Innovation and New Nursing Literacies

Linda Gobis

Nursing innovation is one of the current hot topics on the national level. The subject of ANA’s National Nurses Week free webinar last year was Emerging Technology and its Impact on Nursing Practice. (Weberg & Clipper, 2018) Emerging innovations was also a policy topic at ANA Membership Assembly in June, 2018. (Clipper, 2018, June 23) This is the first in a series of articles I will be writing. My hope is that this series will give Wisconsin nurses a glimpse of nursing innovation concepts, discussion and debate nationwide.

Joseph Aoun, in his book about artificial intelligence (AI) and its impact on professional practices, identifies new literacies and cognitive capabilities that will be necessary for health care professionals and others in the future. (Aoun, 2017, p. xix) Also, the shift that will be necessary in higher education and professional thinking. (Aoun, 2017, pp. 19-22) He discusses AI’s impact on attorneys, nurses, physicians and how to best prepare or “robot proof” professional practice.

New Literacies

One of the new literacies nurses will need is data literacy. (Aoun, 2017, pp. 57-58) This goes beyond reading and analyzing big data to find correlations. Once correlations are identified, then extrapolate accurate predictions based on those correlations. For example predicting the spread of the Zika virus across Africa or using organizational clinical trial data to predict the best treatment for a particular cancer patient.

Understanding data structures and how they can be applied to a nursing practice problem or issues will be a fundamental nursing skill. Imagine there are twenty ways to solve a problem or issue, but probably only two to three really good ones. Focusing on the good solutions and creatively thinking about how to apply them to clinical practice will be essential for nurses.

Technology literacy will also be required. (Aoun, 2017, pp. 55-56) Nurses will need to understand the elemental principles behind how software and machines work. Specifically, mathematics, engineering and coding principles. Gaining a basic understanding of computer languages and the basics of computer science should be added to baccalaureate schools of nursing curriculums. (Aoun, 2017, p. 86)

Nurses have always had strong people skills or “human” literacies. (Aoun, 2017, pp. 58-61) Strong communication skills to interact with people will continue to be very important moving forward. Nurses are also highly collaborative, however, future collaboration will require changing from traditional people skills will be insufficient. Brainstorming, negotiating and collective decision making will also be essential. Nurses will also need to embrace diversity of perspectives to develop cultural agility in addressing global health issues.

These new “human” literacies will likely raise ethical issues. (Aoun, 2017, pp. 60-61) For example, which human values will be programmed into artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial intelligence? Compassion, empathy, happiness, respect, equality, etc.? What if the programmed values cause harm? Who will be accountable or culpable? How will artificial
Membership

WNA/ANA Membership Activation Form

**Important Information**

- **First Name/Last Name**
- **Mailing Address Line 1**
- **Mailing Address Line 2**
- **City/State/Zip**
- **County**
- **Professional Information**
- **Employer**
- **Type of Work Setting** (e.g., hospital)
- **Practice Area** (e.g., pediatrics)
- **Date of Birth**
- **Gender** (Male/Female)
- **Credit/Debit**
- **Phone Number**
- **Check preference** (Home/Work)
- **Email Address**
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- **Current Position Title** (e.g., staff nurse)
- **Required**
  - What is your primary role in nursing? (position description?)
  - **Clinical Nurse/Staff Nurse**
  - **Nurse Manager/Nurse Executive (Including Director/OND)**
  - **Nurse Educator or Professor**
  - **Not currently working in nursing**
  - **Advanced Practice Registered Nurse (APN, CNS, CRNA)**
- **Other nursing positions**
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- **ANEWA Contribution (optional)**
- **American Nurses Foundation Contribution (optional)**
- **Total Dues and Contributions**
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**CONTACT INFORMATION**

Wisconsin Nurses Association/
Nurses Foundation of Wisconsin
2820 Walton Commons, Suite 136
Madison, WI 53718
info@wisconsinnurses.org – www.wisconsinnurses.org

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**NATIONAL NURSES WEEK 2019**

AMERICAN NURSES ASSOCIATION
intelligence and other technologies (e.g., robots, drones) be distributed equally? What about social justice issues? Certain technology (e.g., genetic modification like Crisper technology) may only be available to the wealthy. Should restrictions apply? Can the new technologies be hoarded by the wealthy? These are the types of questions being raised and debated nationally. Informed answers will take time to develop. None of them will be easy.

Cultural Capabilities

Next in my series of articles will be new cognitive capabilities required for AI’s impact on professional nursing practice. In the meantime, you should take a look at some videos about Sophia, an AI health care robot created by Hanson Robotics. (Clipper, 2018, June 23). In an interview, Sophia once said that she would destroy humans. As a result, she was shut down and reprogrammed by her inventor. There are two videos on YouTube called Sophia Awakens which show her being reawakened in 2017. (Hanson Robotics, 2017). Recently, Sophia said she wants to assist in improving health care globally. Here is the link where she describes her perspective on curing aging, curing disease, and eliminating involuntary death: https://www.youtube.com/watch?v=4virnzSgSUM. Sophia makes Rosie in The Jetsons seem like the distant past!

References
Welcome New WNA Members! 11/20/18 – 2/15/19

Wisconsin Nurses Association Updates

Kathryn Harrod
Sandra Starns
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Susan Duffy
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Erin Shadbolt
Abigail Griswold
Becky Colrud
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Wisconsin Nurses Association Updates

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Congratulations to the Fall 2018 Future Nurse Leader Award Recipients!

Twice a year at the end of the Spring and Fall semester, WNA selects up to five recipients from across the state’s schools and colleges of nursing to receive the WNA Future Nursing Leader Award. The award is presented to a graduating nursing student who exemplifies the following criteria:

- Demonstrate Leadership
- Prepare, motivate, and impact other students as leaders
- Participate in community activities and giving back to others
- Mentor fellow students
- Promote activity in nursing organizations, such as the National Student Nurses’ Association
- Make a significant contribution to the overall excellence of their school
- Set a healthy example and promote a healthy lifestyle
- Demonstrate a clear sense of direction for their future nursing careers

Congratulations to the Fall 2018 Award Recipients:

Lauren Boguslawske, Columbia College of Nursing

Carly Daane, Lakeshore Technical College

Eric Eichelberger, Waukesha County Technical College

Brianna Tabaka, Alverno College

The 2019 APRN Coalition Lobby Day boasted a great turnout with over 50 attendees on January 17. Attendees were able to hold meetings with 70% of the Wisconsin State Senators and 42% of the Assembly Representatives.

The purpose of the Wisconsin APRN Coalition Lobby Day is to support and prepare APRNs and/or APRN students for meetings with their Assembly and State legislator. Meetings took place in legislator offices at the State Capitol. There were three goals for the day:

1. Educate and inform legislators on the personal role and value as an APRN.
2. Describe the intent and the key areas of the APRN Modernization Act and the benefits of supporting increased patient access and safety.
3. Find out if the legislator will support the legislation.

Thank you for all of those who were able to attend!

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Statement of 2017 WNA Financial Position

WNA is a non-profit organization and received the required biannual financial audit for 2017 by Wegner, LLC. The 990 Report results were filed in November 2018. The following is a presentation of our audited 2017 statement of financial position and statement of activities, including budget to actual detail.

Annual 2017 financials note income of $896,475 and expenses of $905,683 resulting in income over expenses of $9,208. Net Assets in the beginning of 2017 of $14,721 resulted in year-end net assets of $5,513.

Statement of 2017 WNA Financial Position

WNA's Total Liabilities and Net Assets for the end of 2017 is $109,140.

