We need to make the most of this momentum for our role in producing safe, quality care and to offer in the design and development of health care policies at every governmental and institutional level. This report and new enthusiasm for the work of nurses was launched from the Affordable Care Act legislation signed into law in March 2010. We now have the momentum to transform nursing in every arena we work. We continue to be recognized for our critical contributions and the potential our profession has to offer in the design and development of health care in our nation. We particularly are recognized for our role in producing safe, quality care and coverage for all patients in the health care system. We need to make the most of this momentum

The four key messages that organize the recommendations introduced in the Future of Nursing Report are:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Eight recommendations evolved from these four key messages and are the foundation of the work necessary to further the improvement of health care in our nation. The Indiana Nursing Center, formerly known as the Indiana Nursing Workforce Safety Task Force, is the evidence leading to the following position statement:

“In order to establish a safe environment of care for nurses and patients, the American Nurses Association (ANA) supports actions and policies that result in the elimination of manual patient handling.” (2008)

This was the evidence leading to the following position statement:

“Eight recommendations evolved from these four key messages and are the foundation of the work necessary to further the improvement of health care in our nation. The Indiana Nursing Center, formerly known as the Indiana Nursing Workforce Safety Task Force, is the evidence leading to the following position statement:


The American Nurses Association (ANA) supports actions and policies that result in the elimination of manual patient handling.” (2008)

ISNA Nurse Patient Safety Task Force
Ann L. Motycka ISNA Task Force Member

Introduction
The American Nurses Association (ANA) notes research from 2002-2006 that found that when lifting, transferring and turning patients occurred manually, with only 30% of patients who are unable to stand, transfer, or move on their own. Members are: Cindy Stone, Chairperson; Michelle Bieser (IONE), Judy Young, Judy Tape, Karen Hardin, Karen Werskey, Ann Motycka, and Sarah Goff.

The assessment began with literature review and continued with informal data gathering in selected areas of the state. Both Long Term Care (LTC) facilities and Acute Care facilities were informally questioned. Formal data gathering for our state is currently in progress. The data that is gathered will be used to support evidence based decisions and recommendations to the ISNA for an official position to promote the safety for both patients and direct health care providers. The American Nurses Association (ANA), the Department of Health and Human Services (DHHS), the Center for Disease Control and Prevention (CDC), and the National Institute for Occupational Safety and Health (NIOSH) have been publishing data and recommendations toward the use of mechanical lift assistive devices to decreased injury to both caregiver and patient. They cite the cost effectiveness of using mechanical moving equipment results in cost savings in both workman’s compensation and patient injury compensation costs. As we in Indiana also see our bariatric patient population increasing, the task force is recognizing that
President’s Message continued from page 1

Development Coalition with representation from ISNA, IONE, IHA, Nursing 2000, other nursing organizations, health care institutions and deans from schools of nursing) and the Indiana Area Health Education Center located in Indianapolis at IUPUI have joined in a partnership to promote the recommendations, however, Indiana was selected as one of the initial action coalitions to accomplish this, as we have established health care partnerships with a record of working well together. The eight recommendations are:

1. Remove scope of practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. Public and private health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and implement practices and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.
3. Implement nurse residency programs. State boards of nursing, accrediting bodies, the federal government, and health care organizations should develop and support opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and implement practices and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50-80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.
5. Double the number of nurses with a doctorate by 2020. Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies should double the number of nurses with a doctorate by 2020 to add the cadre of nurse faculty and researchers, with the goal of increasing diversity.
6. Ensure that nurses engage in lifelong learning. Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and nurses continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.
7. Prepare and enable nurses to lead change to advance health. Nursing, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care systems. These entities should also enable nurses to lead change to advance health. Nursing, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care systems.
8. Build an infrastructure for the collection and analysis of interprofessional health care workforce data. The National Health Care Workforce Commission with oversight from the Health Resources and Services Administration, should lead a collaborative effort to increase the data collection and analysis of data on health care workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.

With these recommendations in hand, the Indiana Nursing Center and IAHEC partnership will work to outline strategies to implement, to the fullest extent, Nursing’s critical contribution to the design and development of health care policies for Indiana. We have had an initial meeting to organize the work and to formally meet all the representatives. The Indiana State Nurses Association will continue to keep the nurses of Indiana informed of the progress of this exciting partnership in future bulletins.

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The Indiana State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The ISNA Committee on Approval approves continuing nursing education providers to award nursing contact hours to the individual activities they develop and present. Any individual, institution, organization, or agency in Indiana responsible for the overall development, implementation, evaluation, and quality assurance of continuing nursing education is eligible to seek approval as a provider. Information must be submitted describing three different educational activities planned, presented, and approved by the Indiana State Nurses Association in the two years preceding the application and should be representative of the types of educational activities usually provided. Applications are reviewed by the Committee on Approval at their meetings in May and November.

