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The official publication of the Georgia Nurses Association (GNA)
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PRESIDENT'S MESSAGE

Are We Planning for the Future?

By Sheila Warren, MHA, MSN, RN

Recently, the word "future" has been attached to nursing. The Institute of Medicine's evidence-based report is titled "The Future of Nursing." The fall 2011 Professional Development conference conducted by the Georgia Nurses Association was titled "Influencing the Future of Nursing: Successful Strategies You Can Use." The speakers reviewed the eight recommendations from the IOM report, and keynote speaker Karen Drenkard brought us insight on transformational leadership and why it's needed to advance the practice environment. There was a session that was titled "Building Capacity for Research and Evidence-Based Practice at the Bedside and Beyond." But for me, the most intriguing statement that spurred my imagination was made by Karen Drenkard during her Transformational Leadership presentation when she mentioned a book she read that spoke about the need to be prepared for genetic engineering and artificial intelligence.



Sheila Warren

I started wondering if we were really preparing for the future. Are we developing skills that will be relevant in the future? How are we defining the future, three years, five years or 50 years from now? I remember as a child attending the 1964 New York World's Fair. To this day, I still remember the Ford Pavilion's Cars of the Future. The body styles of the cars were futuristic then, but are current now. In 1964, Ford was demonstrating the possibilities of voice-activated controls and cars that could almost drive themselves. When you watch television today, you see cars that park themselves and certain features that can be activated by voice. The vision did not start yesterday.

Remember the cartoon the Jetsons? It was set in the future. The cartoonist had to have a vivid imagination of what could be. Remember the telephone the Jetsons used? You could see the person

President's Message continued on page 2

2012 Legislative Session Preview Expect a fast-paced 40 days

By Jeremy Arie
Director of Marketing & Communications

At press time, legislators from across the state had convened under the Gold Dome in Atlanta for the 2012 Legislative Session. The first hectic week of the 2012 session was kicked off by the annual Wild Hog Supper, the Governor's encouraging State of the State address and the unveiling of the state budget for the upcoming fiscal year.

During his second State of the State, Governor Deal suggested an end was in sight to some of the dramatic budget cuts the state has made in recent years due to declining revenues. GNA was pleased to see the Governor's recommendation of an additional \$3.7 million in funding for school nurses in the budget.



Legislative Preview continued on page 17

CEO CORNER

Pondering...

By Deborah Hackman, CAE

"The brain is a design that is inefficient, inelegant and unfathomable, but that nevertheless works." David J. Linden, 200

Do you remember the last time you were able to just sit and "ponder a while?" Maybe it's just been the extra hustle and bustle of the holiday season, but I cannot remember the last time that I had a quiet expanse of time to just think. They say the best ideas come to us in the shower. By the way who is "they" because they may have been right about that in another century, but by the time I'm in the shower, I have already been on the treadmill, walked the dog, grabbed a yogurt, checked email and made multiple significant decisions. The wheels started turning in my head the moment I opened my eyes. I'm behind



Debbie Hackman

before I even get started. The shower is no longer a refuge. I hardly even remember taking it.

So, if we are all so busy we can't think—where will the energy come from for creativity, for investing in a successful future, for love and achievement? David Brooks, the *New York Times* columnist and bestselling author of *The Social Animal*, writes that it is in our unconscious mind where most of the brain's work gets done. "The unconscious mind as it turns out is most of the mind—not a dark, vestigial place but a creative and enchanted one...This is the realm of emotions, intuitions, biases, longing, genetic predispositions, personality traits and social norms: the realm where character is formed and where our most important life decisions are made." Brooks speaks about the fascinating building blocks of human flourishing. I want a piece of that! With a stunning amount of research, Brooks demolishes conventional definitions of success while looking toward a culture based on trust and humility. Who would not want that?

We often talk about work and life balance, but we rarely admit how much of this imbalance is a result of the emotions we feel when we have been hurt or embarrassed, scared or are just plain angry. The environmental stress in today's society is not just in our minds. That's real.

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you were talking to on the telephone. We used to joke that if there came a time that we could see the person on the telephone we would always have to be dressed appropriately. Fast forward to today and guess what? We can see each other via Skype, iPhones and other technology. Experiments are already taking place with telemedicine where the patient is in one area and the physician in another place, but is able to see, do diagnostics and speak with the patient. As nurses, have we been apart of this research as we prepare for what health care will be in the future?

The world recently lost Steve Jobs. He was a true visionary. He has left behind a legacy of invention that has changed the way we think about and interact with technology everyday. His vision has affected health care. What would happen to nursing if we had a Steve Jobs in our midst? Is it possible for us to think beyond three to five years as our "future?"

As we think about the future of health care, nurses may want to consider the following:

- 1) What if health care no longer needed hospitals?
- 2) What if sentient robots became a part of the health care system?

- 3) What if everyone we cared for had been affected by genetic engineering?
- 4) How do we see the use of artificial intelligence in the year 2050 in relationship to health care?

These are questions the best engineers, environmentalists and scientists may not have the answer to today, but there is no doubt that the future of health care is happening now.

