Futch

Sometimes, it seems, we forget that each and every one of us can have an impact on creating a safe, comfortable and professional work environment. It takes courage, the will to interact with leadership up and down the line and involvement with Human Resources. Most importantly it takes an understanding throughout any organization that bullying and/or sexual harassment in any form are never acceptable AND that being a bully or individual who sexually harasses anyone is subject to disciplinary action up to and including termination.

Actions that can be taken to stop and hopefully eliminate bullying in the workplace include the following:

- Become more aware of the problem by learning more about the real culture of your organization.
- Institute zero tolerance for incivility, disruptive behavior, hostile behavior, violence in the workplace or bullying.
- Adapt professional behavior standards that are uniformly enforced by every leader and staff person in your organization.

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GNA PRESIDENT ELECT'S MESSAGE

The Year of Advocacy

GNA President Elect Richard Lamphier, RN

Attending my first American Nurses Association (ANA) Membership Assembly, as President-Elect, is an amazing, energizing experience.

Arriving in Washington DC, feeling the energy of the city, brings a heightened awareness of the nation's issues and concerns. We arrived in the middle of legislation on immigration, Opioid epidemic, random acts of gun violence, and financing nursing education, to name a few.

Arriving at the Historic Washington Hilton, we met with the ANA Government Affairs team for orientation for our visit to the "Hill," slang for the United States Capitol. We received our agenda, legislative issues, and specific bills to advocate for, when we met with Georgia's Congressional Representatives.

First stop, the United States Senate offices building to meet with Georgia's Republican Senators David Perdue and Johnny Isakson. The Senators were busy voting on Legislation. Georgia Nurses Association (GNA) member and ANA Board member Director at Large Tonisha Melvin and I met with their legislative assistants to advocate for Georgia's patients, citizens and nurses. The conversation was cordial, with the legislative staff taking notes to pass on to our Senators.

Next stop, the offices of Georgia's delegates of the United States House of Representatives. We met with my district's, US Congressional District 6, Republican Representative Karen Handel's Legislative Assistant. Again, we presented our concerns for the protection and safety of Georgia's citizens and the funding for Nursing Education.

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- Empower by-standers to speak up and be heard without fear of negative consequences.
- Teach everyone in your organization (every year) how to address incivility, bullying or workplace violence behaviors as they occur.
- Become a real leader role model (no matter your role within the organization) whose words match his or her deeds.

Sexual harassment presents its own special challenges for detection and prevention. Sexual harassment:

- Creates a culture of shame and silence.
- It is intensely personal victimization.
- It often occurs privately.
- Its power dynamics fuel fear of retaliation in the victim.
- Cultural and social influences lead to confusion.
- There often are seemingly counter-intuitive reactions, and
- The status of the perpetrator has much to do with the willingness of the victim to take any action.

The standards and expectations for sexual harassment prevention are changing. There appears to be a strong cultural shift from "what is legally required" to "what is effective." This change reflects an increased understanding and awareness of the costs of sexual harassment beyond legal liability. That, in turn, may lead all of us to rethink prevention strategies.

Speer and Flynn have created Six Pillars of Prevention of Sexual Harassment in the Workplace. These pillars offer what could be very effective steps for stopping sexual harassment in any work environment.

Pillar of Prevention 1: Know your Workplace:

- Know your history of complaints (including settlement) related to harassment, discrimination, and abusive/uncivil behavior.
- Take an inventory of current preventive practices. Are they working?
- Evaluate your workplace for identified risk factors (they could be anywhere).
- Examine exit patterns and look for possible ties to inappropriate conduct, to gender bias/discrimination, and to other relevant factors.
- Consider a "workplace climate survey: appropriately conducted with an understanding of associated risks.

Pillar of Prevention 2: Communicate the right "tone from the top."

- Inform and engage senior leaders and the board.
- Advocate for and allocate resources for prevention efforts.

- Involve leaders in communicating anti-harassment policies and company values centered on professionalism, respect and equity.
- Look for opportunities for leaders to take a visible role in communicating remedial efforts to employees.
- Recognize and reward managers/supervisors who promote a respectful culture and address complaints ably and responsibly.
- Make sure that leaders ...especially senior leaders...model the kind of behavior you want in your organization.

Pillar of Prevention 3: Adopt strong, comprehensive policies.

- Effectively disseminate a legally-compliant (but not legalistic) informative and compelling anti-harassment policy.
- Harness other policies towards prevention efforts.
- Ensure that you have a complement of policies that together reinforce your organization's values of professionalism, respect, and equity.

Pillar of Prevention 4: Develop a trusted, reliable, and accessible complaint procedure.

- Create multiple, accessible venues for reporting.
- Train employees who are designated to receive complaints.
- Ensure procedures exist for reporting misconduct by senior and executive management.
- Deliver strong assurance against retaliation.
- Implement a capable, reliable and effective investigation mechanism.
- Nurture your organization's reputation for investigating fairly.
- Preserve confidentiality to fullest extent but watch how much you keep "behind the curtain." It is important for staff to know an investigation occurred and actions were taken when appropriate to do so.
- Keep records of each investigation.

Pillar of Prevention 5: Implement the right remedial action and enforce accountability.

- Impose discipline commensurate to misconduct.
- Ensure consistent, reliable outcomes.
- Address systemic weaknesses and root causes.
- Ensure that remedial or disciplinary measures extend to any supervisor or manager who failed to act.
- Do not shield top performers from discipline.
- Hold employees accountable in performance reviews.
- Determine if any supervisor or others failed to take action and respond appropriately.

Pillar of Prevention 6: Training

- Training is a key component within a broader holistic approach.
- It should be interactive and tailored to sexual harassment.
- Expand/supplement training curriculum to include components focused on workplace civility generally, gender bias, including unconscious bias, bystander intervention and failure to report.
- Ensure that training is vetted for necessary components, including how supervisors/managers should respond to complaints, and how they can prevent retaliation against complaining parties.

"Throughout your life there is a voice that only you can hear. It's a call to the true value of your life—a call to make a difference that only you can make." (How Many People Does It Take to Make a Difference by Dan Zadra & Kobi Yamada).

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Advanced Practice Registered Nurse **SPOTLIGHT**

Eight Reasons Why Transitions Day Was the Place to Be

Ashley Blackmon, MS, CCRN, FNP-C



Ashley Blackmon

It was a full house at Georgia State University's East State Ballroom on Saturday, May 5th as students, faculty, new advanced practice registered nurses (APRNs), and experienced APRNs gathered for fellowship and mentorship. Each year, RNs that complete APRN training are confronted with the difficult role transition that fundamentally changes their practice and scope. This evolution can be a drastic and stressful one. Therefore, the leadership of the Atlanta Chapter for United Advanced Practice Registered Nurses (UAPRN) took it upon themselves to help ease this transition. This year the Atlanta Chapter partnered with the Gwinnett-Forsyth Chapter to bring an even bigger and better day to new graduates across metro Atlanta than ever before. Here are the top 8 reasons why Transitions Day was the place to be:

1. APRN Panel Q&A. APRNs from psychiatry, board officers, medical aesthetics, primary care, and even congressional candidates were represented at the question and answer panel. Many gave inspirational talks and insights into different roles that APRNs are able to impact and contribute to the healthcare community.
2. Billing and Coding Review. Dr. Amy Warner, DNP, gave a review which is always helpful as it directly affects an APRNs paycheck!
3. Job Search and Contract Negotiations. Larry Geller and Rainey Thompson, vice president

and director of practice management services respectively, for Medical Management Associates, Inc. did a great job with this presentation. Many new graduates later remarked how helpful they felt this portion was for guiding them in their immediate future.

4. Exam/Board Prep. What every single new graduate has questions about! You can never have enough review.
5. NPI/DEA Application. The National Provider Identification Number (NPI) tends to be a fairly straightforward process. However, many new graduates do not know where to start. The Drug Enforcement Agency Number (DEA) for prescribing controlled substances, however, can involve several more hoops to jump through.
6. Collaborative Agreement Negotiations. Numbers 4, 5, and 6 were all great post-graduation keys that many new graduates ask about. Linda Gay was the speaker for these portions and did a fantastic job! Several new graduates said afterwards that these were their favorite parts.
7. APRN Groups doing Outreach as Vendors. Excellent groups were represented by people such as the Gerontological Advanced Practice Nurses Association (GAPNA), American Association of Nurse Practitioners (AANP), the U.S. Army, Barkley Review Courses, the Coalition of Advanced Practice Nurses (CAPRN), and Improving Nurse Practitioner Skills!
8. Important Networking. Leadership from multiple Georgia and national-based APRN organizations were represented. If you ever wondered what kind of job you could obtain, or where you should go to get "plugged in" then this would have been the perfect place to be.

Bonus portions of the day included free breakfast and lunch for all attendees. Bridgeway Hospice sponsored lunch and Ambur Caudwell, NP-C provided education on end of life evaluations, discussions, and planning for patients. There were also giveaways including Barkley Review books, APEA Predictor Exams, UAPRN T-shirts, free skills course from Improving Nurse Practitioner Skills, Inc, and discount codes for UAPRN membership were given to either all attendees or raffle winners.

Still not convinced? Transitions Day gave support within the APRN community. It also provided an inspirational outline for other chapters and schools to offer similar programs in their areas. If you are going to be a new APRN graduate in 2019 plan on attending the 6th Annual Transitions Day in May 2019! This is a free program to students and new graduates regardless of organization membership. However, we hope you consider joining UAPRN and getting plugged into your local APRN community. The above reasons not only represent Transitions Day, but also how involvement in UAPRN can provide a professional growth outlet that is so important on the state and local level.

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Advanced Practice Registered Nurse SPOTLIGHT

Give Me a Chance: The Challenges of Starting Your APRN Career

Elizabeth Bolton-Harris, DNP, ACNP-BC, CHFN
GNA Director Advanced Practice Registered Nurse



Elizabeth Bolton-Harris

Many registered nurses decide to take the next steps in their career and become an advanced practice registered nurse (APRN). The opportunity to pursue an advanced degree is both challenging and rewarding. Once you graduate and successfully pass your certification exams, you are ready to get started and find a job as an APRN in your specialty. You update your resume and start applying for the ideal position. You submit your resume to various facilities, but do not receive a callback for an interview. Or you get an interview and you are turned down for a job. Then you become worried that you will not find a job or even worse, that you did not make the right career decision (you made the right decision!).