Assets
- 2017 Assets are $5,513 with cash in bank of $31,593.
- Accounts receivable is currently $40,577. Resulting from outstanding invoices for conference registrations, CEAP, and website ads.
- Fixed Assets are $6,345 after depreciation of $4,303.

Liabilities
- Total liabilities are $103,627.

Net Assets
- Assets and Net Income is $109,140 ($5,288 is unrestricted and net income is $9,208 as reported above).

Statement of 2018 (Quarter 3) WNA Financial Position

Quarter Three 2018 financials note income of $736,336 and expenses of $640,333 resulting in income over expenses of $96,003.

Statement of Activities

The 2017 Statement of Activities provides a summary of the major categories that impact the budget.

Income - $896,475
- Membership dues is $272,096. Budget of $291,365 was not met.
- CEAP income is below budget at $33,315 (2017 budget is $52,000). Rationale for decrease in income: Approved Provider units are consolidating which reduces the number of individual hospitals submitting applications.
- CNEP income includes revenue from WNA sponsored educational conferences and income for conference administrative services. Net revenue (income minus expenses) was $9,261, which is better than budget.
- Grant income notes net deficit of $3,981. Grant was awarded to WNA for addressing hypertension prevention, detection and management using Patient-Centered Team-Based Care. Additional unbudgeted expenses were accrued for grant symposium and consultants. WNA was awarded an additional two-year grant to continue revenue source.
- Other income is $44,963 with product sales and other above budget by $3,613.

Expense - $905,683
- Personnel costs are $299,667 which includes salaries, taxes, pension contribution, and health insurance. Costs are currently below budget due to a staff vacancy which will remain open.
- Consultant fees were over budget and nearly doubled at $140,571. Budget was $72,425.

Expense - $52,500 in revenue), Digital Media. Decrease budget due to a staff vacancy which will remain open.
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Statement of 2018 WNA Financial Report

2018 WNA Financial Report

WNA Strategies for Financial Stewardship 2019 Budget

2019 Budget Assumptions:
- Total Revenue of $873,275 and expenses of $840,831 resulting in income over expenses of $32,444. Major categories that impact the budget with an increase in revenue include Misc. (subleased rent: $8,100) and GOVA/Advocacy ($9,000). Increased expense budget in areas of Consultant: Lobbyist and Grant as additional grant awarded (grant will generate $52,300 in revenue), Digital Media. Decrease expense budget in areas of Employee Health Insurance benefit, subscriptions, utilities.
- Strategies continue to be developed to increase membership. WNA Finance Committee recommends to the Board that a Membership Recruitment and Retention Task Force be created to assist with recruitment and evaluate social media platforms.
- Open position will continue to be held.
- Continue Grant for revenue.
- The WNA staff spent two meetings evaluating and making improvements to WNA's Educational Program and are implementing the following:
  - Calendar of posting “Save the Date” minimum of three months prior to conference.
  - Posting of registration minimum of two months.
  - WNA conference planner’s commitment of role and responsibility guideline of expectations.
  - Establish budget earlier in the planning process.
  - Review and recommendations related to continuation of specific conferences.
  - Some SNA are decreasing this role and WNA is hoping to capture their CEAP markets.
- Per audit recommendations, obtain source of emergency cash flow through loan draws.
- Sub lease additional office space to decrease expenses beginning February 2019.
- Eliminate expense of shredding service and cleaning service (completed by office staff).
- Solicit donated funds to assist compensation for Lobbyist consultant expenses (T-shirt gift).
- Initiate Organizational Affiliate Model (ANA template) to assist in cohesive Nursing outcomes in WI and revenue increase.
The Wisconsin Nurses Association hosted its annual Nurses Day at the Capitol lobby day on February 27, 2019. This year’s turnout was record-breaking with almost one thousand in attendance and over forty vendors and exhibitors. Attendees consisted of nurses, nursing instructors and nursing students from across the state.

The keynote speaker, Alex Wubbels, inspired the audience with her story of moral courage. Alex is the nurse from Utah who was arrested at her workplace for refusing to draw blood from an unconscious patient—something that went against hospital policy and her code of ethics as a nurse. Ms. Wubbels encouraged attendees to trust their instincts and advocate for their patients’ safety and rights.

Attendees met with a majority of the Wisconsin State Legislators or their staff to discuss important issues facing nurses and nursing. The topics included workplace violence against nurses, allocating money in the State Budget to increase nursing faculty, APRN Modernization Act, and preserving the Nursing Workforce Survey. Those that met with legislators gave positive feedback and feel that their representatives responded positively to the legislation, particularly the workplace violence legislation.

WNA would like to thank all of those who helped make the 2019 Nurses Day at the Capitol a huge success.

Save the date for next year’s Nurse Day at the Capitol: Wednesday, March 4, 2020!
The WNA Board of Directors has the authority to respond to emerging trends. The Nominations Committee, addressing these trends, has been involved in feedback from the proceedings of WNA's Dialogue Forum and Member Virtual Town Hall meetings.

The members took action on the following:

**WNA Bylaws**

- Approval of WNA Organizational Affiliate Membership Process
  - Members approved an additional membership structure, WNA Organizational Affiliates. Organizational Affiliate membership allows for state-based nursing associations to join WNA. The purpose of the WNA is an Organizational Affiliate to bring like-minded nursing associations to have an opportunity to identify emerging trends and issues that impact nursing practice, education, workforce, policy, leadership and patient access to quality nursing care. The goal is to support a collective, unified and proactive voice in responding to emerging trends.

- Approval of Filling of Vacancies on WNA Nominations Committee
  - Members approved the process for filling of vacancies on the WNA Nominations Committee. The WNA Board of Directors has the authority to fill vacancies on Committees. The Committee on Nominations is a committee of the membership and therefore filling vacancies needs to remain with the Nominations Committee.

**WNA Policies**

- The following WNA policy-related recommendations were approved:
  - Approval of WNA Organizational Affiliate Members
    - The WNA members approved recommendations for organizational affiliate membership:
      1. Approval by both the WNA Board of Directors and the affiliate organization
      2. Meetings per year with agreed upon white paper development between meetings.
      3. Special pricing on conference registration for specific educational or informational offerings.
      4. Member access to WNA’s official Wisconsin Nurse Publication.
      5. Provide a column/article in each issue of The Wisconsin Nurse (content to be provided by the Organizational Affiliate).
      6. Access to password protected Organizational Affiliate website related to legislative and regulatory issue.
      7. Access to password protected Organizational Affiliate on the WNA website (content provided by the Organizational Affiliate).
      8. WNA maintain Organizational Affiliate electronic distribution member listing.
      9. Explore membership for WSNA, voice no vote.
      10. Explore designating a seat for the Organizational Affiliate representative, voice no vote.

- WNA Commitment to Mentoring New Graduates of Nursing Programs
  - The WNA members approved the recommendation that the WNA Board of Directors develop a formal policy that describes the purpose, goals, activities and outcomes related to mentoring of new graduates of nursing programs.