Vision is needed to plan for the future. Research is being conducted in medicine, technology, science and health care. Health care products are changing everyday. All of these things will change our practice. They already have. Few of us practice today as we did yesterday. However, the future is more than three or five years from now. Let's get ready for a future of endless possibilities. We should be ready for anything, whether it's remote video conferencing with patients, working with robotic equipment and more. Nurses have been on the front lines of patient care for two centuries, and to continue to do so, we need to be prepared.

Sheila Warren is president of the Georgia Nurses Association. She lives in Hahira, GA.

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GNA
3032 Briarcliff Road, Atlanta, GA 30329
www.georgianurses.org, gna@georgianurses.org
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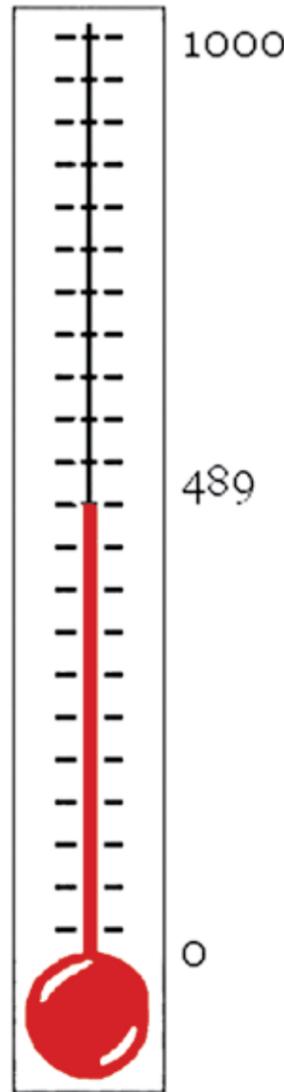
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CEO Corner continued from page 1

National leadership development expert and author Doug Krug validates that the mind works in images, and we need to reclaim our conscious awareness. Finding what we want rests in moving from a problem-solving mindset to being outcome oriented; giving yourself the freedom to discover. However, the reality is that there are still only 24 hours in a day no matter what interpretation we give to "finding" the time. So how does success happen? Krug consults on leadership with the Captains of Industry and he insists that the most costly approach

(in human and financial sacrifices) is to try and find out what is wrong and whose fault it is. I agree. Problem solvers need a problem after all. Thank you very much, but I just as soon not have any more problems warping my day. I believe in an outcome-driven focus. Many of our beliefs are inherited and they intensify with each threat or change movement. I'm sure you agree that everyone prefers to run with a winner. Nobody wants to be the *has been*. It is simply a waste of time rehashing the hash. In his book *The Missing Piece In Leadership: How to create the*

Future You Want, Krug encourages us to be in the moment; not allow important things to become invisible through familiarity. With all the noise in our hustle bustle environment intruding on our days and nights and brains, Krug claims the differential in the years ahead for those who will be successful leading an outcome-driven life, will be that they are "aware." Put simply—we get more of what we focus on. We need to cut out the noise of always focusing on the problems and instead look out from a higher plateau. To shift to an outcome-driven life there are at least two key elements: **attitude** and **determination** for what we want—then go for it. Leaders are always on "go."

So tomorrow morning—when I'm in the shower—I'm just going to "ponder a bit." I shall let my human flourishing begin. I'll let you know what comes out of that...Happy New Year!



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NAMES, FACES, PLACES

Georgia Barkers appointed GNF President

The GNA Board of Directors has appointed Georgia W. Barkers, EdD, MBA, MHA, BSN, RN-BC, NEA-BC, to serve as Georgia Nurses Foundation President. Dr. Barkers previously served two terms as GNA Director of Leadership Development.



Georgia Barkers

GNA member Brenda Rowe appointed to Georgia Board of Nursing

GNA member Brenda Rowe, RN, has been appointed to the Georgia Board of Nursing by Governor Nathan Deal. Rowe was sworn in by Gov. Deal during a ceremony in December.



Brenda Rowe was sworn in to the GBON by Gov. Nathan Deal last December. She is joined by her husband Grant (right).

Remembering Bettye Dann

Longtime Georgia Nurses Association member Elizabeth "Bettye" Dann passed away in November 2011. Bettye was one of the original certified nurse midwives at Athens Regional Medical Center and past president of the old GNA District 11. Bettye graduated nursing school in 1962 at Orange Memorial Hospital in Orlando, FL and nurse midwifery school from the University of Mississippi in 1976. She started the midwifery program at Athens General Hospital in 1977 with her dear friend Angela Best and delivered over 2000 babies during her career.

She was a well-known and dedicated member of the UGA Catholic Center. Bettye was a superb cook and shared her love of food with her church and community. She and Angie made decorated cookies and desserts as well as dinners for many. Those who were so fortunate to partake in their cooking will definitely remember it.



Bettye Dann

GN-PAC Chair, CEO Hackman meet with Lt. Governor

GN-PAC Chair George Sneed, RN and Georgia Nurses Association CEO Debbie Hackman recently attended a small breakfast with Lieutenant Governor Casey Cagle. During the event, Lt. Gov. Cagle discussed growth opportunities for the state, continued need for vigilance over the state budget, his concern about youth obesity and school programs he has supported that encourage healthy exercise.