I remember being in this position when I first became a nurse practitioner over 15 years ago. It was a stressful time in my life due to the uncertainty, but six months after graduation I received my first career

opportunity. I have reviewed many blogs and posts of the frustrations within the APRN community. In these posts, many experienced providers are offering encouragement and advice to help guide new APRNs. As a response to the frustrations, this article will offer guidance on increasing your marketability to find that first position.

Tip #1: Identify where you want to work. When you started your education, where did you envision yourself working? Is it an acute care facility or a clinic? Do you want to work in rural or urban healthcare? Where do you want to be? Are you willing to relocate to find that first position? Self-examination of these types of questions will help determine the types of places you should target your job search. The best advice I received was from an interviewing physician. I applied for a Neurology position because I was not finding a job in Cardiology. He told me not to settle on any position for the sake of finding a job because I would be miserable. It's hard to do, but the end result will be worth it!

Tip #2: Get your resume or curriculum vitae professionally done. I cannot tell you how many times I have reviewed resumes to find grammatical errors, not well organized and/or it was not updated with the current information. These issues will guarantee your resume will be placed to the side. Ensure your resume plays up your top strengths. Remember, you are not the only one applying for the position, so make sure your

resume stands out. Also, ensure that your professional references are up to date.

Tip #3: Network. Dr. Melissa DeCapua with Barton and Associates discusses in her blog using LinkedIn accounts to promote networking with other professionals. As a side note, ensure that your personal social media accounts (Facebook, Instagram, or Snap Chat) don't have any derogatory images or postings that could be perceived as negative by a future employer. Negative information may impact an opportunity to receive an interview.

Networking also includes joining professional organizations. These organizations frequently have job postings that will help you target your search. Some organizations, like UAPRN, host programs to guide new APRNs to transition to their new role. Seek out these unique opportunities that can assist you in developing professionally.

It can be frustrating not being able to obtain your first position as an APRN. Take your time and remain patient in finding the right job that is the best fit for your career. More importantly, keep a positive outlook. You will reap your reward sooner than you think!

Reference:

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Anna Cherry, CNM, WHNP-BC



Anna Cherry

I received my first bachelor's degree from University of Illinois in Champaign-Urbana. I was originally interested in pursuing work in public health, but after taking several sociology and women's studies courses, I decided to work as a community organizer. After working on several campaigns across the country, I moved to Atlanta in 2004 to work for Sierra Club, which is where I met my husband, while working to coordinate a public outreach campaign and legislative efforts to make the Atlanta Beltline a reality. Next, I worked for US Congressman John Lewis for a couple years in his Atlanta office. Working for John Lewis was amazing and he truly is a living legend! I also worked on the 2004 and 2008 presidential campaigns doing voter outreach in swing states for the democratic candidates. I now like to joke and say those all-nighters helped prepare more for the crazy hours and call shifts as a midwife.

I loved the work I did and am proud of all the campaigns I worked on, but campaign work is hard and not always very rewarding. You can work non-stop on an issue or for a cause for years and not make a dent - or you can win your campaign, celebrate your success, but then watch everything you worked for get dismantled by a newly elected official or political platform change. After nearly a decade of campaign work, I really felt like I needed to do something that would have a concrete, direct, and lasting impact on something permanent.

I had first heard about midwifery during one of my women's studies classes as an undergrad, where I learned that women's health care work could be a way to empower women and help them make life-changing personal health decisions. There is no greater joy than helping a family welcome a new human being into their lives. Both my husband and my co-workers and Congressman Lewis were supportive of me taking that leap, "This is your dream - go for it." So I did. After completing my prerequisites, I enrolled in the accelerated BSN program through Georgia State University. After the program, I worked on labor and delivery for a year, and then attended the MSN midwifery program through Georgetown University. In the middle of this process, gave birth to my son Max. His birth reaffirmed all my beliefs that having a baby is life-changing, and how important it is to have great midwives to support and advise you during pregnancy and birth.

After I graduated from Georgetown, I was hired as the project manager of the Atlanta Birth Center which also included a part time midwifery residency program with Intown Midwifery at Atlanta Medical Center. It was crazy - one day I'd be on-call delivering babies in scrubs covered in amniotic fluid, and the next day hosting a benefit gala in a fancy cocktail dress, raising tens of thousands of dollars! I'm still really proud of the contributions I made there, but I transitioned to a full-time job as a midwife at a high-volume hospital in order to get the experience I really needed as a new practitioner.

My previous experience as a campaign organizer is invaluable in my nursing career. In the past year, I've gotten a lot more involved in statewide nursing advocacy efforts. I've been helping to lead Georgia's American College of Nurse Midwives (ACNM) legislative committee in our efforts towards full practice authority and preceptor tax credits. Politics can still be frustrating, but it's so necessary that we as nurses stay involved and aware of what is happening. There are over 140,000 Registered Nurses in Georgia - we are a powerful force! Nurses have been proven to be one of the most trusted professions in the country, which is why we need our nurses to be speaking out on evidence based care, and encouraging our elected officials to support legislation that supports the work we do to keep our state and our families healthy.

Role of the Board of Nursing in Education and Licensure

Janice J. Izlar, DNAP, CRNA
President, Georgia Board of Nursing

Many nurses only think of the Board of Nursing (Board) during initial licensure and every two years for renewal. However, nursing regulation encompasses other areas of the profession as well. To carry out the Board's statutory mission to protect, promote and preserve the public health, safety and welfare, services are provided in four areas: education, licensure, practice and discipline. For the purpose of this article, I will concentrate on two of those areas, education and licensure.



Janice J. Izlar

Nursing boards are different than other healthcare boards with our unique regulatory authority for approval of pre-licensure educational programs. Pre-licensure designation signifies a nurse's educational preparation prior to being licensed as a Registered Nurse (RN) or Licensed Practical Nurse (LPN). At the time of writing this article, there are 22 LPN programs and 60 RN programs for a total of 82 approved nursing programs in Georgia.

The Board works with nursing educational programs to ensure the quality of education offered. An annual review of the approval status of all programs is conducted. Furthermore, our nurse education consultant performs routine site visits to recommend continuing approval status to the Board. Additional site visits may be scheduled in response to lower pass rates of graduates on the NCLEX or complaints from consumers. Consultation and guidance for programs out of compliance with Board regulations is presented to the program's administrator.

An education advisory committee made up of 14 esteemed educators representing all types of entry programs from diverse geographical areas of the state make recommendations to the Board. They work with the Board to develop rules and regulations promoting

high quality nursing education in the state. Rules provide reasonable and uniform standards for nursing educational programs while allowing for flexibility and creativity based upon prevailing educational principles.

Nurses are licensed through examination and endorsement from other states. Additionally, the Board authorizes qualified RNs to engage in practice as advanced practice registered nurses (APRNs) including Nurse Practitioners, Certified Registered Nurse Anesthetists, Certified Nurse Midwives and Clinical Nurse Specialists. Georgia citizens are fortunate to have over 166,000 nurses licensed to provide care in our state and the number increases every year. At the time of writing, the break down consists of 32,372 LPNs and 134,122 RNs. The Board has authorized 13,494 RNs to practice as APRNs.

Licensed individuals must meet the statutory and regulatory requirements for licensure and have the necessary education and training to practice with reasonable skill and safety. Regulation of licensure entails approval of an applicant to sit for the NCLEX, issuance of a license following successful examination and completion of application requirements, renewal of a license, approval of APRN authorization and renewal of APRN authorization. Like nursing licenses, authorizations constantly increase, especially the number of nurse practitioners.

During the 2017 legislative session and later signed into law by Governor Deal, an exciting event occurred for nursing licensure in Georgia, the enhanced Nurse Licensure Compact (eNLC). As of the spring 2018, 31 states are members of the compact and legislation is active in five other states. Georgia nurses and employers owe a debt of gratitude to the Georgia Nurses Association for leading this initiative.

If you are licensed as a RN or LPN in Georgia and Georgia is your state of residency, you may submit an

online application to convert your single state license to a multistate license. Applications received for initial licensure in Georgia are evaluated against the eNLC uniform licensure requirement and eligible applicants are granted a multistate license. From January 19, 2018 to early summer 2018, impressive numbers of 847 LPNs and 5,515 RNs have obtained a multistate license with Georgia as their home state. An application to convert your single state Georgia license to a multistate license plus additional information, including a video for nurses and employers about the eNLC, may be found on the Board's website, http://sos.ga.gov/index.php/licensing/plb/45/nurse_licensure_compact. More information about eNLC can be located on the National Council of State Boards of Nursing website at <https://www.ncsbn.org/enhanced-nlc-implementation.htm>.

To learn more about nursing regulation including the areas of practice and discipline, go to the Board's website at <http://sos.ga.gov/index.php/licensing/plb/45>.

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GNA NURSING PRACTICE AND ADVOCACY UPDATE

Edward Adams MSN, RN GNA Director Nursing Practice and Advocacy

On Friday the 8th of June I was able to join a group of nurses and Certified Alcohol & Drug Counselors that met at GNA headquarters for a meeting that was a first in the history of the Georgia Nurses Association Peer Assistance Program (GNA-PAP). For the first time in nearly 40 years of existence, individuals that are not nurses are being trained to become group facilitators.



Edward Adams

The meeting was an all-day training and update for current and new facilitators. Historically, the GNA-PAP program has had the philosophy of nurses helping nurses with substance abuse and helping them to return to the workforce. The program currently has a 94% success rate, but it has been limited geographically. Most of the groups are centered around a few cities in the state, and for this reason it has been difficult to reach all those that might need help. With the new expansion of the program to include CAD counselors, the hope that this will help to increase not only the numbers of nurses that can be helped but also the geographic locations covered in Georgia. As Barbara Austin, RN stated during a presentation, "Our goal ultimately is 'to have a chicken in every pot.'" This is to mean that we will have

enough coverage that a nurse who is referred to the GNA-PAP program will have a support group within a reasonable driving distance.

During the meeting a history of the GNA-PAP program was presented to give background to new facilitators to the program by Richard Lamphier, RN who serves on the GNA-PAP Board. The GNA-PAP program has gone through different names over nearly 40 years, but it has always had the same mission: to help nurses in Georgia with substance abuse problems. Another presentation by Donna McGrane, RN discussed why recovery is a challenge for nurses and why are nurses at a high risk for substance abuse problems. Because of both physical and mental abuse that can occur in the life of a nurse at bedside, there is a high chance in certain areas to have substance abuse within his or her career. This is not to say that those identified as working in areas such as Critical Care (ICU or ER), Oncology, or Anesthesia will have issues, but these are at a higher risk because of the demands of their work and access to substances. "No one wakes up one morning and says 'I want to become an addict,'" according to Ms. McGrane. Instead, it is normally a gradual transition to having a substance abuse problem, and one that many do not recognize as an issue until it is too late.