For information, contact the ISNA office, e-mail ce@IndianaNurses.org, or visit the ISNA web site www.indiananurses.org/education. The following are continuing nursing education providers approved by the ISNA Committee on Approval:

For complete contact information go to: www.indiananurses.org/providers.php

Columbus Regional Hospital, Columbus, IN
Community Health Network, Indianapolis, IN
Deaconess Hospital, Evansville, IN
Franciscan Alliance, St. Margaret Mercy, Hammond, IN
Franciscan Alliance, St. Francis, Beech Grove, IN
Good Samaritan Hospital, Vincennes, IN
Health Care Education & Training, Inc., Carmel, IN
Health Care Excel, Inc., Terre Haute, IN
Hendricks Regional Health, Danville, IN
Indiana University Health, Indianapolis, IN
Indiana University Health Ball Memorial Hospital, Muncie, IN
Indiana University Health Bloomberg, Bloomington, IN
Indiana University Health North, Carmel, IN
Indiana University Health West, Avon, IN
Indiana Wesleyan University School of Nursing, Marion, IN
LaPorte Regional Health System, LaPorte, IN
Lutheran Health Network, Fort Wayne, IN
Major Hospital, Shelbyville, IN
Marion General Hospital, Marion, IN
MCV & Associates Healthcare Inc., West Lafayette, IN
Memorial Hospital & Health Care Center, Jasper, IN
Memorial Hospital of South Bend, South Bend, IN
Parkview Health System, Fort Wayne, IN
Porter Education and Rehabilitation Center, Valparaiso IN
Purdue University Continuing Nursing Education, West Lafayette, IN
R. L. Roudebush VA Medical Center, Indianapolis, IN
Reid Hospital & Health Care Services, Richmond, IN
Schneck Medical Center, Seymour, IN
Scott Memorial Hospital, Scottsburg, IN
St. Joseph Regional Medical Center, South Bend, IN
St. Mary's Medical Center, Evansville, IN
St. Vincent Hospital & Health Care Center, Indianapolis, IN
The Community Hospital, Munster, IN
Valparaiso University College of Nursing, Valparaiso, IN
Wishard Health Services, Indianapolis, IN

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St. Vincent Hospital & Health Care Center, Indianapolis, IN
The Community Hospital, Munster, IN
Valparaiso University College of Nursing, Valparaiso, IN
Wishard Health Services, Indianapolis, IN

CNE Approved Providers List

The certification journey of a team of nurses at a Northeast Indiana hospital is representative of many nurses who challenge themselves to achieve excellence in clinical practice. Often the road to certification requires a guide to lead the way. That is what happened to this team.

The Association of Vascular Access (AVA) provides an alternative to INS certification for Vascular Access/IV Therapy practitioners. This certification is multidisciplinary in scope and includes the broad range of health care professionals and clinicians actively engaged in the practice of vascular access. The initial exam occurred in December 2010 and Julie Mijatovich, Operational Lead Vascular Access Services (VAS), decided to lead the way for her team by adding this credential to her CRNI. Needless to say, Julie passed and began to encourage her colleagues to obtain certification.

Julie's team members asked for study resources and a support network developed to prepare the VAS nurses for this challenging exam. The hospital librarian retrieved reference information and purchased several books for the library. The department's administrative assistant sent articles to the team members, and the hospital also purchased many articles for the team members to read and study books were made for each RN who expressed interest. Six nurses also attended study sessions conducted by Julie and they developed their own study team and supported each other throughout the process. They willingly put in the effort to prepare and helped each other with the review material. Most importantly, they encouraged each other to pursue their goal. They were nervous, but they did it!

In June 2011, these six VAS nurses achieved their goal. Penny Hughes, one of the nurses, described the exam by saying “I was prepared so it was not too bad.” They got support and encouragement from their team and from each other.

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the proverbial ounce of prevention definitely will be worth, and exceed the pound of cure.

The Task force visited Bloomington Hospital in January, 2011. We were able to directly observe equipment use and obtained information on their literature review, plan for progressive implementation/construction and purchase of equipment, and continuing staff education to achieve staff compliance with the use of safety practices at all levels. This is just one example of successful implementation of change to safe patient handling measures.

Preliminary Findings

A survey of 26 out-of-state Magnet Designated, Acute Care facilities showed that 96% used mechanical assistive devices and all using the devices declared decreases in staff and patient injury when compared to traditional staff lifting patients with correct body mechanics. Data gathering from in-state facilities is currently in progress.

The costs of equipment are varied and can be installed/purchased in stages as finances are appropriated. Facilities that are using mechanical lift programs also support the fact that the high cost of building renovation and purchase of equipment is notably justified by the savings in cost of building renovation and purchase of lift programs as well as the deterrent to the safe handling initiatives in place, which can be increased patient and staff satisfaction.

ISNA Member Graduates from the Johnson & Johnson–Wharton Program for Nurse Executives

INDIANAPOLIS, IN (July 19, 2011)–Linda Chase, Ph.D, RN, NEA-BC, vice president & chief nurse officer at Methodist Hospital in Indianapolis, IN, recently graduated from the Johnson & Johnson–Wharton Fellows Program in Management for Nurse Executives, an intensive three-week management education program held at The Wharton School of the University of Pennsylvania. Chase was one of 34 senior nurse executives selected to participate in the program, which provides participants with critical business and management skills that enables them to be effective leaders in the ever-changing health care industry. This year’s participants are from Australia, Canada, Japan and the United States.

The Johnson & Johnson–Wharton Fellows Program has been enhancing the leadership capabilities of nurse executives for more than 25 years. The program recognizes the important and influential role nurse executives have in strategic planning within their own health care institutions and in shaping health care policy issues regionally, nationally, and globally. During the program’s Executive Forum, nurse executives collaborate with their health care institutions’ chief executive officers to analyze the role of nursing in hospital management and strategic planning.

“Wharton is a wonderful opportunity for personal and professional growth. Having this experience will enhance vision and perception of the healthcare environment and how the nursing enterprise can make an impact,” Chase said.

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ISNA members will receive information regarding voting online or requesting a paper ballot. Write-in candidates will be permitted according to policy. The Tellers Committee will report the results of the elections at the ISNA Annual Meeting of the Members on September 30, 2012.