GNA member awarded Nurse in Washington Internship

GNA member Katie Morales is the 2012 recipient of the Nurse in Washington Internship (NIWI) registration scholarship, provided by Nursing Organizations Alliance. In addition to GNA, Katie is a member of the American Association of Legal Nurse Consultants and the American Nurses Association. She will spend four days on Capitol Hill in Washington, DC as a health care advocate.



Katie Morales

GNA makes new Appointments

The following appointments were made at the GNA Board of Directors retreat in the fall of 2011.

Central Regional Coordinator

Gwendolyn Johnson (Old Capital Chapter)

GNA Bylaws Committee

Chair: Doreen Wagner (Northwest Metro Chapter)

Members: Lynn Whelan (Metro Atlanta Chapter)
Tami Blackmon (Metro Atlanta Chapter)
Heather Thompson (Southwest Georgia Chapter)
Timiko Thornhill (Atlanta VA Chapter)

GNA Finance Committee

Chair: Jill Williams (Kathleen, GA)
Pres.-Elect: Rebecca Wheeler (Metro Atlanta Chapter)
BOD Member: Wanda Jones (Columbus Chapter)
Members: Lynn Stover (Southern Crescent Chapter of GNA)

Cathy Carter (Metro Atlanta Chapter)

Lynn Beauliu (Professional Nurses' Network Chapter)

GNA Reference Committee

Chair: Rebecca Wheeler (Metro Atlanta Chapter)
Members: Gwendolyn Curtiss (Metro Atlanta Chapter)
Stephanie Rentz (Nursing Collaborative of South Georgia)
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Laura Carter (Nursing Collaborative of South Georgia)

Historian & History Committee

Chair: Rose Cannon (Metro Atlanta Chapter)
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GN-PAC –

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Stephanie Scott
SPAC Scheduling
Coordinator



Connie Clark
Administrative
Assistant



GNA REFERENCE REPORTS

The following reference reports were adopted during the GNA Membership Assembly that took place October 21, 2011 at the Atlanta Marriott Northwest.



Adopted 2011 Georgia Nurses Association Action Report

12-Hour Shifts and Fatigue

EXECUTIVE SUMMARY: Twelve-hour shifts have been deemed by many to cause undue stress and fatigue on those in the health care arena. Although there are many reports for and against this statement, the reality is we are losing many seasoned nurses because most health care facilities require 12-hour shifts and many older nurses prefer shorter shifts. Recent studies also show an increase in patient care errors when nurses work 12-hour shifts compared to 8-hour shifts. We believe health care facilities should be encouraged to provide a choice for varying shifts to accommodate those who, for numerous reasons, cannot work extended shifts.

RESOLVED:

That the Georgia Nurses Association will:

1. Encourage health care facilities to offer shorter shifts to those nurses who feel too fatigued after 12-hour shifts in order to keep them at the bedside. (Article for *Georgia Nursing* newsletter)
2. Educate health care facilities of the importance of limiting the amount of 12-hour shifts that can be worked consecutively. (Article for *Georgia Nursing* newsletter)
3. Educate health care facilities of the need for completely relieved breaks. (Article for *Georgia Nursing* newsletter)
4. Educate nurses about the acute and chronic health risks associated with fatigue and sleep deprivation documented with 12 hour shifts.
5. Educate nurses about the patient care errors associated with 12 hour shifts verses 8 or 10 hour shifts.
6. Educate nurses about self-assessment of fatigue (and other effects) related to 12-hour shifts.

BACKGROUND: Twelve-hour shifts have become a topic of discussion among health care providers everywhere. The reality in today's hospitals is that too few nurses take care of too many critically ill patients; nurses often describe their work as heavy, overwhelming, busy, and exhausting (Chen, Davis, S., Davis, K., Pan and Daraish, 2011). Walker (2009) stated "because of the lack of clinical staff, nurses often find they must work longer hours or additional days. This work schedule offers little time and incentive to rest or socialize away from work. They return tired and more apt to make mistakes. Morale suffers and nurses look elsewhere to work. The older workforce, in time, acquiesces to work in a less stressful environment or eventually retires" (Walker, p. 82). The American Nurses Association (ANA) took the position that "employers of registered nurses should ensure sufficient system resources to provide the individual registered nurse in all roles and settings with a work schedule that provides for adequate rest and recuperation between scheduled work" (2006).

There have been a number of studies performed, with both positive and negative results, regarding extended shifts in nursing. A study performed by Hoffman and Scott (2003) indicated that nurses working 12-hour shifts experienced significantly higher levels of stress than those working 8-hour shifts. Fatigue, coupled with adverse conditions, may be likely explanations for why stressors appeared to be compounded for the 12-hour shift nurses. The longer the nurse works, the more fatiguing the clinical environment may become, especially in complex practice areas. "Workplaces need to make it a part of the cultural norm to take completely relieved breaks, which we define as a time when the nurse turns over responsibility for her/his patients for the duration of the break" (Geiger-Brown and Trinkoff, 2010b, p. 358).