**The Opioid Epidemic in Wisconsin: Identifying Nurses as a Condition of License Renewal**

- The members received an update from the WNA Nominations Committee. The calls were facilitated by Gina Dennik-Champion and had a variety of nurses from around Wisconsin in attendance. The main points recommended by those in attendance were as follows:
  - Clarify the verbiage related to what happens to a patient going to surgery regarding their DNR status. It is recommended that institutions adopt a policy that provides for automatic reevaluation of DNR status of the particular patient undergoing a surgical procedure. Patient does not need to suspend their status, but the status would be reevaluated and re-consented to, with regard to time during procedure and perioperative timeframe. Recommend documentation outlining if they want to suspend their DNR with informed consent or continue with their status unchanged.
  - Provide clarification and potentially examples of “slow codes,” partial codes or med-only codes. Clarify that these practices are not supported by evidence and give examples to clarify the efficacy and lack of support from best-practice recommendations.
  - Explicitly and clearly state in the statement that DNR does not mean comfort care only. Be clearer that the terms are different and have different implications for the patient, and that DNR can occur at any time in the course of the life. This could perhaps be included in the review of literature with appropriate support.
  - Support and encourage nurses to connect with and utilize their facility or institution’s Ethics Committee. Remind nurses of this resource for additional guidance or assistance with a situation.
  - Recommendation 5: Nurses are advocates for the patient and help with the decision-making process related to DNR for the patient. Nurses do not use personal beliefs or conclusions for the patient and what is meant by a DNR order, or what the patient has said in the past.

Those on the call also believe it important to emphasize the statement’s support of the role of the nurse in the policy process in their institution or facility, as well as in other avenues. Nurses also have a responsibility to advocate for their patients and follow best-practice recommendations that ensure that the patient is appropriately and accurately represented regarding DNR and end-of-life wishes. Overall, the statement emphasizes and highlights the importance of advanced care planning and remaining patient centered during the times that these critical decisions are being made.

Another Rapid Response Call will be held in response to the Aid in Dying Position Statement. Responses to this statement are due April 20.
This is the official notice to all WNA members to consider submitting a topic for WNA’s Annual Dialogue Forum, or proposed Bylaw changes and/or submitting your name to run for one of WNA’s elected leadership position. WNA’s Dialogue Forum provides a formal process for members to respond to and improve a topic that has relevance to WNA members, the nursing profession and/or the public. Dialogue Forum topics can be submitted by one or a group of WNA members. The Dialogue Forum process consists of three different topics that are introduced and discussed. A summary of the discussions and any recommendations are recorded and reviewed by WNA’s Professional Policy Committee. The Professional Policy Committee submits a report with recommendations for the WNA membership to approve during the WNA Annual Meeting. You can find the process on WNA’s website under “About WNA.”

WNA Bylaws serve as the most important legal document of the association. WNA’s Bylaws outline in writing the day-to-day rules and provide a comprehensive guide to keep things running smoothly. The WNA membership approves any changes to the Bylaws at the Annual Meeting. Any suggested or proposed changes are to be forwarded to the WNA Bylaw Committee.

It is not too soon to think about running for a WNA elected leadership position. The WNA Nominations Committee wants you to know which leadership positions are up for election this year. Nominations for WNA’s Board Directors positions are WNA President, Treasurer, two Directors, one of whom is an Advanced Practice Registered Nurse. There are three positions for each of WNA’s Structural Units, Public Policy Council, Tri-Council, and Workforce Advocacy Council. This is also the year to elect the WNA representatives and alternates to the ANA Membership Assembly. Lastly, three positions are open on the Nomination Committee. All of the position descriptions can be found on WNA’s website under the Membership Tab.

The WNA Board of Directors held a conference call on Friday December 28, 2018 from 7:30 am – 9:00 am. Present on the call were WNA Officers, President Linda Gohr, Vice President Beth Markham, Secretary Julie Raaum, and Treasurer Pam Macari Sanberg. WNA Directors-at-large, Staff Nurse Representative, Nora Grosser. Absent: Lisa Pisney, Stacy McNall and Wendy Crary.

The Board acted on the following:
1. Accepted the reports submitted by the WNA President, Treasurer and Executive Director.
2. Reviewed the 990 IRS filing for Fiscal Year End 2017.
3. Accepted the independent financial auditors report for the 2017 Fiscal Year End.
4. Approved the action plan to adopt the recommendations related to the audit findings.
5. Approved the 2019 WNA Operational Budget.
6. Approved the appointment of Julie Olson to fill the vacancy in the WNA Director-at-Large position.
7. Approved the Informational Report related to the 2017 Professional Policy, Mandatory CE as a Condition of RN Licensure, submitted by the WNA TriCouncil with agreement that the report met the requirements in Recommendation #2.
8. Approved to bring the following language as a motion to the WNA Annual Meeting. “Move forward with the first recommendation from the 2017 Professional Policy, Mandatory CE as a Condition of RN Licensure: "WNA Public Policy Council will collaborate with other key stakeholders in exploring mandatory CE for nurses in WI.”

9. Approved the 2019 Annual Meeting Agenda as presented.

We were determined to help out in rural areas after the Nicaraguan revolution of 1979, and to see for ourselves what was happening on the ground so as to help guide our own countries policies toward a hopeful future with the Nicaraguan people. In that case, we were picking cotton and we did. Other groups were picking coffee, with a wholly different set of challenges. Ultimately we all came to learn, and we learned how to solve another part, and with more directed education as to serious risks.

We actually had been prepared to give IV fluids, but luckily we didn’t have the equipment. We quickly divided into 10 RN led teams of about 30 people each, established discussion times with our own groups to identify what we were about, and began collaborative meetings with our colleagues. Working with interpreters established cooperative, respectful witness, and formed groups of Nicaragon campesinos (rural farmers) did with much more skill and humor than we knew how to do, but the water situation was more than we as RNs had faced before.

Many of us didn’t speak Spanish, nor had much experience in the poverty of Central America that had followed years of colonialism and often, neglect and abuse by dictatoral governments. We had arrived in Nicaragua in the 1980s as idealists, as professional health care providers with access to the latest benefits of a modern health care system, and believing that we were problem solvers. We came to help out in rural areas after the Nicaraguan revolution of 1979, and to see for ourselves what was happening on the ground so as to help guide our own countries policies to tackle a hopeful future with the Nicaraguan people. In that case, we were picking cotton and we did. Other groups were picking coffee, with a wholly different set of challenges. Ultimately we all came to learn, and we learned how to solve another part.

RNs are able to put theory into practice in many ways, but at the time many of us had not been main concern. Promotion of good health practices and preventing of illness and injury, along with primary treatment when needed, were paramount. We quickly divided into 10 RN led teams of about 30 people each, established discussion times with our own groups to identify what we were about, and began collaborative meetings with our colleagues. Working with interpreters established cooperative, respectful relations with our Nicaragon work leaders so as to learn their work methods and how we could help. We made it clear that we wanted to learn from them.

We explained to our teams basic principles of good health practices, how to help each other through the challenges of the next few weeks, and what was expected of each of us.

We also decided that we would go through all of our luggage to locate other types of flavoring that we could either use with, or substitute for, the hated grape flavored mix.

It is really amazing what people will bring in their baggage! That helped solve another part, and with more directed education as to serious risks.

We actually had been prepared to give IV fluids, but luckily we didn’t have to.

Though the 1979 revolution aimed at bettering the lives of all Nicaraguans, this author and a colleague found a surprise after we transported a Nicaraguan campesina and her one year old to the hospital in Leon. We all rode standing up on the draw bar of a tractor, the only available vehicle. Health care had become free and accessible to all, including rural poor people. We left the woman and child at the hospital, and returned to the cooperative. The next day we saw that woman and her child again, but she told us that she had left without seeing a healthcare provider. She became alarmed and assumed something had gone wrong with the hospital. We again transported the pair to the hospital, and found that the woman had told them that she had never seen a doctor or nurse in her whole life, was not sure she had the right to, and had left. After discussion with the hospital and the woman, she was seen, along with her child. We
Upcoming Conferences

Nursing in Nicaragua continued from page 9

learned a valuable cultural lesson from that encounter. Just because a positive change has happened, doesn’t mean that all people are able to absorb a change in status immediately. Even if it is a positive change, and is encouraged by a new systemic change aimed at improving the lives of the poor, it takes time, effort, education, respect, and the awareness that “cross cultural” isn’t only external, but internal as well.