The CEO of the Georgia Board of Nursing, Jim Cleghorn, presented on the GBON disciplinary process. Mr. Cleghorn expounded on the roles of the BON and nursing professional organizations. The GBON is concerned with the safety of the public and the nursing professional organizations represent nursing concerns. The GBON and nursing organizations such

as GNA have a long history of working well together and supporting each other. Each has a role and is part of a check and balance system that ensures that both nursing and the public are protected. The discipline process was explained, and the difference between private and public reprimand was discussed. Further, the time needed to finish an investigation was discussed. Currently it takes a little over 400 days to complete an investigation of a nurse. The time used to be much higher, almost four times as high in the past. Since mandatory reporting became law, the number of cases reported saw a sharp increase during the first year of mandatory reporting. Mr. Cleghorn went on to say that mandatory reporting helps to keep both the public and nurses safe. Mr. Cleghorn stated that both he and the BON were supportive of the GNA-PAP program because it is a program that helps Georgia's nurses, both in the past and present.

The last presentation by Sherry Sims, RN and Barbara Austin, RN, case managers for GNA-PAP dealt with the new training manual and the software used for the GNA-PAP program. The new manual that was just approved this year has a wealth of material from how to run a meeting to whom to contact to process a new client into the program. The Affinity software helps with documentation and with the recording of any tests that are needed to keep the client in the program, as well as compliance with the consent order (the legal document that explains the discipline for the nurse) issued by the BON. The participants were able to network and start to plan new groups that will start soon to help increase the coverage of nurses that can join the program.

CONTINUING EDUCATION

Lynn Rhyne, MN, RNC-MNN GNA Nurse Peer Review Leader

Nursing is the most respected profession. GNA's Continuing Education Approver Unit (CEAU) feels very strongly that a huge part of maintaining that respect is to ensure nurses have the opportunity to receive quality Continuing Professional Development activities.

As nurses, it is our responsibility and accountability to continue our own professional development, not only as needed for re-licensure, but to ensure our patients receive high quality care that promotes positive patient outcomes and reduced costs for the healthcare organizations. Dickerson and Chappell (2016, p. 2.) define this professional development as competence. Competence reflects actual performance in practice.

Learning is a lifelong process. Learning is voluntary but vital for maintenance of professional competence, which contributes to the protection of our patients. GNA's CEAU strives to provide quality CNE activities that address learning needs of professional nurses, reflecting concerns of individuals and groups to promote and improve nursing and health care services and to advance nursing as a professional discipline.

GNA has the responsibility to disseminate and implement standards of CNE consistent with national professional criteria for both approval and provision

of continuing professional development activities. The CEAU utilizes a uniform system for approval for CNE activities to ensure high quality standards for all professional development activities that is based on the American Nurses Credentialing Center (ANCC) 2015 Criteria. Each activity, whether being approved or presented by the CEAU has to meet the criteria before approval for the activity is given.

Sometimes, I am sure that when I send out pending letters to those who have submitted applications, you all feel that we are being "picky." That is not what we are trying to be, but in adhering to ANCC criteria, certain "things" have to be on the application that ensures the applicant is adhering to the criteria.

To ensure a quality CNE activity application meets these criteria, everyone who performs application review utilize the same review tool and have been oriented to the criteria so that the application is reviewed in a fair and consistent manner. You know when you present the activity that it is a high-quality offering.

ANCC believes very strongly that CNE activities be provided not just to award contact hours but, to address a true gap in professional nursing practice. Then contact hours will be meaningful because a professional practice need is addressed. GNA's CEAU adheres to the standards of ANCC.

As the Nurse Peer Review Leader, it is my responsibility to my profession and my accountability to the CEAU that I, too, have to maintain my professional development as it relates to my role in the CEAU. I attended a 3-day workshop in April that provided excellent information that I disseminated to the committee members. I will be attending the ANCC Continuing Education Symposium in July. I hope to bring back some more great information to share with you, the stakeholders, and the committee members.

In the future the CEAU is planning on providing an Approved Provider Application process workshop. Our Continuing Education Seminar, which many of you may have attended, will also be presented sometime in the fall. This seminar is an overview of what the Approver Unit does to ensure quality professional development activities are being developed and presented.

As the CEAU moves into its first year of existence, we want to thank everyone who has submitted Individual Activity and Approved Provider applications. We want to be the state nursing organization you choose for assisting you in meeting the needs of nurses.

For information about our CEAU, please contact me at rhyne@yaho.com and I will answer any questions you may have. If you are an Approved Provider, please consider GNA when your approval period is due to expire. We also accept Individual Activity applications

Happy summer. Keep safe and cool.

Resources:

Dickerson, P & Chappell, K. (2106). Principles of evaluating nursing competence. February, <https://www.td.org/magazines/ed-magazine/principles-of-evaluating-nursing-competence>

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Nursing Leadership and the Future of Nursing

Kimberly A. Hires, PhD, RN

The US healthcare system is changing in every way. Two key areas of change are the concept of care and the composition of the healthcare workforce. As the concept of care shifts from an intervention model to a prevention model, nursing has a new opportunity to lead discussions about health, practice and policy in the US. Patient centered care that recognizes the intersectionality of provider [nurse], patient, environment and health is the nursing metaparadigm – the foundation of nursing practice. Nurses comprise the largest segment of the healthcare workforce. However, over 50% of the nursing workforce is scheduled to retire by 2020 from all areas of practice (Zinn, Guglielmi, Davis & Moses, 2012). Retirement, especially among nurse leaders will have a significant impact on the future of nursing in our rapidly changing healthcare system.

Many nurse leaders are concerned about who will assume the leadership positions they will soon leave vacant (Mensik & Kennedy, 2016). The concern should not be *who* but *how* to effectively prepare new nursing leadership for the future of nursing. We keep looking for successors who are similar to current leaders with respect to background, values, beliefs, education and leadership style. Our succession plan keeps looking in the past instead of the future. We need to look for successors who will be able to effectively lead nursing into the future. So what does the future of nursing look like?

The future of nursing is millennial nurses. Millennials have exceeded the number of Baby Boomers in the US population and the nursing workforce (US Census Bureau, 2016). Millennials are the most diverse of any other generation, the most educated and are omnivorous information consumers who came of age during the digital era. Millennial nurses desire leadership positions and are passionate about being engaged in meaningful work. These nurses respond well to transformational leadership styles and are more likely to emulate them (Cahill & Sedrak, 2012). Other industries are looking to millennials as the solution and we should too. Developing a talent mapping process for millennial nurses can help to prepare new nursing leadership for the future of nursing (Mensik & Kennedy, 2016). Talent mapping requires an identification of responsibilities and skills needed in the successor that will enable them to be a successful nurse leader 5-20 years from now.

The release of the IOM's report, *The Future of Nursing: Leading Change, Advancing Health* in 2010 was a pivotal moment in nursing history because it was a non-nursing organization that told the country about the vital role that nursing will play in the health of the nation. Since then, we have not slowed down in our pursuit for a seat at the table where healthcare decisions are made. Let's not lose that momentum to poor planning and intergenerational conflict. The prize is too great.

Dr. Kim Hires is the Director of the DNP Program at Georgia State University. She is also the Founder & CEO of The Nightingale Firm, a certified leadership coach and professional speaker. khires@gsu.edu

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- Cahill, T.F. & Sedrak, M. (2012). Leading a multigenerational workforce: Strategies for attracting and retaining millennials. *Frontiers of Health Services Management*, 29, 3-15.
- Mensik, J.S. & Kennedy, J. (2016). Strategic design: Filling future nursing leadership gaps. *Nurse Leader*, 14(2), 130-133.
- Zinn, J.L., Guglielmi, C.L., Davis, P.P. & Moses, C. (2012). Addressing the nursing shortage: The need for nurse residency programs. *AORN Journal*, 96(6), 652-657.

Back to School – “Do I Have to Get a Shot?”

Cordia Starling, EdD, MS, BSN, RN – EPIC
Immunization Program Director,
Georgia Chapter-American Academy of Pediatrics

The kids have had their fun in the sun. Now it's time to get back to the normal routine and discipline of the school year. To ensure the start of a productive and positive year, not only must school clothes and supplies be purchased, state immunization requirements for child care and school attendance must be completed as well.



Cordia Starling

How many of us as parents have taken our children to their pediatrician or the health department without warning them they would be immunized (if old enough to know what that means) or have explained, “You can't go to school if you don't get a shot?” Though possibly an uncomfortable moment, for our children in anticipation of the brief pain of a shot and parents because we don't like to see our children uncomfortable or in pain, it is of utmost importance our children are vaccinated and here's why.

Vaccines are among the most cost-effective, clinical preventive service available, which provides an exceptionally high return on investment for healthcare. According to the Healthy People 2020 website (<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>), for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct health care costs by \$9.9 billion.
- Saves \$33.4 billion in indirect costs.

No wonder why states such as Georgia have legislated immunization requirements for child care and school attendance. These measures help keep our children healthy and protect those who cannot be immunized for medical reasons. Though much progress has been made, there are still approximately 42,000 adults and 300 children in the United States who die each year from vaccine-preventable illnesses. There are also periodic outbreaks throughout the country of diseases such as measles due to unvaccinated and undervaccinated populations (<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>).

Pediatric healthcare providers, including nurses and nurse practitioners, play a major role in facilitating the immunization of our children ensuring they are up-to-date, protected, and ready to attend childcare and school. Should you be at the forefront of immunization as a part of your practice, please remember to:

- Check immunization records with every healthcare visit.
- Review valid contraindications such as severe allergic reaction.

- Administer multiple vaccinations per visit as needed (no limit to the number and can be given even with mild illness).
- Schedule future appointments for immunizations as needed and use the catch-up schedule if children are behind on their immunizations.

To determine the appropriate immunization requirements for child care and school, please refer to the Georgia Department of Public Health website <https://dph.georgia.gov/immunization-section>.

Further, the Georgia AAP offers a free immunization education program known as EPIC® (Educating Physicians & Practices in Their Communities). EPIC® presentations focus on the epidemiology and prevention of vaccine preventable diseases and provide the most current CDC Advisory Committee on Immunization Practices recommendations for all vaccines. Childhood, adolescent, and adult immunization schedules are discussed in detail along with topics relevant to improving rates and properly administering immunizations. Continuing medical and nursing education contact hours are provided with the trainings.

The program is designed to give those involved in the immunization of our citizens, from physicians to students, the opportunity to stay as current as possible. This service is provided throughout the state at your convenience and in your own environment.