Research has suggested that many older nurses

are leaving acute care settings due to required 12-hour shifts (Drury, Francis, and Chapman, 2009). In a recent study regarding older nurses, participants identified difficulties associated with shift work; excessive tiredness, experiencing many aches and pains, sleep deprivation, and physical and emotional exhaustion with night shift nurses reporting a more difficult time in transitioning between night shifts and days off (Gabrielle, Jackson, and Mannix, 2009). Poissonnet and Veron (2000) found that fatigue in nurses (especially on night shifts) increased with age. Hoffman and Scott (2003) found that older nurses significantly favored shorter shifts. Twelve-hour shifts have even been referred to as "a way of getting rid of older nurses" (Pritchett, 2011, para 2.). This dissatisfaction of older nurses, feeling forced out, could lead to age discrimination lawsuits.

Geiger-Brown and Trinkoff (2010a) quote Scott et al (2007) as stating "Nurses working 12.5 hours or more had twice the odds of drowsy driving and of an MVC or near miss when compared with those working 8.5 hour shifts" (p.101). There is evidence that nurses are at risk for making more errors, experiencing more needle stick and musculoskeletal injuries, drowsy driving, sleep deprivation and fatigue with longer work shifts. In a population based sample of 393 staff nurses covering 5,317 shifts, Rogers, Hwang, Scott, Aiken and Dinges (2004) determined that nurses working 12 hours or more reported over three times the odds of making errors versus nurses working only 8 hours or less. The study was replicated in critical care areas by Scott, Rogers, Hwang and Zhang (2006) and nearly identical results were found.

On the other hand, areas with low nurse/patient ratios are probably the best locations for scheduling personnel on 12-hour shifts (Palmer, 1991). In a literature review by Stone, Yunling, Cowell, Amsterdam, Helfrich, Linn, et al (2006) it was concluded that longer shifts increased employee fatigue but also increased job performance, which was typically assessed using a survey instrument designed to measure nurses reasoning ability for critical thinking. The postulated reason for these findings may be that employees working a compressed work week are more motivated, therefore reducing possible detrimental effects. Stone, et al also found that, in a study of nurses in 13 New York City hospitals, nurses on 12-hour shifts reported less emotional exhaustion with no differences in patient outcomes. Josten, Ng-A-Tham and Thierry (2003) point out some favorable aspect of 12-hour shifts; more days and weekends off and patients see fewer different faces each day, which may improve continuity of care. A survey consisting of 99 nursing units reported nurses working 12 hours were on average more satisfied with their jobs, experienced less emotional exhaustion, were 10 times more likely to be satisfied with their schedules, were two times as likely to perceive 12-hour schedules as important, and 58% less likely to "call out". In addition, there was no difference found in patient outcomes and no decrease in vacancy rates (Stone, et al. 2006).

Currently, most U.S. hospitals exclusively use 12-hour shifts (Geiger-Brown and Trinkoff, 2010a). Although many nurses like these schedules because of the compressed nature of the workweek (three 12-hour shifts vs. five 8-hour shifts), this schedule, as well as shift work in general, has been shown to lead to sleep deprivation. A factor that seems to moderate the effects in employee choice. Smith and Barton (1994) have suggested employee choice may play a significant role in the relationship between work schedules and employee health. Studies in which there was no choice found negative effects on all aspects measured. If there is room for choice, employees who expect extended shifts to be too

fatiguing will probably continue to work 8-hour shifts. Those not favoring extended shifts should be offered alternative schedules, and absenteeism records and indicators of quality of care should be monitored annually for possible negative effect of the extended shifts. Those who choose 12-hour shifts, but find it too fatiguing, can return to 8-hour shifts.

There are cost benefits of 12-hours shifts for nursing administrators. For example, the ease of scheduling two shifts for 24 hours instead of three, and the need to hire a fewer number of nurses (Lorenz, 2008). Cost savings of 12-hour shifts include a reduction in overtime (Ugrovics and Wright, 1990), as well as a shorter number of wage hours per week (36 hours for three 12-hour shifts, versus 40 hours for five 8-hour shifts). The dilemma of 12-hour shifts for administrators is the weighing of savings against the reduction in patient safety. Mature nurses have invaluable skills that improve the quality of care and therefore enhance patient safety (Hill, 2010). If these nurses are leaving due to the 12-hour shift schedule, the added expense of recruiting and training new employees and the risk of errors may outweigh the initial cost savings.

Montgomery and Geiger-Brown (2010) stated that moving away from 12-hour shifts will require a real change in hospital culture. No nurse executive likes to believe that their institution accepts a work culture where coming to work exhausted, sick or unprepared for the demands of patient care is tolerated. Yet, hospitals will allow nurses to "self-schedule" in ways that substantially increase fatigue risk or may ask nurses to accept "on call" or mandate overtime to cover open shifts so as not to use expensive supplemental staffing. "To reduce error producing fatigue, state regulatory bodies should prohibit voluntary overtime in excess of 60 hours per 7-day period" (IOM, 2004, p. 236). The peer culture may discourage a nurse from staying home when too fatigued to function. Because most sleep-deprived staff have little awareness of their neurobehavioral deficits, relying on nurses to self-regulate should take a backseat to administrators ensuring healthful work schedules that allow adequate sleep opportunity. Nurses must be able to admit that they are exhausted without being adversely judged, or they will be reluctant to disclose this reality.