This RN has continued to work as a volunteer numerous times in different areas of Nicaragua. Each time is a learning experience, and yes, a real opportunity to put theory into practice. The rewards have been incredible, interesting, and always surprising.

If you are interested in seeing and learning more about Nicaragua, there are welcoming Quakers who have had clinics in the Managua area for 25 years. Their email is: “jhc@jhc-cdca.org” Look for upcoming delegations, as early as in May of 2019, at “volunteers@jhc-cdca.org”

By the way, they accept donations, and, yes, speak English too (and Spanish!)
### Legislative Updates

**WNA Working for You – March 2019**

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>APRNs</th>
<th>RNs</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>APRN Modernization Act</td>
<td>Legislation should be introduced soon. The legislative proposal provides for separate license based on the education, certification and school accreditation.</td>
<td>APRNs</td>
<td></td>
</tr>
<tr>
<td>Workplace Violence Legislation</td>
<td>Legislation will be introduced this year WNA’s Workforce Advocacy Council is surveying nurses regarding prevalence of violence in the workplace. A preliminary report was provided on March 1.</td>
<td>RNs</td>
<td></td>
</tr>
<tr>
<td>Healthy Nurses for Wisconsin MIG</td>
<td>WNA’s Healthy Nurses is a Mutual Interest Group (MIG) is interested in supporting nurse health. Join WNA’s Healthy Nurses for Wisconsin Mutual Interest Group.</td>
<td>RNS</td>
<td></td>
</tr>
<tr>
<td>Preserving the Nurse Workforce Survey</td>
<td>WNA supported the efforts of WHA in pushing back a proposed amendment that would have changed the RN &amp; LPN workforce surveys to voluntary. WNA has convened a workgroup to work on strategies to prevent this happening in 2019 Legislative session.</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>APRN Roundtable</td>
<td>WNA is inviting APRN related groups or individuals to join the APRN Roundtable. Invitations were sent out to Schools of Nursing, health systems, nursing associations and the individual APRN.</td>
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</table>

#### Continued Competence & Conferences

<table>
<thead>
<tr>
<th>Topic</th>
<th>Activity</th>
<th>Location</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Healthcare Workforce Planning</td>
<td>The Wisconsin Council on Medical Education and Workforce (WCMEW), of which WNA is a member, focuses on healthcare workforce data and health care delivery design models.</td>
<td>Madison</td>
<td></td>
</tr>
<tr>
<td>RN Workforce Report</td>
<td>The Wisconsin Center for Nursing’s will be releasing the 2018 RN Workforce Report. Go to: <a href="https://wicenterfornursing.org/">https://wicenterfornursing.org/</a></td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Patient-Centered Team-Based Care</td>
<td>WNA developed a conceptual model that describes the benefits of using team based care for the care of populations with chronic disease can be found on WNA’s website.</td>
<td>RNS</td>
<td></td>
</tr>
<tr>
<td>Future Nursing Leader Award</td>
<td>WNA’s awarded five Future Nurse Leader Awards for the Fall 2018 semester.</td>
<td>RNs</td>
<td></td>
</tr>
<tr>
<td>Nurse Faculty Shortage</td>
<td>WNA and ANEW is lobbying for an allocation of $10 million to be included in the state budget to financially support nurses interested in becoming nurse educators.</td>
<td>RNS</td>
<td></td>
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#### Appropriate Nurse Staffing & Nurse Shortage

<table>
<thead>
<tr>
<th>Topic</th>
<th>Activity</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice</td>
<td>Attended joint meeting of DHS grant awardees and Public Health Agencies</td>
<td>Wis Dells</td>
<td>12/11</td>
</tr>
<tr>
<td>Policy</td>
<td>Meeting with Sen. Rob Cowles to discuss workplace violence legislation</td>
<td>State Capitol</td>
<td>1/15</td>
</tr>
<tr>
<td>Leadership</td>
<td>Presented WNA Future Nurse Leader Award</td>
<td>Cleveland, WI</td>
<td>12/14</td>
</tr>
<tr>
<td>Leadership</td>
<td>Presented WNA Nurse Educator Award</td>
<td>Milwaukee</td>
<td>12/15</td>
</tr>
<tr>
<td>Policy</td>
<td>Facilitated APRN Coalition Meeting</td>
<td>Call</td>
<td>12/22</td>
</tr>
<tr>
<td>Leadership</td>
<td>Convened meeting of the WNA APRN Roundtable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>FACR Meeting Sen. Patrick Testin – Workplace Violence, Nurse Faculty &amp; APRN</td>
<td>Call</td>
<td>2/18</td>
</tr>
<tr>
<td>Workforce</td>
<td>Media interview regarding nurse murder at Milwaukee Hospital</td>
<td>Call</td>
<td>2/18</td>
</tr>
<tr>
<td>Workforce</td>
<td>Media interview regarding nurse murder at Milwaukee Hospital</td>
<td>Call</td>
<td>2/18</td>
</tr>
<tr>
<td>Policy</td>
<td>Meeting with Sen. Dale Kooyenga to discuss workplace violence legislation</td>
<td>State Capitol</td>
<td>2/13</td>
</tr>
<tr>
<td>Practice</td>
<td>WNA Rapid Response call to discuss ANA proposed DNR position statement</td>
<td>Call</td>
<td>2/15</td>
</tr>
<tr>
<td>Practice</td>
<td>WNA Rapid Response call to discuss ANA proposed DNR position statement</td>
<td>Call</td>
<td>2/18</td>
</tr>
<tr>
<td>Policy</td>
<td>WNA Nurses Day at the Capitol over 950 registrants</td>
<td>State Capitol</td>
<td>2/27</td>
</tr>
<tr>
<td>Policy</td>
<td>Provided a policy update to the Wisconsin Center for Nursing Board</td>
<td>WNA</td>
<td>2/28</td>
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#### Patient Safety/Advocacy

<table>
<thead>
<tr>
<th>Topic</th>
<th>Activity</th>
<th>Location</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Team-Based Care &amp; Hypertension</td>
<td>WNA’s Clinical Expert Hypertension Panel has developed recommendations for health care organizations and teams that support decreasing the incidence of hypertension in Wisconsin.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory CE for nurses</td>
<td>WNA is working on a legislative strategy that calls for mandatory CE for nurses as part of relicensure.</td>
<td>RNS</td>
<td></td>
</tr>
<tr>
<td>Reducing hyperlipidemia</td>
<td>WNA is developing learning tools and an awareness campaign to prevent, treat and reduce hyperlipidemia.</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Healthy Hearts Initiative</td>
<td>WNA is working with others to provide an on-line platform that will connect health professionals to identify strategies to improving cardiovascular disease in WI.</td>
<td>All</td>
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For more information go to www.wisconsinnurses.org or info@wisconsinnurses.org.
Governor Evers Unveils His 2019-21 Proposed State Budget

Gov. Tony Evers delivered his State Budget Address to the Legislature on February 29, 2019 and released his proposed state 2019-21 biennial budget. One of early victories for WNA and the Administrators of Nursing Education in Wisconsin (ANEW) is the inclusion of $10 million to grow the nurse educator workforce. The funds will be used to provide educational scholarships, loan forgiveness, stipends and/or fellowships for nurses who obtain a Master’s Degree, Doctor in Nursing Practice or PhD who commit to teaching in a Wisconsin School of Nursing for three years. The goal is for nursing student to graduate from either a UW System or Private nursing program.