President 2011-2013, ANA Delegate 2012
Jennifer Embree, Camellia

Position: Chief Clinical Officer, St. Vincent Dunn Hospital, 2001-Present

As a passionate, rural nursing leader, I continue to experience firsthand the challenges of Indiana nurses with decreasing reimbursement, workforce issues, and increasing expectations to Indiana citizens. My personal mission is to lead and empower others through leadership and education. This mission is a great fit with the ISNA mission of working through members to influence the quality of nursing and healthcare. My personal strengths of connectedness, ideation, relater, individualization, and strategic compliment the ISNA values of advocacy, collaboration, education, facilitation, information, and leadership. With my leadership experience and strengths, I believe that I can assist ISNA in advocating for Indiana nurses during these challenging times. As healthcare reform continues to unfold, challenges for excellence, safety, workforce development, nursing education, access to care, and outcome improvement becomes even more critical. I look forward to working with you to positively impact nursing in Indiana through the office of the president of ISNA and as an ANA delegate if given that opportunity.

Vice-President 2011-2013 & Alternate ANA Delegate 2012
Diana Sullivan, Greenwood

Offices Held: ISNA Secretary, Board of Directors 2009-2011; ISNA Nurse PAC Board of Trustees 2005-2011; ISNA Bylaws Committee 2003-2005; AORN Regional Legislative Coordinator and National Committee Chair 1982-1888
Position: Clinical Instructor, IU School of Nursing Indianapolis, May 2009-Present

As a volunteer organization, ISNA is dependent upon members being willing and prepared to do and think about nursing and the ISNA mission. As ISNA, we need to maintain our involvement. I welcome the opportunity to both represent you on the board and to serve as your Vice-President.

Secretary 2011-2013
Mary Cisco, Indianapolis

Offices Held: ISNA Director, Board of Directors 2009-Present; Congress on Nursing Practice and Economics Policy Task Force 2010-Present; NSNA Director 2007-2008; NSNA Chair of Programs, Convention & Planning/Community Health & Membership 2007-2008; IANS 2007
Position: St. Data Analyst/Supervisor Trauma Registry, IU Health-Metholdist Hospital Trauma Services 2010-Present

I want to invest in the future of nursing while influencing public health policy, professional nursing standards and the advancement of our organization. I have served as a delegate in training at the House of Delegates. It was rewarding to see all of the passion from ISNA and other states as they’ve worked to build consensus and influence public health policy in the state. Nursing’s opinion is highly valued by both the consumer and our legislators. We need to maximize our efforts. Here again, is an opportunity for member involvement. I welcome the opportunity to both represent you on the board and to serve as your Vice-President.
Since being a member of the BOD I have participated in developing the strategic plan for the organization for the past 4 years. In that time we have seen important changes made to the organization including the development of chapters. I have also participated in the most recent changes to our ISNA Bylaws. I have been a board member and Treasurer was pleased to see that the economic turmoil that had great economic peril for many organizations was mitigated by our excellent ED and past board decisions related to investment choices and wise budgeting.

Participation in most nursing organizations is a voluntary endeavor. However, as nursing professionals, we have opportunities to partake in important work that influences the ways in which we practice and how health care is delivered to the patients and communities in which we live. One thing I have discovered is that when it comes to nursing practice and the ways that nursing practice can be changed we need to be in full participation of that process. ISNA is one avenue. It is the single organization that best represents our place in the system in a renewed way. Nursing can only take place in relationships. The relationships that we develop with our patients are what separate us from many other health care professions. It is our duty as professionals to maintain our skill, knowledge and competency to be able to fulfill our responsibility to our patients and society. Nursing is at a cross road. We have the opportunity to advance our profession, to reach our full potential. Our state needs our leadership for health care reform. I believe that ISNA/ANA is the organization that is positioned to have the biggest impact. I would like to be a part of this process and feel that I can contribute. Therefore, I would like to communicate my willingness to serve this organization and the profession of nursing.

Vicki Johnson, Seymour

Offices Held: ISNA Director, Board of Directors 2007-2011
Position: VP Chief Nursing Officer, Schneck Medical Center 2003-Present

Serving as Vice President of Nursing at a Magnet Hospital I have experience with shared governance structures. Each year, I am involved with developing a vision, strategies, and execution of organization and nursing plans. As CNO, I maintain financial responsibility for all nursing budgets. I am very proud to have held the CNO position during our Magnet journey and designation.

Nursing is a great profession. I am so proud to be a Nurse. Healthcare reform seems to be addressing our place in the system in a renewed way. Nursing must be ready to lead and establish new care models that will make a difference in the health of our communities. As the largest professional segment within healthcare, I believe it is essential for nurses to practice to the extent allowed by our license, and to challenge new areas where care coordination can benefit everyone.

Judy Morgan, Vincennes

Offices Held: ISNA Director, Board of Directors 2009-2011; ISNA Board of Directors 1980s; ANA National Work Group to rewrite the Scope and Standards of Practice 2009-2010.
Position: Staff Development Specialist, Good Samaritan Hospital 1995-Present.

I was a staff nurse for many years of my nursing career. Now I work in an area where I share my love of nursing and my expertise with younger nurses. Nursing like healthcare is at a turning point in re-development. We need to make our presence known within the healthcare arena. We can use our knowledge of the profession to influence the direction and growth of nursing within healthcare of the future. That is one reason why we belong to our professional organization, to have a voice. I would hope I bring to the organization the voice of many nurses.