To schedule an EPIC® Immunization Program presentation for your facility, please visit our website <http://www.gaepic.org/> and/or contact Shanrita McClain, EPIC Immunization Program Coordinator, at (404) 881-5054 or smcclain@gaaap.org.

If you have questions, you may also contact me at 404-881-5081 or cstarling@gaaap.org. Together, let's get our children fully prepared for child care and school!



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GNA Member Dr. Doreen Wagner Receives AORN's Excellence in Perioperative Nursing Award

AORN Press Release

(April 30, 2018) Denver, Colo. – Doreen Wagner, PhD, RN, CNOR has recently received the Association for PeriOperative Registered Nurse's (AORN) Excellence in Perioperative Nursing Award. The award is the highest honor bestowed by AORN recognizing an individual whose work and accomplishments have had global implications on perioperative nursing in the areas of practice, education, and research.

Dr. Wagner, of Marietta, Georgia is a nurse educator, international speaker, author, and independent consultant. In health care for 34 years, her career roles have included perioperative staff nursing to Surgical Services Educator, Patient Safety System Coordinator in the acute care setting, legal nurse consultant, and nursing faculty. Presently she is a Professor in the WellStar School of Nursing at Kennesaw State University, Georgia.

Dr. Wagner holds membership in numerous professional organizations with long-term volunteer activism in local to national levels of AORN. She is a member of the AORN Journal Editorial Board, the AORN Nursing Research Committee, and has published numerous articles and book chapters about perioperative nursing issues. She is the 2005 recipient of the AORN National Award for Outstanding Perioperative Nursing Research and the 2009 recipient of the AORN National Award for Outstanding Perioperative Nursing Education.



About AORN

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Parents Can Now Access Screening Directly

Screening and detection of developmental delays in social-communication skills in infant and toddlers is the primary way to trigger a referral. The American Academy of Pediatrics (AAP) recommends screening of all children for Autism Spectrum Disorder (ASD) at 18 and 24 months of age; often the early signs can be seen prior to that on regularly administered broad developmental screenings. **Therefore, pediatricians are a critically important connection for infant/toddlers and their parents/caregivers.**

The Marcus Autism Center has been conducting the NIH funded research study "Mobilizing Community Systems to Engage Families in Early ASD Detection and Intervention" for the past 3 1/2 years. The goal of the study is early identification of ASD through the use of the web-based *Early Screening for Autism and Social-Communication Disorders* (Smart ESAC) tool. We have successfully engaged community members, including clinicians from primary care, and educators and clinicians from Early Head Start, Healthy Start and faith-based programs and organizations.

We are excited to let you know that the Smart ESAC screening is now available on the First Words Project website (www.firstwordspj.com). This website provides information and resources to parents about how to promote their child's social-communication development.

By accessing the website, parents now have the opportunity to take the Smart ESAC screening at a time and location that is convenient for them. THE PARENT SIMPLY CLICKS THE "SCREEN MY CHILD" BUTTON AND THE SCREENING WILL BE SENT TO THE PARENT'S EMAIL OR TEXT-ENABLED PHONE NUMBER. Once the screening is complete, personnel from Marcus will schedule a phone appointment to discuss screening results and make recommendations.

Children between the ages of 9 and 18 months who have an ASD-positive screening result and live within a 50 mile radius of Atlanta will be offered a no-cost diagnostic evaluation at Marcus at 18, 24 and possibly 36 months. There is no waiting list for the evaluation. Parents will be paid \$50 to cover the cost of travel to Marcus for the assessment. Children with an ASD-positive screening result living outside of the 50 mile radius will receive screening results through the First Words Project.

Screenings will be conducted until Dec. 31, 2018 and evaluations will be administered until the end of the study on June 30, 2019.

We encourage you to share this information with your patients. Early identification leads to early intervention and better outcomes for children and families.

Ami Klin, PhD

Director, Marcus Autism Center, Children's Healthcare of Atlanta
Professor & Chief, Division of Autism & Related Disabilities
Department of Pediatrics, Emory University School of Medicine

Jennifer Stapel-Wax, PsyD

Director, Infant & Toddler Community Outreach Program
Marcus Autism Center, Children's Healthcare of Atlanta
Associate Professor, Department of Pediatrics, Emory University School of Medicine

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Nursing Leadership Perspectives on the Value of Professional Association Involvement

Stephan Davis, DNP, MHSA, NEA-BC, CENP, CNE, FACHE, Director of Leadership Development, Georgia Nurses Association



As director of leadership development for GNA, I am thrilled to share a new standing section of our quarterly newsletter. This series will feature a nurse leader within the state of Georgia who is working to advance our profession either in practice or academia. I am pleased to have our inaugural series feature the nurse executive I had the honor to meet and work closely with upon my arrival to Georgia nearly two years ago, Jill Case-Wirth, Senior Vice President and Chief Nurse Executive of the WellStar Health System.

Jill Case-Wirth is an accomplished nurse executive with proven success leading teams in the achievement of a vision for transforming and creating value in healthcare. Jill joined WellStar in 2014 and in just three short years, she has led a comprehensive workforce plan to innovate the recruitment, hiring, orientation, onboarding, professional development and retention of nurses. She also operationalized lean management principles to advance clinical and process improvements in quality, patient experience, and workforce management. As a senior executive of WellStar, she successfully led the clinical integration as WellStar acquired six hospitals and thirty-four outpatient practices.

Jill is a transformational nursing leader and I am confident you will enjoy reading about her journey in nursing leadership and her perspective on nurses leveraging their collective leadership influence through their involvement with professional associations.



Jill Case-Wirth, MHA, BSN, RN, Senior Vice President & Chief Nurse Executive WellStar Health System

What inspired you to become a nurse and pursue roles in nursing leadership?

I was raised with a strong sense of community, stewardship, and with the core value of caring for others. I also was exposed to the arts at a very young age and had a love for music. When asked the question of what I wanted to be – I would say, I want to be a “conductor” or a “nurse.” In the end it was my love for science that inspired me to pursue a career in nursing. One lesson I learned early in my career was to be open to the possibility of what others saw in me. That simple lesson has opened the door to an incredibly fulfilling leadership journey, which began just two years into my career. And although I loved bedside nursing, with pediatrics as my specialty, nursing leadership has filled my cup for over 30 years. Several years ago, I was attending a national conference and Maestro Benjamin Zander, a conductor of the Boston Philharmonic Orchestra, and author of the book the “Art of Possibility” provided the keynote. It was in that moment, that I realized that as a nursing leader I had aligned my life’s passion. He spoke about the importance of staying open to the possibility, and of knowing how to “lead from any chair.” He challenged us all as leaders to be mindful of the importance of every person in every seat, and that a good leader is open to influence regardless of role, creating an environment where a sound of a single cymbal can complete a musical work of art.

What do you see as the greatest leadership development opportunities for nurses in the State of Georgia?

Georgia has incredibly rich opportunities for nurses to contribute to the industry and the profession from the classroom, to the bedside, to the board room. I believe the greatest developmental opportunity that we face as leaders, is creating a nursing workforce

that meets the needs of patients, consumers and the communities that we serve. Leaders across the industry are working every day to solve this complex problem. Schools of nursing are seeking ways to increase class sizes at both the undergraduate and graduate levels. Health systems are implementing innovative methods of recruitment, retention, and compensation with the intention to attract and retain, and differentiate their organizations. And state and national associations are fostering models of pipeline development all aimed at enhancing the nursing workforce to meet complex patient and population health demands. This has created market disruption and significant competition across Georgia for the precious resource of nursing. I believe that this dilemma will be solved when nursing leaders from across the private and public sector stand together in the “commons” as Don Berwick challenged us in his 2009 speech with the question “can we be responsible stewards of the ‘Health Care Commons?’”

As a member of the Georgia Nurses Association, what do you find valuable about your involvement with the oldest professional nursing organization in the state?

GNA has a rich history of providing a voice and forum for all nurses practicing in every setting across Georgia. Their advocacy for the nursing profession, legislative actions, promotion of research to assure relevancy of practice, and innovations in healthcare assure that the pulse of nursing is strong across the state.

I believe that the greatest value of GNA is to fulfill the role of convener, creating a community for nurses to gather, learn from one another and gain insights into key issues, ultimately fostering a community of collaboration so that we can advocate for patients, innovations in healthcare, and our profession.

GNA is grateful for nursing leaders sharing about their nursing leadership journeys and their perspectives on the value of professional association involvement. If you are a nurse leader in either a practice setting or in academia and are interested in submitting a leadership profile for consideration, please e-mail Dr. Stephan Davis at Stephan.Davis@aya.Yale.edu.

GEORGIANS FOR A HEALTHY FUTURE

Healthy Minds, Healthy Students: Introducing the Georgia Apex Program

**Michelle Conde, Communications & Special Projects Manager
Georgians for a Healthy Future**

Nearly one in ten Georgia children ages 2 to 17 years have one or more diagnosed emotional, behavioral, or developmental conditions and these conditions become more prevalent as children hit adolescence. Behavioral health issues can manifest in chronic absenteeism, classroom disruption, discipline issues, or other adverse behaviors, which can prevent young people from being academically successful.



Michelle Conde

Governor Deal has elevated children’s behavioral health as a top priority in the final two years of his administration, as demonstrated by the establishment of the Governor’s Commission on Children’s Mental Health in 2017. As a result of the Commission’s work, the Governor and legislature included an additional \$21.4 million in the FY2019 state budget to support the improvement and expansion of children’s mental health services. Of that allotment, \$4.3 million are dedicated to fund 13 additional grants for the Georgia Apex Program, a school-based mental health program that improves early identification, access to and coordination of needed behavioral health (BH) services for children with behavioral health needs.

To address the behavioral health needs of Georgia’s children and students, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) launched the Georgia Apex Program (GAP) in 2015 to “[create] partnerships between community-based mental health providers and local schools to provide school-based mental health services.” The three main goals of the GAP are:

1. To increase access to mental health services for children and youth;
2. To provide early detection of child and adolescent mental health needs; and
3. To increase coordination between community-based mental health providers and the local schools and districts they serve.

The Apex Program places mental health providers in schools to support school-based mental health services that include screening, assessment, individual services and therapy, and community support services like youth club houses. The program began with 29 community health providers in 104 Georgia schools, and as of February 2018 the program had expanded to 320 schools.

Over the first two years of the program, more than 5000 students who had not previously received mental health services were screened and provided with the appropriate services and supports for their needs. More than three quarters

(76%) of the schools served by the Apex Program are located in rural areas where behavioral health services are more limited, and almost half (46.6%) are located in elementary schools so that services are available to younger students, when behavioral health conditions are often less severe and more treatable.