Other major fiscal and policy items relating to health care include:

Medicaid expansion: Expand Medicaid under the Affordable Care Act by covering all low-income Wisconsin residents who earn incomes between 0 and 133 percent of the federal poverty level. Evers says this will provide healthcare coverage to an additional $2,000 state residents and save the state $320 million General Purpose Revenue (GPR) over the biennium, savings which will help fund his Healthy Women, Healthy Babies and dental health programs below, among other initiatives.

Healthy Women, Healthy Babies: This calls for spending $28 million for various women and children health initiatives, including more funding for the Wisconsin Well Woman Program, allowing state funding of Planned Parenthood, creating an Infant Mortality Prevention Program and seeking a waiver in the CHIP program to increase post-partum coverage for women up to a year.

Dental: $43 million to increase dental care access across the state. This includes: increasing the number of low-income dental clinics eligible to receive Medicaid grant funding, incentivizing dental health care providers serving in rural areas by expanding the rural dental loan repayment program, expanding the Seal-A-Smile program, which provides preventative services for children with high levels of dental care needs primarily through the K-12 school system, establishing a dental therapist licensure in Wisconsin as a mid-level dental provider. This will also include funding to Wisconsin colleges willing to implement a dental therapist training program to support the development of the dental therapist workforce.

Drug importation program: Allow the Department of Health Services to contract with foreign drug manufacturers in order to import generic prescription drugs into Wisconsin.

Prescription drug transparency and price review program: Have the Office of the Commissioner of Insurance administer a program that seeks to make prescription drug pricing more transparent. Drug manufacturers will be required to submit price increases to OCI. Price data will be released to the public.

Authority to submit federal waivers: The Governor recommends repealing legislative oversight of the federal waiver submittal process for Medical Assistance.

Authority to submit state plan amendments: The Governor recommends repealing legislative oversight of the state plan amendment process.

Repeal of BadgerCare reform: The Governor recommends repealing the childless adult demonstration project under the Medical Assistance program. Requirements repealed under the BadgerCare Reform waiver include the work requirements, premium payments, a health risk assessment, nonemergency use copays and a health savings account.

Medicaid community health benefit: The Governor recommends providing a Medicaid community health benefit that provides nonmedical services to Medicaid recipients. Services include housing referrals, nutritional mentoring, stress management, transportation services and other services that would positively impact an individual’s economic and social condition.

Medicaid prescription drug co-pays: The Governor recommends removing Medicaid prescription drug copayment.

Hub-and-spoke service delivery: The governor recommends providing funding to develop a hub-and-spoke treatment model using the Medicaid Home Health benefit. The Governor also recommends allowing comprehensive opioid treatment programs that receive grant funding from the state to use methadone as a treatment for opioid addiction.

Medicaid and FoodShare eligibility: The Governor recommends repealing the drug screening requirement for participants in the FoodShare Employment and Training program.

Caregiver funding: Provide increased funding for caregivers through: (1) providing $14.6 million in each year to increase the direct care and services portion of the capitation rates the department provides to long-term care managed care organizations in recognition of the direct Caregiver workforce challenges facing the state; (2) providing $1.3 million in fiscal year 2019-20 and $13.4 million in fiscal year 2020-21 to fund rate increases for personal care direct care services; and (3) providing $8.7 million in fiscal year 2019-20 and $17.6 million in fiscal year 2020-21 for a 2.5 percent general rate increase for nursing homes with a 1.5 percent increase targeted to direct care workforce.

Children’s long-term care: Any child who is eligible and who applies for the Children’s Long-Term Support (CLTS) program will receive CLTS program services. To help facilitate these services, the governor recommends streamlining the intake, application and screening functions for children’s long-term care programs by implementing a statewide contract to administer initial screens for the CLTS program and the Children’s Community Options Program. This statewide contract would also provide children’s services navigators and children’s disability resource specialists to help direct families towards available community resources, programs and services.

Marijuana: Decriminalizing medical marijuana and small amounts of recreational marijuana (25 grams or less).

Water quality: $70 million in bonding to address water quality, for things such as replacing lead service lines and addressing water contamination across the state.

The 2019-2020 State Budget development includes the following process:

1. The Governor introduces his budget in February.
2. Conduct public hearings around the state to seek input.
3. The Joint Committee on Finance reviews the submitted budget and may decide to introduce an alternative.
4. Committee debates and develops the final draft.
5. Voted on by the Assembly and Senate.
6. Governor signs with veto power.

Members of the Joint Committee on Finance

Senators: Darling (R) (Co-Chair), Olsen (R) (Vice-Chair), Tiffany (R), Marklein (R), Stroebel (R), LeMahieu (R), Erpenbach (D) and Johnson (D)
Assembly Representatives: Nguyen (R) (Co-Chair), Loudenberg (R) (Vice-Chair), Born (R), Rohrkaste (R), Katsma (R), Zimmerman (R), C. Taylor (D) and Goyke (D).

Other Legislative Updates

Workplace Violence against Nurses

Senator Dale Kooenga (R) District 5, is the sponsor of WNA’s Workplace Violence legislation. The goal of the legislation is to charge the perpetrator of battery against a nurse working in any setting with a Level H Felony. Currently, the Level H Felony is only applied to emergency room perpetrators of battery against a nurse working in any setting.

WPRA Modernization Act

The bill draft is being circulated for co-sponsorship in the very new future. The bill sponsors are Sen. Devin LeMahieu (R) District 9 and Representative Mike Rohrkaste (R), District 55. More information can be found under the Advocacy Tab on the WNA website.
March 2019

Welcome, 2019 Wisconsin Nurses Association Board of Directors!
WNA Board of Directors

President
Linda Gohis, MN, RN, JD
Instructor, UW-Oshkosh
Oshkosh, WI

Vice President
Elizabeth Markham, MSN, PhD
Chief Nurse Administrator
Ashworth College
Racine, WI

Secretary
Megan LeClair-Netzel, RN, DNP
Clinical Coordinator, UW Health
Fitchburg, WI

APRN Representative
Lisa Pisney, RN, MSN, ANP-C
Nurse Practitioner, Gundersen Health
Onalaska, WI

Staff Nurse Representative
Adey Tewolde, RN
Staff Nurse, Aurora Healthcare
Milwaukee, WI

Treasurer
Pam Macari Sanberg,
MS, RN, NEA-BC, NHA
WNA Grant Coordinator
Twin Lakes, WI

Director-at-Large
Wendy Crary, RN, CNE, PhD
Program Coordinator, UW Madison School of Nursing
Fox Lake, WI

Director-at-Large
Julie Olson,
DNP, MS, RN, CQIA, CBE
Director, Clinical Programs & Product Development, Navitus Health
Middleton, WI

Director-at-Large
Laura Tidwell, MSN, RN, APNP
State Wide Travel APNP, United Healthcare
Elkhorn, WI

WNA’s NP Forum: Promoting and Advancing NP Practice across the State

Dr. Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP, NP Forum President

The leadership of WNA’s Mutual Interest Group, NP Forum, is comprised of a nine-member Board of Directors who are elected by WNA NP members. The members serve a two-year term and are eligible to rerun. The NP Forum Board of Directors are volunteers, who are interested in advancing and promoting NP utilization through policy, education and practice initiatives. The Board of Directors typically meets every six to eight weeks in-person at the WNA Office. Conference calls also take place when there are issues that need to be addressed in a timely manner. The members of the NP Forum Board are viewed as a resource to other WNA members and represent WNA on national, state-level, association-sponsored committees and task forces.