Monica Weisling, Tell City

Position: FNP, Patoka Family Health Care, Tell City

I am a recent graduate of Indiana State University Master of Science with focus on Family Nurse Practitioner. I recently graduate in December of 2010. I am currently working in a rural health clinic in Southern Indiana that is based on income serving the needs of the rural community. Prior to graduation, I have worked as a Registered Nurse in a small rural critical access hospital in Southern Indiana for over six years. I have also had some experience in long term care. I am very interested...
in seeking the position on the state of Indiana Nursing Board, I believe that it is not only important to be aware of the evidence based guidelines in healthcare but also aware of important various state nursing policies for our profession. I believe that I have gained over the past 8 years and have had oversight duties as a member of the board and the executive board. At the national level I have been involved in a strategic planning for the state in the last 8 years and have had various committees helping the state's president to contribute to the strategic plan for the nation's registered nurses. This has been the most memorable profession experience I have had.

As the current president of ISNA I would like to continue to contribute to the organization both at the state level and national level. The experience I have gained over the past 8 years has been invaluable to me and has changed the way I practice and teach. I would like to continue my efforts in recruiting more nurses to be engaged in the political process and with developing solutions to the health care challenges in our state and the nation. I have helped to contribute to the safe and effective health care given by nurses. Now is an exciting time for ISNA! We are strong and encouraged to do what we have been doing, but to do it with the health care access is just at its beginning stages and if we want to have any influence on how it evolves we have to be willing to put in some time and effort. We need to continue to encourage our co-workers to be part of ISNA/ANA. Nursing has the ability to be a powerful voice if we stand together and voice our concerns and recommendations. We are the largest of the entities within health care. That can translate into power if we unite to participate and lead activities within the profession and the nurse. ISNA is well positioned to participate and lead activities within the state to promote nursing. ANA is working in a similar fashion at the national level. Indiana has a reasonable and strong voice that has power and notice within the House of Delegates. As a delegate to the ANA House of Delegates, I look forward to bringing Indiana nurses to the work of the association and the future of nursing. I would appreciate your consideration and vote for ANA delegate.

Barb Kelly, Martinsville


As President of ISNA these past 2 years and on the BOD for the past 8 years I have had invaluable experience in governance issues at a state and national level. We have developed 4 strategic plans for the state in the last 8 years and have had oversight duties as a member of the board and the executive board. At the national level I have been involved in the strategic planning for the nation’s registered nurses. This has been the most memorable profession experience I have had.

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Sandy Fights, Lafayette


Asst. Professor of Nursing and Director, Koval Nursing Center

As a member of the nominating committee, I feel it would be important to help search for those who can contribute—especially those who do not know they have that capacity. Those who have not considered participating in a different way will learn from our sameness and diversity.

Mary Cisco


Asst. Professor of Nursing and Director, Koval Nursing Center

As a member of the nominating committee, I feel it would be important to help search for those who can contribute—especially those who do not know they have that capacity. Those who have not considered participating in a different way will learn from our sameness and diversity.

Vicki Johnson, Seymour

Offices Held: ISNA Director, Board of Directors 2007-2011

Asst. Professor of Nursing and Director, Koval Nursing Center

As a member of the nominating committee, I feel it would be important to help search for those who can contribute—especially those who do not know they have that capacity. Those who have not considered participating in a different way will learn from our sameness and diversity.

August, September, October 2011

We are a State organization directly connected to the national organization for all Nurses and all need to be encouraged to participate in many different ways. As a member of the nominating committee, I feel it would be important to help search for those who can contribute—especially those who do not know they have that capacity. Those who have not considered participating in a different way will learn from our sameness and diversity.
The challenges and choices faced by our profession and professional organization necessitate an ISNA leadership team that is skilled, willing to take risks, make change and advocate for an array of interests. At the same time, ISNA leaders must be willing to make tough choices related to organizational priorities given the environment and limited human and fiscal resources. The Nominating Committee is key to populating ISNA’s leadership ladder with individuals who have the capability, capacity and commitment to lead ISNA facilitating membership growth, fostering legislative success, supporting nurses and advancing practice.

A Nominating Committee should serve year round as a kind of “search committee” identifying and developing future leaders and leader prospects. I look forward to the challenge.

2011 Elections continued from page 8

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The Future of Nursing: Care in the Community

The Future of Nursing: Care in the Community focused on the “future of nursing” series focused on the role of the nurse in providing care in the community–community health, public health, primary care, and long-term care.

Principles important for nurses practicing in the public health arena were addressed. These include:

- Focus on community–nurses need to be aware of and engaged with bigger issues affecting communities, not only with additional emphasis on attending to needs of individual patients. Examples include healthy environments and health behaviors.
- Evidence-based prevention strategies—knowing about, and finding ways to implement, strategies that do not have “cure” potential, disease and/or promoting health, will be important for nurses to implement, especially in the face of the current economic challenges.
- Use of technology—being able to effectively use technology to collect, document, and analyze data related to the health of the population, and patients in aid health promotion and care for individual patients and the community as a whole.
- Knowledge of social determinants of health—nurses need higher awareness of cultural, language, financial, and other issues that impact equity in the provision of health care.
- Accountability and quality improvement—providing care that meets standards of accrediting bodies and seeking ways to improve processes and outcomes. This is a key part of community-based nursing practice.
- Communication—effective written and verbal communication skills are important, including the ability to speak to groups of people in the community and to advocate for public health.
- Public health issues—nurses need to be knowledgeable about how to handle a variety of public health issues, including immuno-preventable communicable diseases, and public health emergencies arising from natural or man-made causes.