In addition to increasing access to care for students in need, the program has demonstrated success by integrating into a variety of school settings and improving coordination and communication between providers and school staff. Further, providers are able to bill for 75-90% of the students served each month indicating the model may be financially sustainable.

The Georgia Apex Program is a promising model that brings mental health care services to Georgia children, reducing barriers to health care and improving their chances for academic success.

To learn more about the Georgia Apex Program, visit the Georgia Department of Behavioral Health & Developmental Disabilities’ Office of Children, Young Adults and Families. To learn more about the behavioral health needs of Georgia’s children, check out Georgians for a Healthy Future’s new fact sheet, *Healthy Minds, Healthy Bodies*, at healthyfuturega.org.



Nearly one in ten Georgia children ages 2 to 17 years have one or more diagnosed emotional, behavioral, or developmental conditions.

43.9% of those have **2+** (two or more) conditions.¹

Mindfulness in Nursing – Accelerating the Healing Curve

**Christopher “Chase” Carey, MBA,
2nd Degree Black Belt
Author, Speaker, Trainer**

Mindfulness is being present in the moment without judgement or expectation. In this space, between stimulus and response, between in breath and out breath, between wake and sleep, we give ourselves the ability to access our inner consciousness and therefore our inner healer. From this place, anything may be possible.



**Christopher “Chase”
Carey**

Why many people and patients rarely get to this place other than accidentally the reason why not is a result of two things: 1. A busy (unproductive) mind; and 2. Fear producing stress of a future (seldom occurring) outcome. The first reason is why non-patients rarely enter a Mindful state and the second reason is why patients rarely enter a Mindful state.

Many nursing professionals have likely heard about Mindfulness techniques to relieve stress, such as MBSR™ (Mindfulness Based Stress Reduction), TM™, and Mindfulness Meditations. These and many other techniques are quite successful and are proven to help in reducing patient stress and therefore accelerate their healing. So let's look deeply into what these techniques really do and figure out if you have to buy an App to

be any good at bringing this into your healing practice. First of all, ALL stress reduction uses one or more Mindfulness techniques. I'll bet you are already using them with your patients and for many of you have been for years.

A patient (or person) cannot be stressed if they are entirely in the present. In fact, to be stressed or afraid (afraid = expressing a subconscious fear), a patient must be focused on the future and that future scenario *has* to include uncertainty. For example, a patient being diagnosed with rheumatoid arthritis may become fearful over loss of ability at basic movements or the ability to walk at some time in their future; if that patient is 42 y.o., the fear could be significant. But contrast the likely reaction to a 102 y.o. patient hearing the same news. Their reaction is likely to be dramatically different because their perception of what their future will hold is (very likely) *dramatically different*. But the diagnosis and likely complications are nearly identical.

Keeping things simple is always the best advice for a patient and for a patient's mind. Mindfulness gets you there. Consider someone that has just been involved in a car accident.

Another important aspect of a Mindful state is to experience what is happening in that moment without judgement or expectation. So an injured or ill person is best to simply notice that they are not well, keeping their mind away from how or why it happened to them or if they could have done something differently – the past is the past and cannot be changed nor judged when healing.

Let's do a simple exercise to help your patient enter this Mindful space:

You:

1. "You are loved and being completely taken care of."
2. "In spite of discomfort or pain, you are getting better; your body loves you."
3. "There is no place you need to be now than here with me; there is nothing else you need to do; there is nothing you need to do next. Simply stay here with me."
4. "Nothing from your past is harming you and there is nothing in your future to think about. All you need to do is to be here with me now."
5. "Let me guide your mind to the place healing can continue best."
6. "Bring awareness to your breath. Breathe equally in, hold, and out. Do this for 2 or 3 breaths then move to your normal breath."
7. "Feel the love in your body and move it with your mind and heart to the area(s) of hurt."
8. If the body is too warm/cool/good temperature: "Feel your love moving coolly/warmly/swiftly into your area of hurt."

Experiment with changing the words, perhaps tailoring to the specific conditions of your patient. And always be aware that not all patients are ready to accept love and not all patients are ready to accept love any particular day. Always respect where they "are" in their healing.

Chase@ChasingMindfulness.com ~ 770-751-6700 ~
www.ChasingMindfulness.com

Strength in Numbers

Carolyn Scott, RN, BSN, MAET, CCM

To say that there are "Strengths in Numbers" means different things to different people. With the mid-term elections looming before Georgia and a lot of other states, a little digging revealed some interesting numbers. There are approximately 6,148,229 registered voters in Georgia. There are 130,330 active nursing professionals in the state. How many of us are registered voters? How many more of our profession are retired but registered voters? More importantly, do our candidates, whether for county commission or gubernatorial offices, know what nurses in Georgia stand for?

As registered professional nurses in the state of Georgia, we should understand and press for the Georgia Nurses Association's legislative priorities. I challenge all nurses, regardless of category, to get educated on every level of government and to engage in the voting process. We can and should make a difference to ensure



Carolyn Scott

that our lawmakers pass legislation that will uphold the nursing profession's place in healthcare.

There is another number that I want to share: Due to the retirement of nurses in the baby boomer age group, there is a projected nursing shortage in the state of Georgia alone of almost 50,000 by the year 2030. According to an article published in *The Atlantic Daily*, the nationwide impact of this is stunning. "Around a million registered nurses (RNs) are currently older than 50, meaning one-third of the current nursing workforce will reach retirement age in the next 10 to 15 years. Nearly 700,000 nurses are projected to retire or leave the labor force by 2024" (Grant, 2016). It should be sooner than later for Georgia nurses to explore what this looks like for our state, where some rural areas already struggle with access to healthcare of any type.

I encourage you to become part of the conversation that asks the difficult questions related to nursing's path forward as leaders in healthcare; questions that may help nursing survive and thrive. Consider solutions that relate to possible incentives for attracting young people to the profession, sets nurse to patient ratios and other innovations to soften the blow, and pass the mantle of nursing in the state of Georgia to the next generation of healthcare professionals. Mobilize our profession, start the discussions, hold public officials accountable and most importantly, get out and vote as if your profession depended upon it. Most likely, it does.

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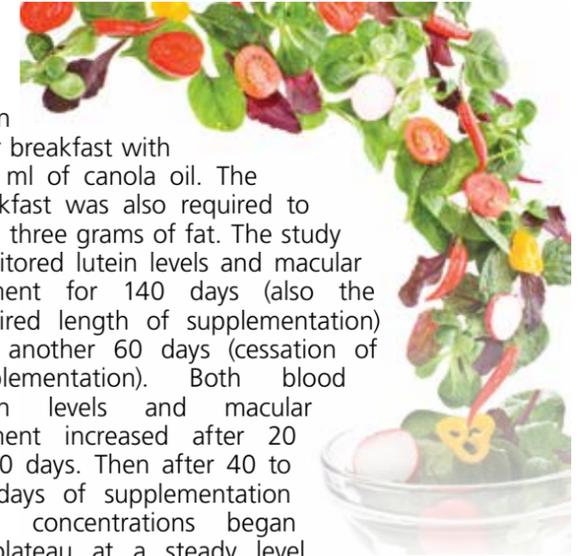
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Brion W. Moss

An Age-Related Macular Degeneration prevented or its progression slowed down through dietary intake of dark green leafy vegetables and/or supplementation. Age-Related Macular Degeneration is the impairment of eye sight which could ultimately lead to blindness in people over 75 years of age. This disease can affect people younger than 75 years as well and it is the leading cause of blindness in this aged-based population. There are two types: Dry Age-Related Macular Degeneration and Wet Age-Related Macular Degeneration. Dry Age-Related Macular Degeneration is the most common form and occurs when debris is stored in the retina of the eye changing its pigment. Sometimes retinal pigment cells and photoreceptors (cells that receive light) are significantly reduced in size leading to blindness as well. Wet Age-Related Macular Degeneration is the rare and advanced form, where fluid (blood and protein) is discharged. This is due to abnormal blood vessel growth (neovascularization) in the eye also leading to blindness.

Most known treatments have proved ineffective for most people and the dietary consumption of carotenoids (protective chemicals found in both vegetable and fruits) is thought to be a protective factor against this disease. The dietary consumption of dark green leafy vegetables or supplements that contain specific carotenoids known as Lutein and Zeaxanthin are believed to possess the ability to prevent and/or slow the progression of Age-Related Macular Degeneration. Lutein and zeaxanthin are found in the retina of the eye, responsible for giving them their pigment and maintain eye health. Lutein and zeaxanthin performs this task by preventing oxidative damage of the lipid membrane because of photochemical reactions. This means unstable forms of oxygen molecules are released when the eye is subjected to light for prolonged periods of time. These molecules interact with the membrane of the eye composed of fat causing it to become unstable. This damage can occur from other sources of ultraviolet light as well. Smoking can also increase your risk for this disease as well. It is believed that, if lutein and zeaxanthin levels are maintained in both blood and in the retina, and they could also slow down the damage that is caused by cigarette smoke.

Other factors that increase your risk are age (major factor), genetics (family history), being a female, irises of light color, hyperopsia (far-sightedness: able to see objects far away, but not able to see near objects too well), cardiovascular disease, and hypertension (both of preventable and treatable). These risks are not changeable. Hyperopsia can be treated with glasses and other methods, but it still increases your risk for Age-related Macular Degeneration. However, there are risks that are influenced by lifestyle and can reduce

the chance of succumbing to this disease. These are: smoking, sedentary lifestyle, high cholesterol, low lutein and zeaxanthin levels, low zinc levels in the blood, post-menopausal women that are not taking enough estrogen supplements and a life time of over exposure to sunlight. All of these factors can be changed for the better if exercise and an increased intake of more vegetables; specifically dark green leafy, and fruits, are incorporated into the diet. Those two changes alone would reduce the chance of becoming hypertensive, which would lead to decreased risk of cardiovascular disease. It would reduce cholesterol, increases carotenoid and mineral levels. Biochemical pathways involving estrogen and protection against sunlight would probably be more efficient.