CONCLUSION: There is a growing body of evidence that 12 hour nursing shifts have a number of consequences for employers, nursing staff and patients.

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Adopted 2011 Georgia Nurses Association Action Report

Promoting Educational Advancement for Registered Nurses

EXECUTIVE SUMMARY: In 2010 the Tri-Council for Nursing stated: "Current health care reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. At this tipping point for the nursing profession, action is needed now to put in place strategies to build a stronger nursing workforce. Without a more educated nursing workforce, the nation's health will be further at risk." State nursing stakeholders must come together to promote educational advancement for registered nurses.

RESOLVED:

That the Georgia Nurses Association will:

1. Conduct a survey on nurses' support for educational advancement for ADN & diploma nurse graduates.
2. Convene all stakeholders to begin a dialogue on BSN in 10 for educational advancement.
3. Develop time line for implementation of a process to transition future ADN and diploma educated nurses to the BSN within 10 years of graduation.
4. Educate the public on the benefits of having a BSN-educated workforce providing care.
5. Develop a fact sheet of benefits for the ADN or diploma nurse to obtain the BSN.

BACKGROUND: The 2008 ANA House of Delegates RESOLVED, that the American Nurses Association support initiatives to require registered nurses (RNs) to obtain a baccalaureate degree in nursing within ten years after initial licensure, exempting (grand-parenting) those individuals who are licensed or enrolled as a student in a nursing program at the time legislation is enacted; and be it further RESOLVED, that the American Nurses Association advocates for and promotes legislative and educational activities that support advanced education in nursing. ANA's efforts to influence nursing education date back to 1965. (ANA, Nursing Education, retrieved 9/16/11)

Nurses have a vital role to play in a health care environment that is increasingly complex and populated by other health care professionals who have baccalaureate degrees or other advanced educational degrees. If the nursing profession is to have equal voice in the health care arena, it must support educational advancement for the professional registered nurse. Also, as health care continues to evolve and the demands of nursing require the advanced level of critical thinking that is achieved at the BSN level and above, the profession must develop a well-articulated process for nurses to advance their education.

The ANA has supported the BSN in Ten concept

Promoting Educational Advancement continued on page 9

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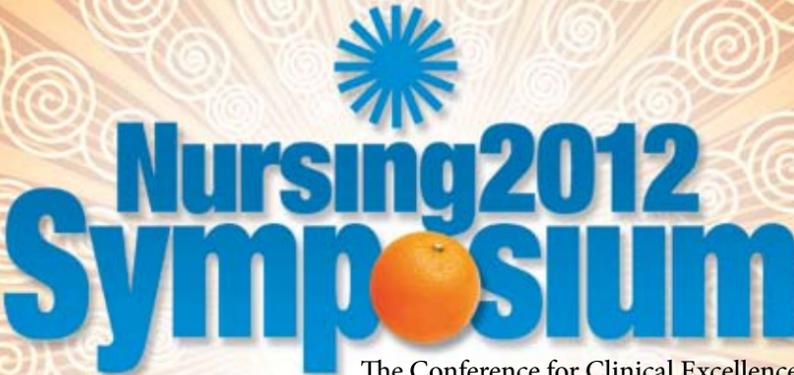
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Adopted 2011 Georgia Nurses Association Action Report

The Effects of Childhood Obesity on Overall Health

EXECUTIVE SUMMARY: The growing problem of childhood obesity is having multiple negative consequences for Georgia's children. Actions must be taken to improve nutrition and physical activity in order to reduce these poor health outcomes.

RESOLVED:

That the Georgia Nurses Association will:

1. Support legislation to reduce unhealthy meals at school.
2. Work with school districts to increase/reinstate physical activity in the schools (education).
3. Develop a one-stop resource package for the consumer to understand the issues with childhood obesity.
4. Develop a fact sheet of tips for parents to help maintain a child's healthy weight.

BACKGROUND: Of the many statistics about childhood obesity, one that is most alarming was published by the Center for Disease Control (CDC) that 1:3 children are labeled obese. A child who qualifies for the 95th percentile on the Body Mass Index (BMI) is advised to have an in-depth medical assessment since the amount of body fat is also associated with high blood pressure, elevated levels of lipids in the blood and an increased potential for obesity related diseases that include type-2 diabetes, asthma, hypertension, high cholesterol, liver and gall bladder disease, bone and joint problems and sleep apnea. (Braunstein, Glenn; Childhood Obesity: An Epidemic That's Growing Up Fast;pp1). Being obese is also linked to a range of social and psychological issues including poor self-esteem, depression, withdrawal and poor peer relationships.

Childhood obesity is a problem that's not only influenced by what children eat, but also by how the family lives. Parents need to be role models themselves by eating healthy and exercising. Introducing healthy changes gradually will promote success.

Gary Kohler lists six facts that every parent should know: 1) Obesity is on the rise, 2) Obesity is hard to define, 3) Obesity is easy to diagnosis, 4) Obesity has multiple effects, 5) It has multiple causes and 6) Obesity can affect household finances. (<http://www.drkalsweightlosstips.com/childhood-obesity-facts.html>;retrieved 5/30/11. Parents should encourage a healthy lifestyle. However, parents should realize that focusing on their child's extra pounds may lead to more overeating. Emphasize the positive by encouraging outdoor activities as well as healthy eating.