Traditionally, these types of issues are not addressed in an undergraduate nursing curriculum. Students in baccalaureate education programs typically have community health experience, but often this amounts only to being assigned to care for patients in their homes rather than in the hospital. The bigger issues that nurses need to be aware of to improve public health, and that are often left unaddressed, are addressed in the “Public Health” forum. These issues include schools, businesses, and social service agencies.

The Future of Nursing: Leading Change, Advancing Health, offers specific recommendations related to improving nursing to improve the nation’s health.

Three national public forums were held to collect and analyze data relative to the progression of nursing. The first focused on acute care, while the second addressed community health, public health, primary care, and long-term care. The topic of the final forum was nursing education. Summary reports were issued for each of these meetings, with the final report, The Future of Nursing: Leading Change, Advancing Health, summarizes key issues and recommendations.

The Future of Nursing: Leading Change, Advancing Health, offers specific recommendations related to improving nursing to improve the nation’s health.

The Future of Nursing: Acute Care


Independent Study continued from page 10

all nurses, including advanced practice nurses. Four types of nurses are therefore defined: registered nurses, practice registered nurses (APRNs); nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurses midwives. Interestingly, in this new report, practice delineations be standardized across states and modified to be less restrictive than many currently are. The report recommends that all states use these standardized resources, which would allow full and consistent implementation of the recommendations made relative to the U.S. Congress, state legislatures, and state health departments. The Federal Office of Personnel Management and the Federal Trade Commission and the Antitrust Division of the Department of Justice. In each case, the focus is on expanding national recognition, support, and encouragement of the full utilization of nurses, nurse practitioners, and clinical nurse specialists. Nurse educators should prepare aspiring nurses to consider roles in these areas, which include recognizing and matching funding, starting businesses or providing services that contribute to improved health care.

Nurse residency programs. Most lifelong learning opportunities from their basic educational programs, have a period of “orientation” or “preceptorship” with an employer, then within months or years to be promoted to leadership roles. Additional responsibilities include the need for nurses to move into these higher level educational programs. Specifically, the accrediting bodies are recommending that educational programs offer additional education and support, including support of starting businesses or providing services that contribute to improved health care.

Nurse residency programs. Most nurse residency programs should be expanded, as well. Leadership takes place at all levels, from the bedside to the boardroom, where nurses lead the development of leadership roles, and education for leadership needs to be incorporated as part of a nurse’s continuing education. The NCSBN report recognizes the need for problem identification, engagement in seeking solutions, and commitment to improving health for not only one’s patients, but for the community. Nurses need to be visible and actively involved in recommending and supporting changes that will promote their ability to use their knowledge.

The National Council of State Boards of Nursing (NCSBN) recently published the report titled “Nursing’s Future: Leadership and Education” which recommends that nurse residency programs should be implemented throughout the country. In each case, the focus is on expanding national recognition, support, and encouragement of the full utilization of nurses, nurse practitioners, and clinical nurse specialists. Nurse educators should prepare aspiring nurses to consider roles in these areas, which include recognizing and matching funding, starting businesses or providing services that contribute to improved health care.

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Effective workforce planning and policy making require better data collection and an improved information infrastructure. Currently, there are no national databases with clear, accurate information about the utilization of nurses in the United States. Areas of need are difficult to ascertain and demand planning. Most nurses graduate from their basic educational programs have a period of “orientation” or “preceptorship” with an employer, then within months or years to be promoted to leadership roles. Additional responsibilities include the need for nurses to move into these higher level educational programs. Specifically, the accrediting bodies are recommending that educational programs offer additional education and support, including support of starting businesses or providing services that contribute to improved health care.

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anticipated to create a huge need for healthcare services in a system that is already operating with limited resources. Clearly, business as usual will not work. There is need to bring more nurses into the system, but to prepare them to do the same things they’ve always done will not meet the needs of the future.

Some of the key provisions of the Patient Protection and Affordable Care Act that have specific impact on nursing are summarized here. More detailed information about these provisions can be found at http://www.nursing.org/ohio/PDFS/nursingandhealthform/table.pdf.

1. Funding is to be provided for community-based educational programs and patient care, in partnership between accredited graduate nursing education programs and community-based healthcare centers.

2. Several programs offering loans, scholarships, or grants are to be established or maintained to promote education at all levels of nursing education.

3. A number of initiatives are aimed at increasing diversity in the healthcare workforce and deploying healthcare providers to work in underserved areas.

4. Several programs are targeted to provide education of healthcare providers and care for patients in high-need areas, particularly pediatrics, geriatrics, and community/public health.

5. A Patient-Centered Outcomes Institute would be established to focus on development, deployment, and implementation of evidence-based practice standards to enhance quality of patient care.

6. Accountable care organizations (ACOs) would be developed and implemented to focus on comprehensive care throughout an entire episode of illness. These organizations would potentially include physicians’ offices, clinics, acute care hospitals, rehabilitation centers, and home health agencies. Services would be “bundled” and paid in relation to the entire episode of care, not individual services that are provided. Nurses would be key players in care coordination.

7. A National Health Care Workforce Commission / National Center for Workforce Analysis is to be created to lead the process of analyzing the existing workforce. This will enable policy makers and educators to determine areas of need and determine ways to most effectively deploy resources to meet those needs. There is currently no centrally data base that provides information about numbers of healthcare workers employed, their areas of employment, or the areas which are underserved.

The Carnegie Report on Nursing Education
A report was issued early in 2010 (Benner, et al) from the Carnegie Foundation. This report was the culmination of several years’ worth of work by a group of stakeholders in the nursing education and practice environment. A large research analysis of the current landscape of nursing education, the report concluded that education in the traditional formats is not working to prepare nurses to practice in today’s complex healthcare environment. A number of recommendations were made, including better articulation between programs. This would allow students to begin their healthcare careers as LPNs or associate degree graduates, then advance to baccalaureate or higher education with minimal “roadblocks.”