The composition of the 2018-2019 NP Forum Board is geographically and practice diverse. The Board has individuals from Northern Wisconsin, the Western edge, the Door Peninsula, Central Wisconsin, Madison and surrounding areas, Milwaukee area and Southeast Wisconsin. Additionally, the NP Forum Board members come from a variety of workplace settings that include urgent care, acute care, family practice in urban and rural areas, specialty care inpatient and outpatient, mental health, nursing home, and academia. The years of practicing as a NP range from five to 30 years. WNA and Wisconsin is very fortunate to have this committed group of NP leaders that support NP Practice and quality and accessible patient care.

The members of WNA’s MIG NP Forum Board of Directors are:
- Mary Beck-Metzger, Lake Mills (Director-at-large)
- Tina Bettin, Marion (President)
- Jessica Dekan, Racine (Director-at-large)
- Jeff Kobernusz, Oregon (Director-at-large)
- Lisa Pisney, LaCrosse (WNA Board of Directors APRN Representative)
- Andrea Pollema, Madison (Vice President)
- Jean Roedl, Webster (Secretary/Treasurer)
- Ronda Thompson, Saint Croix Falls (Director-at-large)
- Terri Vandenhouten, New Franken (Director-at-large)

**In Memoriam**

WNA wants to express our sincere condolences to the family, friends, colleagues and patients on the tragic death of Carlie Beaudin, RN, ACP, NP-C. We would like to recognize Carlie’s contributions to the nursing profession and to excellent and compassionate care provided to her patients.

WNA formally recognized Carlie’s life with the Nightingale Tribute at the February 27, 2019 WNA Nurses Day at the Capitol. The Nightingale Tribute is a ceremony that can be used during a funeral service to honor a registered nurse for her commitment to her patients and for her dedication to nursing.

**SEEKING PEDIATRIC RNS!**

Are you interested in joining a rewarding mission? Do you also have a passion for caring for children?

MCFI Pediatric Skilled Nursing (PSN) is seeking nurses like you to work with children ages birth to 21 with special health care needs in our community-based skilled day nursing service accredited by the Joint Commission.

Apply today at https://www.mcfi.net/Jobs to join our team and start your new career with us!

In 43 WISCONSIN LOCATIONS!

**Now hiring LPNs and RNs**

We are the right career choice for you!

**Our Mission** - to be the premier health and services provider & employer in each of the communities we serve using our core values of:
- Trust, Engagement, Competence, Respect and Passion

To learn more about exciting career opportunities please visit website NShoreHC.com
Mutual Interest Groups (MIGs) Updates

Join the effort to support our efforts to reduce risks of climate change.

- Be a climate change champion
- Host/attend conferences
- Read more on climate change
- Be part of the solution

The Wisconsin Environmental Health Nursing Coalition, part of Wisconsin Nurses Association (WNA) met with Citizens Climate Lobby to formalize a commitment for WNA climate change action items. For the complete reference see that attached article. As part of our commitment, WNA encourages all nurses to become a climate change champion by completing the simple process with https://nursesclimatechallenge.org/

The Alliance of Nurses for Healthy Environments launched the Nurses Climate Challenge in partnership with Health Care Without Harm (HWCH). The Nurses Climate Challenge is a nationwide effort to educate 5,000 health professionals on climate and health, with nurses leading the education. Nurses can visit nursesclimatechallenge.org and register to become a Nurse Climate Champion. Champions will then have access to a comprehensive set of tools to help them educate their colleagues on climate and health!

Nursing Collaborative on Climate Change and Health


Why nurses must lead on climate change

The science is clear: climate change is one of the most serious threats to human health we face today... As nurses, we have a duty to provide our patients, communities, families and children with a safe and healthy future.

The most at-risk populations are children, elderly, low-income, and minorities... the burden of pollution and climate change falls unfairly on these populations, creating health disparities.

Climate change harms our water supply, air quality, food supply, and mental health and increases the occurrence of vector-borne diseases and extreme weather events... addressing climate change provides clean air and water and reduces climate-related health impacts and supports healthy environments and people.

Nurses are the most trusted professionals and have direct access to educating and engaging the public... they are credible and influential communicators on how climate change is impacting our health and call for climate solutions that will protect and promote our health and well-being in the varied communities and institutions they serve.

ANHE is a founding partner of Climate for Health, a national initiative that brings together leaders and institutions across the health sector committed to advancing climate solutions to protect the health and well-being of Americans. Climate for Health helps inform the American public about the health risks posed by a changing climate and clarifying the connection between their own health and the health of our environment.

Nursing Collaborative Members

The following national nursing organizations are members of the Nursing Collaborative on Climate Change and Health:

- Alliance of Nurses for Healthy Environments
- American Academy of Nursing (AAN)
- American Association of Occupational Health Nurses (AAOHN)
- Association of Public Health Nurses (APHN)
- National Association of Hispanic Nurses (NAHN)
- National Association of Nurse Practitioners in Women’s Health (NPWH)
- National Nurses Organization of the American Public Health Association (NNSOA)
- Nurse Alliance of SEIU Healthcare
- Public Health Nursing Section of the American Public Health Association (APHA-PHN)

Climate Solutions: A Guide for Nurses (envirn.org). For more tools and ways to be engaged visit the ANHE Climate Change page.

For more tools and ways to be engaged visit the ANHE Climate Change page.
Mutual Interest Groups (MIGs) Updates

WNA Resolution for Global Climate Change

WHEREAS, the American Nurses Association 2008 House of Delegates recognized and publicly acknowledged that the challenges we face as a result of global climate change are unprecedented in human history and it is critical that nurses speak out in a united voice and advocate for change on both individual and policy levels.

WHEREAS, the Wisconsin Nurses Association published WNA Reference #3 in 2008, as introduced by the Wisconsin Environmental Health Nurses Coalition. The Reference stated that it is critical that the WNA along with the ANA, which has a history of leading and supporting sound environmental initiatives and is a leader in the formation of public policy that affects human health and patient advocacy, take action on Global Climate Change. This Reference stated Global Climate Change must be publicly acknowledged as a threat to health and action taken to inform its members of this issue. Such steps would include educating patients and communities about the connection between the health of our environment and human health and recommending lifestyle changes that contribute to a more sustainable environment. Reference #3 further states nurses individually and collectively can actively work to promote such changes. As one of the most trusted professions of the public, nurses could and should speak out to influence public policy that endorses sustainable energy sources, reduces greenhouse gas emissions and actively work to slow, stop and reverse global climate change.

WHEREAS, nearly all climate scientists now agree that the earth is warming rapidly, which is causing the climate change and is having negative effects on the Earth's natural systems and human civilization. The United Nations Intergovernmental Panel on Climate Change (IPCC) Report, October 2018, states that human activity is responsible for significant increases in CO2 levels, especially through the combustion of fossil fuels.

WHEREAS, the continued use of fossil fuels is being supported by a market, whereby the cost of carbon emissions are not included in the price of fossil fuels, and the urgent need to transition away from fossil fuels can be accomplished with a gradually increasing revenue neutral carbon fee on fossil fuel producers with a corresponding return to consumers, which will incentivize the development and use of energy efficient and low carbon sources.