CONCLUSION: Since it is well documented that childhood obesity is on the rise, health care workers need to be proactive in addressing this issue. We know that diet is the most prominent factor, with more children indulging in caloric rich drinks and food laced with sugar and carbohydrates. Physical inactivity is another factor and to a small extent genetics. To prevent an epidemic, health care workers need to partner with other industries to educate parents and others to promote healthier life styles for our children.

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Promoting Educational Advancement continued from page 8

since 2000. With the ANA House of Delegates' 2008 position to support requirements for RNs to obtain a baccalaureate degree within ten years of initial licensure, the time is now for state nurses associations to convene nursing stakeholders in order to generate discussion, offer education and develop plans toward educational advancement for RNs.

In 2010 The Institute of Medicine (IOM) in collaboration with the Robert Wood Johnson Foundation published "The Future of Nursing-Leading Change, Advancing Health." This report explores how nurses' roles, responsibilities, and education must change to meet the increased demand for care that will be created by health care reform and to advance improvements in America's complex health care system. One recommendation in the report is specific to advancing nursing education: "Increase the proportion of nurses with a baccalaureate degree to 80% by 2020." Action is underway in many states to develop strategies to meet this recommendation: a number of ADN programs are being expanded to baccalaureate programs, legislation is proposed in some states to require "BSN in Ten" and many hospitals are now preferentially hiring baccalaureate graduates.

CONCLUSION: The increasingly complex health care system requires a well educated nursing workforce. In line with the Tri-Council's educational advancement position and the IOM Future of Nursing report, now is the time to promote efforts for future graduates of ADN and diploma nursing programs to advance their education.

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To view the 2011 GNA Amended Bylaws, visit http://www.georgianurses.org/Approved_Bylaws-2011.pdf.

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ANA NEWS

New ANA Flu Campaign features videos, tool kit

The American Nurses Association can boost your efforts to promote the seasonal influenza vaccination for your patients, colleagues, friends and relatives with its 2011-12 **Unite to Fight the Flu** campaign. The Campaign web site features videos, a tool kit and other resources to assist in your educational efforts. Visit <http://www.anaimmunize.org/> for more information.

Fighting for Nurses Who Speak Up for Patients

The Winkler County Nurses Case

ANA members Anne Mitchell and Vicki Galle showed moral courage and adhered to the *Code of Ethics for Nurses* when they reported a physician at their Winkler County Memorial Hospital to the Texas Medical Board in 2009 for what they deemed unsafe practices.

The nurses received support from the Texas Nurses Association and ANA through a legal defense fund and a national publicity campaign. Charges against Galle were dropped, and Mitchell was found not guilty at trial. The nurses' accusers faced their own criminal indictments and ultimately, justice prevailed.

"In the end, the 'Winkler County' case is really about patient care. Every single nurse who witnesses unsafe care has a duty to patients to report it. The final outcome of this case is not only a victory for nursing – it's a win for every patient in this country," said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. "ANA is the quintessential advocate for nurses across this country, and we will never back down from taking a strong stand in defense of nurses doing their jobs. ANA will continue to fight relentlessly to protect nurses who speak up for their patients."

To learn more about this case, watch the new ANA video about the case at <http://nursingworld.org/Video-Fighting-for-Nurses-Who-Speak-Up-for-Patients>.

More information on the "Winkler County nurses" case is available at <http://nursingworld.org/Ethics-Texas-Nurses>.

APRN CORNER

ANA Works to Get APRNs Counted

This article was adapted from an APRN Focus column written for the July/August 2011 issue of *The American Nurse*.

By Lisa Summers, DrPH, CNM

A great deal of attention is being paid to the ability of nurse practitioners (NPs), certified nurse-midwives (CNMs) and certified midwives (CMs) to help solve our nation's shortage of primary care providers (PCPs). For over a year, the American Nurses Association (ANA) was closely engaged with a "negotiated rulemaking committee" that set out to determine, among other details, if and how NPs, CNMs and CMs would be counted as PCPs in the federal government designation of health professional shortage areas.

Decades ago, the federal government created two designations to help ensure that resources are best directed to increase access and improve health outcomes. Formulas were developed to determine a health professions shortage area (HPSA) and a medically underserved area (MUA). Despite the fact that NPs and CNMs have a long history of providing primary care to vulnerable populations in areas of need, these designations have, to date, not included NPs and CNMs in a critical aspect of the formula – the "provider-to-population ratio."

From July 2010, when Health and Human Services Secretary Kathleen Sebelius announced the Negotiated Rulemaking Committee on the Designation of medically underserved populations (MUPs) and HPSAs, through the final meetings in October 2011, ANA staff monitored the meetings, provided formal testimony and responded to inquiries from committee members.

A variety of federal and state programs use HPSA and MUP designations to target resources. For example, the HPSA designation is one factor used to determine eligibility for the National Health Service

Corps, a scholarship and loan repayment program for which NPs and CNMs are eligible. It is used by U.S. Immigrations and Customs Enforcement to manage programs that provide visa waivers for foreign-educated physicians who agree to practice in underserved areas. Medicare also makes bonus payments to physicians and psychiatrists working in designated HPSAs (but not to NPs or CNMs/CMs). The MUA/MUP designation is also used as a basis for awarding grants to community health centers, which employ a growing number of NPs and CNMs.