Another recommendation from this report is that the curricula currently used by schools of nursing, for better or for worse, must be significantly changed. Rather, the focus of undergraduate education should be on development of knowledge and skills to function within a complex healthcare system. Students entering nursing today need to be knowledgeable about topics such as leadership and systems thinking, as well as evidence-based practice.

Subsequent to academic preparation, a nurse residency program is recommended. Residency for nurses, similar to that for new physicians, would enable the nurse to gradually increase knowledge and skills specific to the desired area of practice. Clinical practice would be combined with a continuation of formal learning opportunities to facilitate development of critical thinking and clinical judgment. A residency program is not the same as orientation or preceptor-based learning. The residency program is a formal blend of academic and clinical experiences that focus on application of knowledge and skills in the clinical setting, while continuing to learn and develop skills in interprofessional collaboration. Some residency programs are currently in use, and reports of their value have been positive.

Commission on Collegiate Nursing Education: Accreditation of Nurse Residency Programs
The Commission on Collegiate Nursing Education (CCNE) is an essential body for baccalaureate and graduate degree nursing education programs and now also for nurse residency programs. The Commission’s role is to look at accreditation of residency programs in 2004, and now includes accreditation of nurse residency programs, and acute care residency programs (CCNea, 2009). Initial evaluation of programs using the model curriculum framework and standards has confirmed the requirement of confidence and competence among those nurse completing the residency program (CCNEb, 2009). The current standards and application process for these residency programs can be found on the organization’s web site at http://www.aacn.nche.edu/accreditation/npr.htm. While this accreditation program continues to evolve, the release of the IOM/RWJF report, it is clearly supportive of the direction suggested in the report—that residency programs be widely implemented and expanded to include community as well as acute care foci.

Summary of the Evidence
The convergence of data from the IOM/Robert Wood Johnson Foundation reports, passage of health care reform legislation, and a report on the need for a significant change in nursing education have clearly provided a mandate for change. Nurses today face a remarkable opportunity to not only participate in major changes in health care, but to actually be the architects of a new system that will look like this one. These reports provide the evidence needed to support major change in how nurses are educated and how they are paid in relation to the entire episode of care, not individual services that are provided. Nurses today have a unique opportunity to participate on the design of systems for care delivery, and to influence the type of care that is provided in those communities.

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The transformation of nursing, it is the responsibility, and the opportunity, for all nurses today to become active participants in shaping the future of our profession.

Current and Proposed Initiatives
A collaboration has been formed between the Robert Wood Johnson Foundation and the AARP to engage stakeholders in moving forward with the recommendations from the IOM/RWJF report. This program is called the RWJF Initiative on the Future of Nursing: Campaign for Action. Numerous healthcare organizations, educational providers, third party payers, government agencies will be involved in formulation and initiation of action plans (Hassmiller, 2010).

A specific web site, www.thefutureofnursing.org is available to provide information about the initiative, give updates about actions that are being taken, and allow nurses or other interested parties to sign up to become involved. At the time of writing of this study, the task force had sections allocated to descriptions of educational sessions, media publications, and activities planned or underway in the categories of nursing practice, education, leadership, and workforce. The site also has a link readers can use to submit personal information and specify the areas in which they would be willing to be involved. Readers can also subscribe to e-news or Facebook/Twitter updates. The goal is wide dissemination of data and active engagement of nurses from all practice areas and all areas of the country.

The American Nurses Credentialing Center is initiating a project in 2010 to support leaders of Magnet-designated hospitals in implementation of provisions of the IOM/RWJF report. According to Karen Dale, PhD, Magnet Recognition Program® at ANCC (2010), the Commission on Magnet will be leading a crosswalk effort that will result in a series of work products that will help inform Magnet chief nursing officers about how they can support nurses and system efforts to implement the recommendations. Other ANCC initiatives are to be implemented as the year progresses.

Several government boards, and accrediting bodies around the country are embarking on discussions about changes in curriculum, scopes of practice, and implementation of evidence-based practice and other factors associated with the report. While funding is not available at present to implement a number of the recommendations, well-articulated, evidence-based proposals will lead to higher likelihood of grant funding or other types of resources for implementation. Pilot projects can be implemented on a small scale with low costs. Observation evidence has been provided to demonstrate effectiveness of the initiative, additional support can be requested.

Many of the elements of the report do not require funding at all; they require commitment from individual nurses. Consider the following as you reflect on your current role in nursing:

• What have you done to advance your education at a higher academic level?
• What did you do to continue learning and maintaining credentials as you became a nurse?
• What kinds of continuing education learning activities have you selected? Do you focus on “just what you need” to get the required contact hours for your license renewal, or do you carefully consider your continuing education learning activities to meet challenges you face in your own area of practice? How do you maintain your competence in the face of rapid changes in the environment you work in?
• How do you define “competence” in your own area of practice? How do you maintain that competence in the face of rapid changes in technology, equipment, technology, pharmacotherapeutics, and other aspects of the care you provide?

How do you think nurses who work in community-based practices have you ever considered that option for yourself? Are you aware of the tremendous impact community health nurses can have on the lives of those they touch in those communities?