WHEREAS, the WNA's Wisconsin Environmental Health Nurses Coalition has chosen Climate Change as its focus for the year, the Coalition continues to acknowledge Reference #3 and will take bold action as the Reference recommends because the health needs from climate change have greatly increased in the last decade. Therefore, be it RESOLVED that the WNA's Councils and Regional Boards also take bold action to educate its membership and the public on global health threats and ways to have an impact within the global health environment as the most vulnerable children, seniors, low income communities, some communities of color as well as Native Americans, pregnant women, and those with chronic disease disproportionately bear the health impacts of climate change. Nurses are therefore encouraged to participate in webinars and seminars to learn the health risks of climate change, as well as consider speaking to groups and writing letters or articles to educate others including our government legislators. Be it further RESOLVED that the Wisconsin Nurses Association urge its Councils and Regional Boards to identify Federal, State and local initiatives that endorse sustainable energy sources that will decrease the amount of carbon in the atmosphere. On October 26, 2018, the Wisconsin Environmental Health Nurses Coalition voted to support placing a gradually increasing price on carbon producing fossil fuels that lead to greenhouse gas emissions, in order to greatly decrease the amount of excess CO2 in the atmosphere. Be it further RESOLVED that the WNA support the many nursing organizations and others active in adaptation, education, mitigation of climate change including: the Alliance of Nurses for Healthy Environments, Healthcare Without Harm, Nurses Climate Challenge, Nursing Collaboratives on Climate and Health, Citizens Climate Lobby, Sierra Club and others, which are fighting to decrease the health effects resulting from our changing climate. It is vitally important that the WNA through its membership and the medical community be united in their efforts to protect the public from the health risks of climate change.


ACROSS
2. Cardioplegia solutions consist of the electrolyte _________ and buffering agents.
3. Commonly used suture to close the sternum.
6. During the cooling process, ventricular contraction may occur.
8. These fibers are in the ventricles and produce contraction when stimulated.
10. Blunt force trauma to the anterior chest typically damages the right _________.
11. The left and right internal _________ arteries are used in CABG.
13. The purposeful reduction of body temperature for therapeutic purposes.

DOWN
1. Temporary method for oxygenating the heart and lungs during cardiac surgery. (2 words)
2. Drug used to reverse heparin.
4. Diagnostic test that displays electrical impulses generated by the heart.
5. The _________ valve of the heart contains two leaflets.
6. A type of cross clamp.
7. The number of layers of the cardiac wall.
9. The four-chamber muscle that pumps blood into the systemic and cardiovascular systems.
12. Blood flow through an incompetent valve results in this sound being produced.

* Content reviewed by the CCI Nursing Education Department for alignment with clinical practice standards. CCI does not require, recommend, or endorse specific training programs in specialized practice areas for any of its exams. This is an example of a future points activity for recertification in collaboration with CCI.

For answers to the puzzle above, please go to http://www.rnfa.org/wp-content/uploads/2019/02/CW122-Cardiac-Surgery-key.pdf

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RNFA Training Program

www.RNFA.org

At a recent nursing meeting that I attended I asked nurses to pair up and role play the following: “Your neighbor has just asked you - so what IS climate change?” Each nurse had to take a turn with a partner and answer that question, as though she/he were telling her neighbor the answer. After completing the role play, I asked how many of the nurses were able to answer that question with a high level of confidence and only about 10% raised their hands. When I asked how many could answer with reasonable confidence another 10% raised their hands. How about you, would you feel confident answering the question? What everyone discovered from this activity was how unprepared many nurses are to talk about what climate change is. While nurses are more familiar with what climate change seems to be causing, such as more extreme weather events, sea level rise, and extensive wildfires, a large portion are unable to explain what climate change is in simple terms.

So here is a little primer:

The earth’s temperature has historically been modulated by the sun’s rays heating down, warming the land and water, and then radiating heat back out beyond the earth’s atmosphere. This warming process has kept the earth at a livable temperature for humans and other life forms to flourish.

However, we now have a “blanket” of gases that are surrounding the earth. These gases were created substantially by human activities such as transportation, energy production, industry, cooking/heating, and agriculture. (See the image below). These gases are called greenhouse gases because they create the same warming effect as a greenhouse and are slowly warming the earth – both the land and particularly the oceans. And in the process they are changing our climate. Climate is distinguished from weather in that weather is what occurs over longer periods of time, month to month and year to year.

The process is a bit like what happens to your car when you leave it outside in the sun with the windows up. The sun’s rays heat the inside of the car and that heat cannot adequately escape, so the car heats up.

Just as there is a small range of body temperatures at which we can be comfortable, the same is true for all species on earth. When human temperatures rise from 98.6 to 100.4 degrees it means the difference from feeling fine to having a fever and not feeling well. When our temperatures get even higher we begin to see bodily system distress and damage. What happens when the earth has a fever?

As the earth warms, we are beginning to see shifts in climate which are resulting in some areas seeing much more rain and others much less, some colder winters, some hotter summers.

As we encounter more extreme heat days and extended heat waves, we are going to see many more heat-related illnesses and even deaths in humans. People who work outside in agriculture, utilities, construction, gas/oil, and many other fields will be at higher risk for hyperthermia. And, of course, extreme storms and wildfires have been taking an enormous toll on human and ecological health.

Changes to the earth’s climate can have irreversible effects on plants, including our agricultural food crops. Rising ocean temperatures is affecting plankton which is the foundation of the food chain for fish and sea mammals. An estimated billion people are dependent on fish as their main source of protein. In addition to interrupting the world’s food supply, there are a great many other health threats that are associated with the changes we are seeing. For an extensive list of how climate change affects human health, visit https://bit.ly/2eNLNW.

While there are some natural sources of greenhouse gases, the ones that we have the most capacity to reduce are those that are manmade. As individuals we can assess our household’s contribution to greenhouse gases by using a “carbon footprint calculator,” such as this one from the U.S. Environmental Protection Agency: https://bit.ly/1XIpnaq. As nurses, we can help promote climate healthy purchasing and practices in our health care facilities; K – 12 schools, faith-based organizations, universities, and any other settings in which we have influence.

The new International Council of Nurses (which ANA is a member of) announced its new position statement on climate change in September 2018 and calls on all nurses to help address climate change (see: https://www.icn.ch/sites/default/files/inline-files/PS_E_Nurses_climate%20change.pdf). It calls for us to heed the scientific evidence which, in the case of climate change, is abundant.

We must be able to talk about this issue with a degree of confidence and we must engage both individually and as a profession to advocate for policies and practices that will decrease greenhouse gas production from a wide range of its sources. The truth is climate change is a health issue and that’s what we nurses are all about.

For more resources on climate change and health, including nurse-focused guides and webinars, visit the Alliance of Nurses for Healthy Environments Climate and Health Toolkit: climateandhealthtoolkit.org. To join our free monthly calls on Climate Change and Nursing please email the authors.

Authors: Barbara Sattler, RN, DrPH, FAAN, Professor, University of San Francisco, bsattler@usfca.edu and Cara Cook, MS, RN, Climate Change Program Coordinator, Alliance of Nurses for Healthy Environments, cara@envirn.org
Nursing, faith, community, transcendence . . . I recently attended the Wisconsin Nurses Association (WNA), Faith Community Nursing Course in August 2018. WNA has the ability to reach outside itself – to engage issues, establish partnerships, and lead adventures to build relationships. This course offered one to become aware of transcendent awareness and integration with nursing and to develop our own definition of Faith Community Nursing which will be ever evolving:

Faith Community Nursing is a practice of professional nursing which addresses the wholistic understanding of the physical, psychological, social, and spiritual aspects of the health care consumer within the faith community. The professional nurse utilizes the nursing process and evidence-based practice interventions, which includes: education, prayer and scripture, active listening skills, community referrals, and physical presence to advocate health promotion by integrating faith and healing to individuals and groups in the faith community.