To confirm the effects of lutein and zeaxanthin, both animal and human studies were reviewed by the authors. A study was done on monkeys that consumed high levels of carotenoids found in dark green leafy vegetables. The results indicated a 57% reduced risk of Age-Related Macular Degeneration. This was due to the intake of 19,250 IU's (international units) throughout the monkeys' diet. Another study was reviewed, where the dietary intake of dark green leafy vegetables (spinach) and corn combined with source of fat after a meal was analyzed. Subjects between the ages of 30 and 65 were required to eat one half cup of spinach (containing 10mg of lutein and 0.3mg of zeaxanthin) and one cup of corn (containing 0.3mg of lutein and 0.4mg of zeaxanthin). These carotenoids are known to be found in vegetables that are yellow in pigment, as well as dark green leafy vegetables. They were combined with a fat because these particular carotenoids are fat soluble (need fat to be absorbed). This means they are metabolized and stored better by the body when they are eaten with a fat. The half cup of spinach and one cup of corn with a source of fat along with their regular diet was eaten daily for fifteen weeks.

During this time blood lutein and macular pigment were checked on the fourth, eighth, twelfth, and fourteenth weeks. A significant increase in blood lutein levels observed during each check point. However, macular pigment density showed no more significant increases on the eighth week. This means there was plenty of lutein circulating in the blood and ready to be converted into zeaxanthin and meso-zeaxanthin (another usable form created by the body). Macular Pigment can only be improved for so long before there is a cutoff point. This means the progression of Age-Related Macular Degeneration can be slowed (protective effect), but not the prevention once it has been diagnosed. There is no reversible effect.

Supplements of lutein in 30mg doses were given to subject in another study. The lutein supplements were

taken after breakfast with two ml of canola oil. The breakfast was also required to have three grams of fat. The study monitored lutein levels and macular pigment for 140 days (also the required length of supplementation) and another 60 days (cessation of supplementation). Both blood lutein levels and macular pigment increased after 20 to 40 days. Then after 40 to 50 days of supplementation both concentrations began to plateau at a steady level. The levels stayed at a constant level where they plateaued but after 140 days of supplementation both blood lutein levels and macular pigment began to decrease in concentration. The experimenters in this study believe the body eventually balances its self out and excretes some of the lutein in blood that is not being used. There might be a limit on how dense you can make macular pigment.

The authors reviewed three studies and came to the conclusion that life time consumption of dark green leafy vegetables such as spinach, kale, collard greens and others is the best protection against Age-Related Macular Degeneration. There is a limit on how dense you can increase macular pigment blood lutein levels. Blood lutein concentrations can be increased for longer duration than macular pigment which can slow the progression of Age-Related Macular Degeneration. Increasing the consumption of collard greens, spinach etc. is easier and a more effective treatment than any currently in place. Laser or Photocoagulation treatment does not work for everybody (only applies to <20% of people with Wet Age-Related Macular Degeneration) and it is only meant for people with this advanced stage of this disease. This treatment causes clotting of bleeding blood vessels by the use of a laser, which seals bleeding tissue. There are also added health benefits from eating these whole foods such as they contain fiber, vitamin C, calcium and other minerals used by the body for maintenance and protective functions. They not only protect you against Age-Related Macular Degeneration, but from other chronic diseases such as diabetes, hypertension and cardio vascular disease.

References:

Bruno R.S, Medeiros D.M. Lutein, Zeaxanthin, and Age Related Macular Degeneration. Journal of Nutraceuticals, Functional & Medical Foods. 2000. Vol. 3. 79-85.

A TIP FROM A FORMER SMOKER

Some of the reasons to quit smoking are very small.

Amanda, age 30, Wisconsin

Amanda smoked while she was pregnant. Her baby was born 2 months early and weighed only 3 pounds. She was put in an incubator and fed through a tube. Amanda could only hold her twice a day.

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HONOR A NURSE

April 30, 2018



Alfreda Hamilton
7944 Palomina Pass
Riverdale, GA 30274

Dear Alfreda Hamilton,

Congratulations! You have been honored by Marjorie D. Lamar through the Georgia Nurses Foundation's **Honor a Nurse** Program. As an honoree, you will be recognized in the upcoming issue of *Georgia Nursing*.

The Foundation's **Honor a Nurse** Program provides a way to let individuals recognize nursing professionals who have made a difference in the lives of others as a friend, mentor, caregiver or teacher. Proceeds from this program go to the Foundation's scholarship programs and provide funding for nursing activities.

The Georgia Nurses Foundation salutes you as a member of the profession who richly deserves this recognition.

Kindest regards,

Catherine Futch

Catherine Futch
President, Board of Trustees

GNF Mission Statement: Through philanthropy, the Georgia Nurses Foundation fosters nursing's role in the improvement of the health, well being and quality of life for Georgia's citizens. The Foundation's mission is fulfilled through Service, Education, and Research.

April 30, 2018



Lea Floyd
320 Pheasant Ridge
Warner Robins, GA 31088

Dear Lea Floyd,

Congratulations! You have been honored by Jamie Floyd through the Georgia Nurses Foundation's **Honor a Nurse** Program. As an honoree, you will be recognized in the upcoming issue of *Georgia Nursing*.

The Foundation's **Honor a Nurse** Program provides a way to let individuals recognize nursing professionals who have made a difference in the lives of others as a friend, mentor, caregiver or teacher. Proceeds from this program go to the Foundation's scholarship programs and provide funding for nursing activities.

The Georgia Nurses Foundation salutes you as a member of the profession who richly deserves this recognition.

Kindest regards,

Catherine Futch

Catherine Futch
President, Board of Trustees

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GNA President's Message continued from page 1

while caring for patients of overdose during emergency situations; review current literature; and consider evidence-based recommendations for personal protection guidelines. ONA shared case studies in which healthcare workers required Narcan after secondary exposure to fentanyl and its analogs. Specific questions guiding the forum topic included concerns from nurses; current workplace policies and standards of practices; and considerations for educating frontline workers, nurses and nursing students, and families.

The second forum topic, "Presidential Process," was submitted by the ANA Board of Directors. Key points here included: that the original policy was adopted in 1985; changes to the political landscape and campaign finances warrant a review of this policy; and Constituent/State Nurses Associations (C/SNAs) have reported loss of members because of ANA presidential endorsements. ANA has endorsed a candidate in every presidential election since 1984; all have been members of the Democratic Party. ANA shared the types and costs of resources required to initiate the endorsement process. The main objective for this session was to discuss the pros/cons of endorsing a presidential candidate relative to ANA's mission and policy agenda on the national stage.

The chair of the ANA Ethics and Human Rights Advisory Board submitted the third topic on the right to die and aid in dying. Her reference was the current ANA position statement *Euthanasia, Assisted Suicide, and Aid in Dying* (2013), a document prepared when aid in dying was illegal in most states. This current ANA position statement does not support nurses' practicing in states where aid in dying is now legal. The session centered around changes in the law regarding aid in dying, the ANA *Code of Ethics for Nurses with Interpretive Statements* (2015), and a societal shift that has increased acceptance of aid in dying practices. The ANA Ethics Advisory Board presented four options for consideration.

At the end of the three dialogue forums, the ANA Professional Policy Committee met to review the discussions and prepare a final report. Their report was submitted to the ANA Membership Assembly on June 23 for review, any further discussion, and vote to approve or not. The recommendations from the Professional Policy Committee included:

- Identify informational tools to inform students and nurses about responding to patients who have potential opioid overdose, and advocate for funding and other support for research and development of evidence-based protocols regarding opioid overdose.
- Refer consideration of the ANA presidential endorsement procedure back to the ANA Board of Directors for development of a revised proposal following further input from ANA members and stakeholders.
- Incorporate the following into a revised position statement on aid in dying: Nurses must respect patients' right to request aid in dying; nurses must be knowledgeable of the law regarding aid in dying in the state or territory in which they practice; while nurses are ethically permitted to participate in aid in dying, in states or territories where it is legal, they retain the right to conscientiously object; nurses must be able to provide information on aid in dying and provide emotional support to patients and families who face this decision at the end of life. ("Acts on Current Issues, 2018").

The recommendations of the Professional Practice Committee were approved by the Membership Assembly!

Issues, collaboration, advocacy. These three terms are so interrelated. It is all of our responsibilities to be aware of changes in our global worlds, to work together to develop answers to practice and education questions, and to speak out for those for whom we care.

Please let me know how I can help you to be involved. I can be reached at judithmalachowski@yahoo.com.

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- 2018 ANA Membership Assembly. June 23, 2018. "Acts on Current Issues."
- American Nurses Association. June 22, 2018. Dialogue Forum #2: ANA Presidential Endorsement Process.
- Casey, D. June 22, 2018. Dialogue Forum #3: An Ethics Debate: The Right to Die.
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- Professional Policy Committee. June 23, 2018. Report of the 2018 Professional Policy Committee.

Editorial Note and Apology:

Dear *Georgia Nursing* Newsletter readers,

The May, June, July 2018 edition of the *Georgia Nursing* newsletter contained an article intended to honor the life and legacy of Ms. Inetz Stanley who was the first African American member of the Georgia Nurses Association.

Unfortunately, an editorial oversight on behalf of GNA staff led to the article being published under the title "Inetz Stanley—First Colored Member of GNA."

Ms. Stanley dedicated her entire professional career towards the advancement of the nursing profession in Georgia and was a committed and involved member of GNA until the time of her passing. The important and historical role that Ms. Stanley played in assuring that African American nurses were recognized and compensated in a manner that was equal to their white counterparts is one that should be forever memorialized and celebrated. The contents of the article itself, authored by the daughter of the late Ms. Stanley, did a wonderful job of chronicling this role and the steps by which Ms. Stanley displayed her



Tim Davis

commitment to equality and inclusion for all that serve at the bedside.

I would like to offer a formal apology on behalf of the staff and Board of Directors of the Georgia Nurses Association to the family and friends of the late Ms. Inetz Stanley and to you our readers. We are a very diverse group and, like Ms. Stanley, are forever committed to ensuring that all nurses are treated fairly and equitably.

We recognize and acknowledge that the liberties taken regarding the title of the article did an overwhelming disservice to its contents and have implemented a new editorial oversight committee for our Newsletter with the hope that nothing like this will ever happen again. All digital and archived versions of this edition of the publication have been updated to reflect the title "Inetz Stanley—First African American Member of GNA."

I have already spoken with many of you directly over the past several months regarding the article's title and remain committed to doing so as needed. If further discussion is necessary please do not hesitate to reach out to me directly via email at tim.davis@georgianurses.org.

Yours in service and solidarity,
Tim Davis
Interim-Director of Operations
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Capella University: A Nurses on Boards Coalition Founding Strategic Partner

Adele A. Webb, Ph.D, RN, FNAP, FAAN
Senior Academic Director of Workforce Solutions, Capella University
Adele.webb@capella.edu



Adele A. Webb

Have you ever thought of improving the health of people by extending your nursing knowledge and expertise through board service? Imagine the impact you could have by serving on nonprofit or corporate boards! Capella University, as a Nurses on Boards Coalition Founding Strategic Partner (NOBC), is helping to place nurses on nonprofit, corporate and governmental boards, panels, and commissions.