• How do you see yourself as a leader in healthcare? Leaders exist at all levels of the healthcare practice setting. You do not have to be in a
take the initiative. Don’t get caught up in thinking that healthcare environment. Don’t wait for someone else to effect change in the nursing profession and in the Independent Study continued from page 12

PRN Continuing Education. The author and planning committee members have declared no conflict of interest.

The bottom line is that each one of us has the power to effect change in the nursing profession and in the healthcare environment. Don’t wait for someone else to take the initiative. Don’t get caught up in thinking that “we’ve heard this before and nothing has happened.” Don’t wait–get involved today to help our profession grow and prosper!

References


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INDEPENDENT STUDY

Visioning the Future of Nursing: Analysis of the IOM/RWJ Foundation Report

This independent study has been developed to enhance nurses' knowledge of the future of nursing as described in the Institute of Medicine and Robert Woods Johnson Foundation (IOM/RWJ) report. 1.1 contact hours will be awarded for successful completion of this independent study.

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DIRECTIONS

1. Please read carefully the enclosed article “Visioning the Future of Nursing: Analysis of the IOM/RWJ Foundation Report.”
2. Complete the post-test, evaluation form and the registration form.
3. When you have completed all of the information, return it to the Blackwell Foundation, 2915 N. High School Road, Indianapolis, IN 46224
   A. The post-test;
   B. The completed registration form;
   C. The evaluation form; and
   D. The fee: ISNA Member/LPN ($15)–NON ISNA Member ($25)

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Zandra Ohri, MA, MS, RN, Director, Nursing Education, zohri@ohnurses.org, 614-448-1027, or Sandi Steenwaring, ssteenwaring@ohnurses.org, 614-448-1030, Ohio Nurses Foundation at (614) 237-5414.

OBJECTIVE

Upon completion of this independent study, the learner will be able to:

This independent study was developed by: Pam Dickerson, PhD, RN-BC, PRN Continuing Education. The author and planning committee members have declared no conflict of interest.

There is no commercial support or sponsorship for this independent study.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

References


POST TEST AND EVALUATION FORM
Visioning the Future of Nursing: Analysis of the IOM/RWJF Foundation Report

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: _____________________________________________

Final Score:  ________________________________________

Please circle one answer.

1. The Institute of Medicine is part of the:
   a. Center for Medicare and Medicaid Services
   b. Department of Health and Human Services
   c. National Academy of Sciences
   d. National Institutes of Health

2. The Robert Wood Johnson Foundation is a:
   a. Government department
   b. Philanthropic organization
   c. Private research commission
   d. Public health agency

3. The report on the future of nursing is part of the national health care reform legislation.
   a. False  b. True

4. Advanced practice nurses include:
   a. Clinical nurse specialists and critical care nurses
   b. Emergency department nurses and public health nurses
   c. Nurse anesthetists and clinical nurse leaders
   d. Nurse practitioners and nurse midwives

5. A nurse residency program is designed to:
   a. Aid in transitioning from school to clinical practice
   b. Prepare a nurse for critical care practice
   c. Replace student clinical experiences
   d. Weed out incompetent nurses during orientation

6. The scope of practice for a registered nurse is currently defined by:
   a. Educators
   b. Employers
   c. Federal regulation
   d. State law

7. Education in the performance of clinical skills is not adequate preparation for today’s nursing graduates.
   a. False  b. True

8. An important attribute for a community health nurse is the ability to speak publicly.
   a. False  b. True

9. The Initiative on the Future of Nursing is a collaborative effort undertaken by:
   a. American Nurses Association and the National League for Nursing
   b. National State Boards of Nursing and Center for Medicare/Medicaid Services
   c. Robert Wood Johnson Foundation and Institute of Medicine
   d. Sigma Theta Tau International and American Nurses Credentialing Center

10. A key area to include in a community health nurse’s educational preparation would be:
    a. Acute patient care
    b. Communication with physicians
    c. Making independent decisions
    d. Partnering with social service agencies and environmental groups

11. A nurse today needs to be aware of political factors affecting health care.
    a. False  b. True

12. Nurses who are actively involved in leadership and decision making in an acute care setting are:
    a. Limited to those in management positions
    b. Rarely spoken to by their patients
    c. Providing benefits to both patients and the organization
    d. Representatives of Magnet hospitals

13. Nurses can appropriately talk to legislators about health care reform to:
    a. Argue the merits of the provisions
    b. Describe what is currently happening on the front line of health care delivery
    c. Request repeal of the legislation
    d. Seek second opinions

14. One recommendation for nursing education is that clinical experience should be replaced by:
    a. False  b. True

15. Nursing education in the future should focus on:
    a. Acute care of patients throughout the life span, with emphasis on obstetrics and pediatrics
    b. Elimination of associate degree programs and focus on doctoral education
    c. Interprofessional collaboration and the ability to function in complex systems
    d. Memorization of facts so that nurses are better prepared to answer questions

16. Healthcare reform legislation calls for a more active role for nurses and recommends better funding for advanced nursing education.
    a. False  b. True

17. Articulation refers to a nurse’s ability to:
    a. Collaborate effectively with colleagues
    b. Progress through levels of academic education
    c. Speak eloquently
    d. Write succinctly

18. The National Council of State Boards of Nursing study related to transition to practice is focused on:
    a. Practice by second-degree nurses (those who enter nursing after already attaining a degree in another area)
    b. Transfer from one clinical practice area to a new clinical practice area
    c. Transition from academic to practice environment
    d. Transition from clinical practice to nurse educator roles

19. A key message from the Future of Nursing report is that nurses should be able to:
    a. Apply for scholarships to medical school
    b. Get through educational programs with less clinical experience
    c. Practice to the full extent of their education and training
    d. Work without a license in areas of high need and low staffing