More detailed information about HPSA and MUA/P designations is included in an Issue Brief available at www.nursingworld.org. These similar, yet distinct, designations are complex, including a number of variables that are difficult to define. For example, in determining a ratio of providers to population, how are primary care providers defined? There is general agreement that family physicians and general internists are PCPs, but what about obstetrician gynecologists? Are NPs and CNMs PCPs? How does one define a "natural catchment area"?

ANA's early discussions with the committee were around ANA's concern that the committee is challenged by limited data sources, particularly as it affects decision making about NPs and CNMs. The available data sources are inadequate to provide necessary information about NPs and CNMs as PCPs.

ANA strongly advocated that accurate assessment of primary care shortage areas requires the inclusion of NPs and CNMs *on par* with physicians at 1.0 full-time employee (FTE). ANA worked closely with the American College of Nurse-Midwives to respond to the initial proposal to count CNMs at .25 FTE. Concern was expressed that inclusion of NPs and CNMs in the methodology would result in some areas currently designated as MUPs and HPSAs losing their designation. ANA was sensitive to the fact that a change in status may create challenges in sustaining services, and ANA followed closely the predictions made by the staff assisting the committee.

More about the negotiated rulemaking committee

The committee was made up of 28 members representing a range of stakeholders, including those with HPSA/MUP designations, such as community health centers and rural health centers. Some committee members represented populations with special health care needs and others brought technical and research expertise. The committee included one advanced practice registered nurse, Andrea Brassard, RN, DNSc, MPH, FNP. Brassard, an ANA member, is a strategic policy advisor in the Center to Champion Nursing in America at AARP.

"Negotiated rulemaking" is a process that relies on achieving consensus and is, as a result, time-consuming. The committee requested and received additional time to complete its work, and the final report was published October 31, 2011.

Mixed results

The final report was a step forward, in that nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs) working with primary care physicians or in independent practice of primary care *will be counted*. They will, however, be counted at 0.75 FTE of a primary care physician. In a letter (www.nursingworld.org/comments.aspx) to HRSA administrator Mary Wakefield, ANA expressed concerns about the productivity studies on which the decision was based. ANA will continue to work with HRSA toward the goal of collecting valid and reliable workforce data that can help us determine the productivity of APRNs.

Lisa Summers is a senior policy fellow in the Department of Nursing Practice and Policy at ANA.

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LEADERSHIP DEVELOPMENT

GNA Leadership Attends 2011 Board Retreat at Cuscowilla

Last fall, the Georgia Nurses Association Board of Directors and staff took part in the 2011 Board of Directors Orientation at Cuscowilla Resort. The newly sworn GNA Board for 2011-2013 spent the two-day period becoming oriented as GNA board members, and taking part in team-building exercises.

The 2011-2013 GNA Board of Directors is (L-R) Wanda Jones, RN, MSN, FNP-BC, Secretary; Sally Welsh, MSN, RN, NEA-BC, Director of Membership Development; Judy Malachowski, PhD, RN, CNE, Director of Legislation/Public Policy; Rebecca Wheeler, MA, RN, BSN, President-Elect; Sheila Warren, MHA, MSN, RN, President; Deborah Hackman, CAE, ex-officio member, Chief Executive Officer; Jill Williams, RN, MSN, CPHQ, MCSM, Treasurer; Jane Sweetwood, RN, MN, CCRN, CPAN, Director of Workforce Advocacy; Georgia Barkers, EdD, MBA, MHA, BSN, RN-BC, NEA-BC, ex-officio member, Georgia Nurses Foundation President; and Carol Dean Baker, PhD, RN, Director of Nursing Practice. Not pictured: Aimee Manion, DNP, RN, CMSRN, Director of Leadership Development.



WORKFORCE ADVOCACY

2nd Annual Family and Workplace Violence Conference

Friday, February 17, 2012
8:00 a.m. – 3:00 p.m.

Nessmith-Lane Conference Center, Statesboro, GA

The purposes of this conference are:

- To raise awareness of issues related to violence and abuse in families and the workplace
- To discuss strategies being used to prevent or reduce violent behavior
- To define and illustrate forensic nursing and its practice
- To describe available services and programs for victims of violence, including violent crimes

Sponsored by: Southern Professional Nurses Network Chapter of the Georgia Nurses Association (GNA), Mu Kappa Chapter of Sigma Theta Tau International Honor Society of Nursing, Magnolia Coastlands AHEC, Statesboro, GA

This year's Conference will include the topics: Role of the Forensic Nurse, Violence in the Workplace from an HR Perspective, Cyber Stalking, Victims Services and Self Defense.

Dr. Sharon Radzyminski, Ph.D., RN, JD, the new chair for Georgia Southern University's School of Nursing, will serve as the keynote speaker.

Scheduled speaker: Jenny Lynn Anderson, author of *Room 939: 15 Minutes of Horror, 20 Years of Healing* will be available to sign copies of her book.