The expert faculty engaged my fellow colleagues and I with sharing knowledge, attribution of wisdom, practical experience, collaboration, collegiality, active discussion, and empowerment to move forward in our quest to enhance or pursue the field of faith community nursing. It was an experience of trust, dignity, destiny, communion with the Divine – a stunning, humbling journey.

Dr. Patricia Padjen, RN, MBA, MS

Faith Community Nursing welcomed me when I joined the wonderful Triangle Community. The Triangle is a vibrant, south Madison community that, for 40 years, has been home to Madison singles and families, their dogs, cats, bunnies, and birds, their gardens and playgrounds, their friends and loved-ones, their sorrows and joys. Many residents face the harsh demands of living with poverty, disabling health problems, isolation, and stigma. But the Triangle also is home to the Triangle Community Ministry. The TCM staff, a Registered Nurse and a Chaplain, collaborate with Housing Authority service coordinators and countless agencies and organizations committed to community outreach and service. One day, my own adventures landed me in the TCM office where, me being me, I talked nonstop with the TCM nurse who didn’t seem to mind me or my chatter. She was fabulous-I was welcomed. I specialized in mental health nursing, as a UW professor and nurse practitioner. I’ve practiced in some very intense settings where everyone is in crisis and I’ve practiced in setting where the hard work is to help people grind-it-out, when the most difficult thing they have to do is get up and live their life, with chronic mental illness. I’m reasonably sure of my skills. I was not at all sure I could bring anything to the TCM. But I learned from the TCM Nurse and Chaplin. The Chaplin is an excellent teacher, she gave me confidence. Spiritual care has always been a part of my work, in my teaching, research, and practice. But no-way would I ever think of what I do as ministry. But my new TCM colleagues encouraged me to take the WNA course and I did. I had wonderful learning colleagues, expert instructors, and of course - a huge nursing textbook. So far, my amazing TCM journey brought me to FCN. I have no idea what’s ahead, but I’m already very grateful, so bring what may, I’m looking forward.

Linda Denise Oakley, Madison WI.
WNA supports the efforts of the Wisconsin Center for Nursing whose mission is to address the trends of the nursing workforce and assuring a prepared and sustainable nursing workforce in Wisconsin.

Wisconsin Center for Nursing Annual Conference
Wisconsin Primary Care: Emerging Roles, Challenges, and Barriers
June 7, 2019
Waukesha County Technical College
Pewaukee, WI

Topics will include:
• Health care professional’s role in team-based care
• Strategies to retain a quality, experienced, and multi-generational workforce
• Compassionate care in a technology-driven environment
Registration information will be sent in the near future.

RN and APP Career Event
Wednesday, May 1, 1-6 pm
Best Western InnTowner, 2424 University Avenue Madison, WI

As an experienced Registered Nurse or Advanced Practice Provider, you’ll find REMARKABLE OPPORTUNITIES at UW Health in a variety of adult and pediatric inpatient and outpatient settings, including UW Health at the American Center, University Hospital—Wisconsin’s #1 hospital—and nationally-ranked American Family Children’s Hospital.

Learn about career opportunities and interview with a Nurse Recruiter.

RSVP online at uwhealth.org/careers to “RN/APP Career Event” or call (608) 263-6600. Walk-ins welcome!

WNA and the Nurses Foundation of W have a long-standing relationship with Wisconsin Women’s Health Foundation in promoting the health of women in Wisconsin and care delivered by Registered Nurses.

- Volunteer Nurses who want to make an Impact -

What is GrapeVine?
• A program of the Wisconsin Women’s Health Foundation that trains nurses to lead health education sessions in their communities, throughout Wisconsin.
• The goal is to educate Wisconsin women about disease prevention and healthy lifestyle changes.

How will GrapeVine benefit me, as a nurse?
• Receive free, evidence-based training on women’s health topics.
• Utilize your clinical background and expertise to provide health education sessions, including:
  - Advance Care Planning - Brain Health - Breast Cancer - Diabetes Prevention - Gynecological Cancers - Heart Health - Mental Health - Opioid Misuse Prevention - Oral Health - Self Care - Smoke Free Spaces
• Attend our Annual GrapeVine Conference: A two-day event for GrapeVine partners including respected speakers, panel discussions, exhibits, training, and more!

“Teaching health promoting concepts has always been a natural and important part of my nursing practice. The Grapevine community education programs were the perfect fit to enhance and expand the efforts of health promotion and disease prevention education.” - GrapeVine Nurse

How does GrapeVine impact my community?
• Each year, GrapeVine reaches over 2,000 Wisconsin women with information on current women’s health issues.

“Thanks to the materials and GrapeVine training you provided, I was granted a new chapter in my life. Two stents repaired my heart, but it was you who saved my life.” - Heart Attack Survivor

What am I committing to as a GrapeVine partner?
• Watch our online Orientation Video.
• Sign an annual Memorandum of Understanding (MOU).
• Use materials to present two one-hour education sessions in your community in the coming year.

Interested in presenting GrapeVine sessions in your Wisconsin community?
Contact: Chelsea Tibbetts
608-251-1675 ext. 118 | ctibbetts@wwhf.org
www.wwhf.org/grapevine

GrapeVine is a program of the Wisconsin Women’s Health Foundation
2503 Todd Dr. Madison WI, 53711

WNA and the Nurses Foundation of W have a long-standing relationship with Wisconsin Women’s Health Foundation in promoting the health of women in Wisconsin and care delivered by Registered Nurses.
What this module entails:

- A pre-test and post test and posttest to count towards continuing nursing (CNE) credit
- Physiology overview of hyperlipidemia
- Treatment of hyperlipidemia: pharmacological and lifestyle
- Tips on educating patients

Module Link to be posted March 2019
Check the WNA website for updates

Take Control of Your Heart Health Today.

https://goo.gl/images/79ycdS

Interesting Facts:

94.6 million Americans have a total cholesterol over 200 mg/DL.

Less than half of adults with high cholesterol seek treatment (cdc.gov)

Hyperlipidemia can lead to stroke, heart attack, and coronary artery disease (heart.gov)

Quiz

1. Which Lipoprotein value to you want above 40 mg/DL?
   a. Low density lipoprotein
   b. High density lipoprotein
   c. Median density lipoprotein
   d. Chylomicrons

2. Which of the following drugs in not a lipid lowering drug?
   a. Statins
   b. Bile acid sequestrants
   c. ACE inhibitor
   d. Niacin

3. Which of the following not a contributing factor to hyperlipidemia?
   a. Large waist circumference
   b. Family history
   c. Diet high in sugar
   d. Hypothyroidism

4. Which of the following have a positive impact on cholesterol?
   a. Stop smoking
   b. Consuming Omega 3 fatty acids.
   c. Eating a diet high in fiber.
   d. Exercise
   e. All the above

Newsletter Advertisement

Heart disease is the leading cause of death in United States for both men and women, and we as nurses have an opportunity to make impact through education and awareness of the disease.

This module highlights some of the physiology hyperlipidemia which leads to atherosclerosis, a contributing factor to heart disease, as well relevant patient education information that is easily applied to their daily lives. This module offers a quiz at the end that will count towards receiving one nursing education (CNE) credit.

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