"As a founding strategic partner of the NOBC, Capella University is proud to join our nursing colleagues from around the country and advocate for nurses' appointment to governing and policy boards. Nurses in the boardroom translate into better health for our nation." – Dr. Patrick Robinson, Dean, School of Nursing and Health Sciences.

The Coalition's goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

One of the keys to successful board service is to find an organization that connects with your passion. For

example, I was nominated by NOBC for a position on the Blanchard Valley Health System Board of Trustees. After a rigorous interview process, I had the honor of being selected to serve. My appointment demonstrates the mission of NOBC in action—connecting organizations who are seeking board candidates with qualified and passionate nurses who are registered in the NOBC database.

As stated by Scott Malaney, CEO of Blanchard Valley Health System:

"In a community our size, it is very difficult to identify a person with extensive experience and education in the nursing field, who isn't already affiliated with our organization. I was impressed with the ability of NOBC to listen carefully and provide us with candidates that clearly met our criteria. We were able to speak with and ultimately attract a person with an impressive background, both educationally and experientially, including significant time spent overseas. In addition, our candidate is the first person to serve on our Board who is not "local." As a result, we have a critically important member of the Board's Quality Committee, as well as a Board member who can bring a rich perspective from outside our immediate geographic area."

NOBC was launched in November 2014 in response to the Institute of Medicine's 2011 report, "The Future of Nursing: Leading Change, Advancing Health," which called for nurses to serve in leadership positions. The Coalition has built an infrastructure to monitor and actively place nurses on boards. Currently, over 10,000 nurses are registered in the NOBC database including over 4,500 board seats, 6,099 nurses want to serve on a board and 2,046

nurses who are already on boards, are interested in serving on an additional board.

Visit the NOBC website and check out the many resources including how to create a board ready resume, access to articles and free webinars to help you prepare for board service and even watch a mock board meeting.

How can you engage?

- Step up and be counted and/or indicate your interest in future board service at www.nursesonboardscoalition.org.
- Share your story <https://www.nursesonboardscoalition.org/resources/for-nurses/share-your-story>.

Our country is facing many challenges that affect the health of our citizens. NOW is the ideal time for nurses across our nation to raise your leadership voices to shape strategy and policy decisions to promote a culture of health.

Nurses are making a difference in the boardroom, where will you choose to serve?

At Capella University we are committed to strengthening the nursing workforce through providing a competency-based curriculum featuring authentic assessment. If you are interested in learning more about Capella University and our partnership with Nurses on Boards Coalition, please contact Calvin Avant, Senior Executive Learning Consultant – Healthcare Employer Solutions @ 770-545-2498 or calvin.avant@capella.edu.

Thank you for your commitment to the nursing profession and for all those you serve every day.

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Chief Nursing Officer, Health System Chief Nursing Executive, Senior Vice President of Nursing & Director of Nursing Research

Dr. Linda Burnes Bolton is a renowned leader who oversees the delivery of high-quality nursing care for patients and the development and support of the professional practice of nursing at Cedars-Sinai Medical Center.

Additionally, Dr Burnes oversees the ambulatory care clinics, the Medical Network and the Marina Del Rey Hospital, a community hospital affiliate of Cedars-Sinai. She is also a co-investigator of the Regional Collaborative Alliance for Nursing Outcomes research team.



Peter Buerhaus, Ph.D., RN, FAAN

Professor of Nursing at Montana State University

Dr. Peter Buerhaus is an internationally renowned nurse economist. He is a professor in the College of Nursing and Director of the Center for Interdisciplinary Health Workforce Studies at Montana State University.

Buerhaus' research includes forecasting nurse and physician supply, developing, and testing measures of the quality of care in hospitals, determining public and provider opinions on issues involving the delivery of health care, and assessing the quantity and quality of health care provided by nurse practitioners.



It's 0400 hours and you just finished a 12-hour shift.

You've been on your feet all day, you're exhausted and the only thing on your mind is getting home. As you walk to your car, you realize the keys are locked inside. It's too early to call a family member to bring a spare set.

So what do you do?

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MOTOR CLUB**
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*\$5 per month pricing is valid for the first year.

GNA President Elect's Message continued from page 1

Our final stop, we had the pleasure to meet with Tonisha Melvin's Republican Representative Richard "Rick" Allen, of Georgia's US Congressional District 12, in person. The opportunity to meet Representative Allen and hear his support of nursing issues was invigorating. His support and vote for House Resolution 6 *SUPPORT for Patients and Communities Act* demonstrates his commitment to the health and safety of Georgians.

The opportunity to advocate on your behalf in Washington DC made me reflect on the many opportunities we have to advocate for our patients, citizens and Nurses here at home.

First and foremost we need to register and exercise our right to vote. Are you registered? Do you vote?

We need to get to know and meet with our local elected officials. Who are your State Senator and State Representative? Make an appointment to meet with them now, be their expert in healthcare and nursing issues.

We, the nurses of Georgia, are on the front line of healthcare. Not only do we see the disparities, shortfalls and access issues, we see the phenomenal technological breakthroughs and the miracle of a mother holding her baby for the first time in a Neonatal ICU.

You may ask yourself; I do not know how to advocate. I say yes YOU do. You advocate for your patients every day. The healthcare system I work for expects their nurses to call a time out when we see something that's non-compliant with our evidence based protocols. That is advocating for your patient.

For the 16th year in a row, The Gallup poll ranked Nursing as the most trusted profession by Americans. I think it is because we are advocates.

The mother, who cries herself to sleep because her infant child is scheduled for open heart surgery in the morning, the wife or husband who tells you "keep an eye on him (her)" as they leave the extended care facility, after visiting their lifelong mate, rely on us to advocate for their loved ones.



Representative Rick Allen GA District 12

The doctors and healthcare administrators see us advocating every day. The residents we train, the attending we collaborate with on rounds and the executive team establishing Shared Governance models know we are respected advocates.

The ANA dedicated 2018 as the Year of Advocacy. Let's take what we do best, advocating for those around us, to the next level.

I challenge you to join us, the Georgia Nurses Association, in our efforts to advocate for alleviating the disparities in access to healthcare, addressing the Opioid epidemic and the issues affecting the Nursing profession in Georgia.

The mothers and all Georgians are entrusting and relying on us, the nearly 160,000 licensed nurses, to advocate for them.

Sincerely and In Service,
Richard Lamphier, RN
President-Elect

How Do You...

...want to hear about membership perks, upcoming CE opportunities, professional development conferences, and more?

- E-mail us at gna@georgianurses.org and let us know! Subject line "Keep me informed."
- Or fill out the form below and mail it to:
Georgia Nurses Association
3032 Briarcliff Road NE
Atlanta, GA 30329

• Your name and Credentials:

• Are you a GNA Member? _____

• What is your preferred method of contact?
E-mail Address:

Direct phone number
(Please specify, cellphone or landline):

Direct Mailing Address:

For questions or general inquiries, please call 404-325-5536.

GNA Education Center Available for Events, Meetings & CE



Are you planning a continuing education event, luncheon or offsite meeting and looking for space to host the event? Look no further than GNA's Education Center! The Education Center is available for your next important event. The Center features:

- Its own entrance and registration area
- A full catering kitchen for preparation of meal functions
- Seating for 50 guests, classroom style
- White boards along two walls
- A large drop-down screen for projectors
- Bottled water and coffee service available
- Free parking
- All at an affordable & competitive rental rate

GNA's Education Center is conveniently located near I-85 & Clairmont Road at 3032 Briarcliff Road, NE Atlanta, GA 30329. Current rates are \$375 full day/\$250 half day (four hours or less). GNA members will receive a \$50 discount on these rates. A/V extra. For rental information, please contact Shan Haugubrook at gna@georgianurses.org or 404-325-5536.

FINANCE MATTERS

Are You Growing Your Career Capital Account?

Jim Williams, CEO and Founder of Lendwell

As a business owner for the past 17 years I have come to appreciate the necessity of building capital in our company. There is a direct correlation between the success of our company and developing career capital personally and for our team members.



Jim Williams

First of all what is your career capital and how do you define opportunities for growing? Career capital can be described as the skills you have that are valuable and can be utilized for monetary and or personal growth in your profession.

Put another way, the ability to leverage skills into high demand successful career opportunities.

After 32 years in the same industry I have learned there are no short cuts for developing career capital. I can either continually hone my skills and grow or face the potential consequences of being left behind. So what are some of the keys to achieving success and increasing your career capital as a nurse?



It is wonderful that so many healthcare professionals have a passion for their work and serving others. However, this trait is only one step toward your goal of building career capital. If you want a great career you need to offer something of special value to your patients and your employer.

Know what is valuable in your field and be willing to make an investment to gain the rights skills. This may entail working toward an advanced degree, learning a second language, becoming skilled or certified in another specialty. Take the initiative to join and get involved in career professional organizations on a local and state level. Make the time to network with professionals in your organization and others within your market area. A real key to increasing your career capital is simply making a commitment and going for it. Evaluate your goals and invest in your future. The rewards you will reap go well beyond financial gratification. You will build lasting relationships and experience a heightened awareness as you serve others while you build career capital.

For more information regarding ways to build your career capital contact Jim Williams, jim@gahighlands.net.

Jim was Founder and CEO of Lendwell, a Southeastern U.S. Regional Mortgage Banker that catered to healthcare professionals for 17 years. A two-term member of Freddie Mac's first National Advisory Board and currently serves as a Board Member and Trustee for two regional not for profit healthcare systems.

The Value of Association Membership and the Importance of Collaboration

GNA Interim Director of Operations Tim Davis

Pursuant to my role as the Chief Staff Officer for GNA, I had the distinct pleasure of attending the American Nurses Association Membership Assembly in Washington DC from June 21- June 23, 2018.



Tim Davis

This was my first ANA Membership Assembly and, admittedly, I did not really know what to expect from it as I arrived in Washington D.C. What I found out very early is that this was a great opportunity for me to meet other State Nurses Association Executive Directors and spend time furthering my understanding of their functioning practices and flourishing programs. It also afforded me the opportunity to hear from ANA leadership regarding the vision and direction of the

organization as a whole. ANA has dedicated 2018 as the Year of Advocacy.

My days were spent engaging in individual conversations with some of the brightest minds in nursing. These conversations covered a myriad of topics from membership growth ideas, to advocacy and engagement opportunities, to ideas about potential legislative initiatives that nurses in Georgia might benefit greatly from us pursuing along with some of the best practices that they were able to apply in order to get them passed in their respective states.