20. The IOM/Robert Wood Johnson Foundation report recommends that nurses:
    a. Collaborate with physicians and other members of the healthcare team
    b. Continue to work under the direction of physicians
    c. Follow orders to provide technical care needed by patients
    d. Work behind the scenes to advocate for patients

21. The Future of Nursing report recommends that:
    a. All nurses have baccalaureate degrees within 10 years of entering practice
    b. Eighty percent of nurses have baccalaureate degrees by 2020
    c. Nurses only need baccalaureate degrees if they aspire to be leaders
    d. Sixty percent of nurses attain baccalaureate degrees if they begin their careers at the associate degree level

22. The Future of Nursing report recommends that the number of factually prepared nurses be __________ by 2020:
    a. Consistent
    b. Doubled
    c. Halved
    d. Tripled

23. Implementation of the recommendations from the IOM/RWJF Report is uniquely the responsibility of the federal government.
    a. False  b. True

24. It is a recommendation that accrediting bodies for schools of nursing will establish expectations that __% of baccalaureate graduates enroll in higher education programs within five years of graduation.
    a. Five
    b. Ten
    c. Fifteen
    d. Twenty

25. The National Council of State Boards of Nursing Consensus Model for APBN Practice includes information about:
    a. Accountability
    b. Credibility
    c. Economic value
    d. Licensure

26. The Commission on Collegiate Nursing Education now accredits:
    a. All types of educational programs that prepare nurses for licensure examinations
    b. Associate degree programs
    c. Post-baccalaureate acute care residency programs
    d. Post-masters nurse practitioner residency programs

**Registration Form**

Name: ____________________________  (Please print clearly)

Address: ____________________________

City/State/Zip: ____________________________

Daytime phone number: ____________________________

RN LPN: ____________________________

Fee: ______ ISNA Member/LPN ($15)  ______ Non-ISNA Member ($25)

Please email my certificate to: ____________________________

Email Address (please print clearly)

____________________________________________

MAKE CHECK PAYABLE TO THE INDIANA STATE NURSES ASSOCIATION.

Enclose this form with the post-test, your check, and the evaluation and send to:

ISNA, 2915 North High School Road, Indianapolis, IN 46224.

ISNA OFFICE USE ONLY

Date Received: ____________________________

Amount: ____________________________

Check No: ____________________________

Evaluation:

1. Were the following objectives met?  Yes  No

2. Was this independent study an effective method of learning?  Yes  No
If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form?

4. What other topics would you like to see addressed in an independent study

The Ohio Nurses Association [OBN-001-91] is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
August, September, October 2011

Summary
Board of Directors June 3, 2011

PRESENT: Barbara Kelly, President; Paula McAfee, Vice President (morning only); Michael Fights, Treasurer; Vicki Johnson, Director; Cynthia Stone, Director; Diana Sullivan, Secretary; Ernest Klein, Executive Director; Mary Davidson, Administrative Assistant.

ABSENT: Mary Cisco, Director; Judy Morgan, Director; Angela Heckman, Director

GUESTS: Kathy Weaver, Peggy Keene and Terry Hayes

- Established a Media Task Force to review and make recommendations about ISNA Bulletin and website. Vicki Johnson to chair the task force.
- Reviewed and updated ISNA’s Plan.
- Approved Minutes April 8 board of directors conference call.
- Reviewed the April 2011 Financial Statement reviewed.
- Discussed renewal of certificate of deposit. Treasurer and other board members will meet with ISNA's financial consultant and bring a recommendation to the next board meeting.
- Approved staff health insurance plan with increase deductible.
- Reviewed the proposed contract for the Bank of America Royalty Agreement. The Board approved the new agreement.
- Discussed annual Meeting activities: approved draft resolutions; note CNE on Lateral violence being planned; Rose Gonzales, ANA Director of Government affairs will be our keynote speaker.
- Approved a proposal for online voting for officers, directors, ANA delegates, and nominating committee.
- Committee on Approval appointments: reappointed Kath Porras, Munster, and Sally Hartman, Huntington; and appointed Karen Werskey, Seymour for three-year terms.
- Approved change in fee structure for CNE Provider Applications to $1,200 for 3 years for an individual facility plus $400 for each additional facility to a maximum of $4,200. Board discussed size of organization. Effective January 12, 2012.
- Dissolved the Psychiatric/Mental Health Chapter.
- Changed next board meeting to August 26 from September 9 as a conference call meeting. Time to be determined.
- Noted that there were no applicants for the ANA Advocacy Institute.
- Reviewed the Executive Director Succession Plan Policy. Board members will bring any proposed changes to the policy and to the ED position description to the next meeting.
- Received reports from the President, Executive Director, and Public Health Chapter.

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Good Samaritan Hospital,
Vincennes, IN

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Good Samaritan Hospital
520 S. 7th Street,
Vincennes, IN 47591
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812-885-3961 (Fax)
jmarchino@gshvin.org
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Assignments begin August 22nd, September 6th and 19th including:

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- Family Rooms/LDRP
- Progressive Care Unit
- Emergency Department
- Out Patient Oncology
- Behavioral Care Services
- Intensive Care
- Pediatrics
- Interventional Radiology

Assignments are available at all locations - North, South, East and the Indiana Heart Hospital. Two years of experience are required. Rates up to $48/hour.

- Short term 14 week assignments
- Must be available 36 hrs/week
- 12 hour d/e and e/n shifts
- some weekends required
- 1 holiday required

For further information, call 317.355.2138 or apply online at eCommunity.com/employment.