No matter how many people I engaged with, or conversations I was a part of, one theme remained consistent throughout: The importance of the nursing community work together in collaboration and being an engaged participant in the healthcare discussions happening currently both nationally and at the state level.

The nursing profession is one of the most respected and trusted throughout all of healthcare. Nursing is, very literally, on the front line of patient care and, as you all are more than likely aware, patients love their

nurses as a result. This begs the question; how is it that nursing is so impactful in and to healthcare practice but often times is unable to advance itself in order increase the scope of our impact on patient care?

The answer to this question is very simple; nursing in Georgia has yet to fully exercise the political power that is tied directly to its numbers and the impact on the day to day lives of all Georgians that it has. Certainly, if the profession was to ever truly coalesce our numbers would offer us the power to swing entire elections, from local councils and boards to the highest statewide offices, in our favor. Only then will nursing be held politically with the same high regard as it is by the patients that you serve every day.

I left the 2018 ANA Membership Assembly excited about the new relationships that I was afforded the ability to forge during my time there. Excited about the opportunity that I now have to collaborate using said relationships in order to work on new program offerings aimed at ensuring that GNA members get the most out of the buy-in they display when they decide to stand with us. But most importantly I am inspired by what we can accomplish together if we all lean in and commit ourselves towards the common goal of making the state-named association representing ALL registered nurses in Georgia just that, an association that is strong in number and is committed to producing the very best outcomes in patient care for all of the citizens of our great state.

It is my hope that you will choose to stand with us, working collaboratively to source valuable ideas and that when called upon you will answer that call knowing that the work that we do is all too important. Important to nursing as a profession but also to the patients, not only at the bed side when their need is greatest but constantly advocating for the ability to provide them adequate healthcare that is of the highest quality and that is accessible to them all.

Yours in Service,
Tim Davis
Interim-Director of Operations
Georgia Nurses Association

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The Atlanta Hospital Hospitality House - Providing a "Home Away From Home" For Patients and Their Caregivers

Melissa Ehrhardt

Executive Director of the Atlanta Hospital Hospitality House

You know the drill. You may have been there before yourself. The phone rings. The news is not what you expected. How could you expect this? You know the reality that tomorrow is not promised for anyone of us but you never thought it would happen to you. You just talked to them a few days ago. They are being rushed to Atlanta for treatment and you jot down the details on a napkin next to you and promise you will be there as soon as you can.

You make it to Atlanta a few hours later, overwhelmed by the traffic and the amount of people everywhere. After you find your loved one in ICU, you learn that you are going to be here for a while. Where are you going to stay? You could sleep in the chair next to their bed but eventually you are going to need a shower. How much money is in the account? You could swing a hotel for a night or two but not long-term. You grab some crackers from the vending machine, knowing you are hungry but don't have the mental capacity to even think about getting food at the moment. What are you going to do? You just can't believe this is happening.

This is where the Atlanta Hospital Hospitality House (AHHH) comes in. You hear about it from a social worker and decide to check it out. AHHH provides affordable lodging, home-cooked dinners each evening, and a supportive environment that will allow you to focus on your loved one, taking away the burden of all the other pieces to navigate. Set in a historic mansion in the Fernbank Forest, minutes from most major hospitals in Atlanta, AHHH is a home away from home offering lodging starting at twenty-five dollars a night. A free meal is included so you won't have to eat vending machine food the whole time! AHHH also offers continental breakfast and coffee, washer and dryer use, Wi-Fi, TVs, parking vouchers to certain hospitals,



Atlanta
Hospital
Hospitality
House



and most importantly, a welcoming staff available 24 hours that meets you in the midst of the one of the hardest times in your lives.

The only requirement to stay at AHHH is that you live forty miles outside of Atlanta and are here for medical purposes, inpatient or outpatient. AHHH serves every hospital, every age, and every medical condition and is the only facility in the area that takes reservations, in the event that it is not an emergency but a planned surgery or treatment. Knowing that things can change daily in the medical world, AHHH offers flexibility with reservations and will work with each guest as the need arises.

If you find yourself in a situation where the above example becomes your reality or one of your patients is coming to Atlanta for treatment, remember that the Atlanta Hospital Hospitality House is here for you. Contact AHHH at www.atlhhh.org or by phone at 404.377.6333. We would be honored to care for you while you care for your loved one.

The Flexibility of Life Insurance

Submitted by: Valerie Edwards

Written and Prepared by Mutual of Omaha Insurance Company

Once you have reached a certain level of understanding of "matters financial," you are likely to recognize the value of life insurance in your overall financial plan. You probably also realize that one of the reasons life insurance is such a valuable planning tool is its versatility.

For instance, life insurance can provide economic protection for your family members or other beneficiaries. It can also protect your business. And life insurance can provide for your retirement and for the liquidity of your estate. Moreover, life insurance can secure all of these – as well as other – advantages in an especially flexible manner. Life insurance can be purchased in many different forms and in varying amounts of coverage. It can accumulate cash values, pay dividends, and offer loan privileges.

In addition to these advantages, a number of "extra features" may be added to a basic life insurance policy. Those features can enhance the policy and make it even more desirable for the policyholder and beneficiaries. Some of these potential "extras:"

Accidental Death Benefit – If this provision is included in a policy, the face amount to be paid will increase if the insured should die in an accident. (Certain causes of death are normally excluded, including acts of war, suicide, military service, and some types of flying accidents.) Premiums for this benefit are usually quite low.

Guaranteed Insurability Rider – With this type of rider on a policy, the insured is able to reserve the right to buy a specific amount of insurance coverage on certain future dates at standard rates, without a medical exam. A typical arrangement might provide for the purchase of up to \$20,000 of coverage at various ages (for example, 35, 45, etc.) or on the occurrence of certain events (the birth of a child, for instance). This type of rider can be extremely valuable for a younger insured who will probably need more insurance coverage in the future as earnings increase and family responsibilities change.



Val Edwards

Waiver of Premium Rider – A rider of this variety means that an insured who becomes totally and permanently disabled while covered under the policy will not lose his or her coverage – because no further premium payments will be required. That is, future premiums will be waived upon disability. In addition, if the insured's policy is a cash-value policy, that policy will continue to grow in value despite the fact that no premiums are being paid. The cost of this type of rider will depend on the age of the insured and the type of policy.

Family Member Insurance – The "family member" rider will provide life insurance for a spouse and/or the insured's children under the insured's basic policy. In most cases, the family coverage will be in the form of term insurance. The amount of insurance and the cost of this type of rider will depend on the variety of basic coverage chosen and the ages of the insured and his or her spouse.

The "extra" coverages outlined here are only a sample of the many features that are commonly added to life insurance policies today. They serve to demonstrate the possibilities for coverage that are available as part of a well-thought-out life insurance program. In a world of complicated planning arrangements, certain fundamental approaches may be overlooked . . . and that could be a mistake.

Valerie Edwards
Valerie.Edwards@mutualofomaha.com
P: 678-672-0301

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- Emergency-response buttons
- Help understanding Medicare and Medicaid
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- Grandparents raising grandchildren services
- Nursing home transition
- Elder law services, and many more services...

MEMBERSHIP

Georgia Nurses Association Political Action Committee (GN-PAC)

About GN-PAC:

The Georgia Nurses Association Political Action Committee (GN-PAC) actively and carefully reviews candidates for local, state and federal office. This consideration includes the candidate's record on nursing issues and value as an advocate for the nursing profession. Your contribution to GN-PAC today will help GNA continue to protect your ability to practice and earn a living in Georgia. Your contribution will also support candidates for office who are strong advocates on behalf of nursing. By contributing \$25 or more, you'll become a supporting member of GN-PAC. By contributing \$65 or more, you'll become a full member of GN-PAC!

GN-PAC Purpose:

The purpose of the GN-PAC shall be to promote the improvement of the health care of the citizens of Georgia by raising funds from within the nursing community and friends of nursing and contributing to the support of worthy candidates for State office who believe, and have demonstrated their belief, in the legislative objectives of the Georgia Nurses Association.

TO DONATE VISIT WWW.GEORGIANURSES.ORG/GNPAC



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GEORGIA NURSES FOUNDATION HONOR A NURSE

We all know a special nurse who makes a difference! Honor a nurse who has touched your life as a friend, a caregiver, a mentor, an exemplary clinician, or an outstanding teacher. Now is your opportunity to tell them "thank you."

The Georgia Nurses Foundation (GNF) has the perfect thank you with its "Honor a Nurse" program which tells the honorees that they are appreciated for their quality of care, knowledge, and contributions to the profession.

Your contribution of at least \$35.00 will honor your special nurse through the support of programs and services of the Georgia Nurses Foundation. Your honoree will receive a special acknowledgement letter in addition to a public acknowledgement through our quarterly publication, *Georgia Nursing*, which is distributed to more than 100,000 registered nurses and nursing students throughout Georgia. The acknowledgement will state the name of the donor and the honoree's accomplishment, but will not include the amount of the donation.

Let someone know they *make a difference* by completing the form below and returning it to the following address:

Georgia Nurses Foundation
3032 Briarcliff Road, NE | Atlanta, GA 30329
FAX: (404) 325-0407 | gna@georgianurses.org
(Please make checks payable to Georgia Nurses Foundation.)

I would like to Honor a Nurse:

Honoree: Name: _____

Email: _____

Address: _____

State/City: _____ Zip: _____

From: Donor: _____

Email: _____

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State/City: _____ Zip: _____

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MasterCard/Visa #: _____ Exp Date: _____

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My company will match my gift? YES (Please list employer and address below.) NO

Employer: _____

Address: _____

The Georgia Nurses Foundation (GNF) is the charitable and philanthropic arm of GNA supporting GNA and its work to foster the welfare and well being of nurses, promote and advance the nursing profession, thereby enhancing the health of the public.

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- Describe the seven FDA approved medications for tobacco cessation
- Use brief tobacco intervention strategies to assist patients with quitting tobacco
- Refer patients who are ready to quit to the Georgia Tobacco Quit Line
- Earn CME credits or a Certificate of Completion that can be applied to continuing education requirements

A healthcare provider's advice to quit tobacco increases quit rates among their patients

Healthcare providers play a critical role in helping Georgians become tobacco free. The online training, Engaging Tobacco Users: Tips for Health Care Providers in Georgia has been approved by the American Academy of Family Physicians.

Training provided by the Georgia Tobacco Use Prevention Program, sponsored by the Georgia Department of Public Health



<https://dph.georgia.gov/ready-quit>



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