Conference Fees:

\$65.00 Early Rate until 5:00 p.m., February 6 (after February 6 \$75.00)

\$30.00 Student Early Rate until 5:00 p.m., February 6 (after February 6 \$35.00)

Conference fee includes box lunch and conference materials. For more information or to register for this conference, please visit: <http://ceps.georgiasouthern.edu/conted/violenceregister.html>.

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LEGISLATIVE/PUBLIC POLICY

Help Wanted!

Looking for many thoughtful, committed and proactive nurses who want to advocate for professional nursing!

By Judy Malachowski, PhD, RN, CNE

I have a mission over the next two years. I hope you will join me in this endeavor!

Many of you will recall a similar call-to-action last year. That call was successful in engaging a few more nurses as participants on the GNA Committee on Legislation.

My call to you this year has a different focus. I am asking for your assistance with an advocacy project. I was selected by GNA to participate in the third annual American Nurses Advocacy Institute (ANAI), a year-long mentored program for state nurses association (SNA) members who are either new to the world of political advocacy or would like to strengthen their competence in the political arena. ANAI selects up to 24 nurses recommended by their SNAs. One of the components of the program is to develop, implement and evaluate an action plan that focuses on some aspect of advocacy.

I met with CEO Debbie Hackman to brainstorm some ideas for this project. I shared with her my strong interest in nurse practice acts (NPAs), particularly as related to our origins; that is, how the state practice act evolved over time. The history of nurse practice acts is grouped usually into three phases: (a) the origin of basic registration laws (1900-1938); (b) the expectation of mandatory licensure for all those who nurse for hire (1938-1971); and (c) modifications in NPAs to include role expansion for registered nurses (1971-current).

Briefly, the key to defining nursing practice in every state is the Nurse Practice Act. Each state has the power to govern the practice of nursing within that state's borders. Current legislative issues in many states revolve around nursing practice. For example, GNA sponsored nurse title protection in the 2011 legislative session. The intent of the bill was to protect the public from unlicensed practitioners posing as nurses. State licensing boards determine the "titles" that professions regulated under those boards may use. No other person may legally use those titles. Until the successful passage of nurse title protection, practitioners without a nurse license could provide services under the title of nurse. Nurses must have knowledge of their practice act and be ever-vigilant regarding potential changes to those rules and regulations.

I have three overall goals for this project: (a) to inspire passion for the professional registered nurse role; (b) to raise awareness of the historical evolution and importance of the state nurse practice act and how its contents influence current practice; and (c) to identify nurses' collective voice regarding proposed legislation affecting professional practice. Using identified target groups, my plan is to (a) conduct an initial assessment both of knowledge about nursing practice rules, regulations and history, and of current advocacy efforts; (b) implement discussion opportunities using legislation under review in the 2012 Georgia General Assembly; and (c) revisit each group for changes in knowledge and advocacy.

I am in the beginning stages of putting my plan of action together. A final report to ANA is due in September 2012, but I am looking at a two-year project. My first step is to develop a timeline using the guidelines for conducting a political environmental scan. Assessment of timing, relationships and reputations, and resources will determine some of the paths for this research.

One of my target groups is you, the readership of *Georgia Nursing*. Over 100,000 Georgia registered nurses will receive this publication. For many reasons (the aging of the nursing workforce, the impact of recommendations of the 2010 Institute of Medicine report – *The Future of Nursing*, the influence that other-than-nurses have on our practice act), the **timing** is right for us to raise awareness



Judy Malachowski

of the importance of the state nurse practice act on our professional practice. We have power to form **relationships** with others supportive of our central role in health care. Finally, GNA is a key partner in providing member **resources** to help nurses shape the future of professional nursing.

Your input is sought and valuable. Contact me for

more information or if you would like to participate. I can be reached at GNAdirectorlegislation@gmail.com. Be a part of the GNA collective voice!

Judy Malachowski, PhD, RN, CNE is GNA's Director of Legislation/Public Policy. She is Director of the School of Nursing at Georgia College & State University in Milledgeville.



Georgia Nurses Association 2012 Legislative Priorities

Strengthening Georgia's Nursing Workforce

Nursing education programs in Georgia are challenged to produce a sufficient number of graduates to meet the demand for quality nursing care. Several factors have contributed to this, including a shortage of nursing faculty and budgetary challenges in traditional schools of nursing. Other recent regulatory snags have kept experienced nurses from practicing in our state. Georgia must be proactive in supporting innovative strategies that will bring competent registered nurses to our state to meet the health needs of our citizens. **GNA will support efforts to strengthen Georgia's nursing workforce, including the growth of traditional and non-traditional nursing education programs and the removal of redundant regulatory obstacles for experienced nurses to relocate to Georgia.**

Mandatory Reporting

Since 1981, the Georgia Nurses Association Nurse Advocate Program has offered support to nurses living with the disease of addiction. The Nurse Advocate Program collaborates with the Georgia Board of Nursing (GBON) in an effort to assist monitoring of impaired nurses and in seeking treatment for their addiction. In 2011, the GBON consulted GNA for its input on potential legislation, which would enact the mandatory reporting of a violation of the Georgia Nurse Practice Act. **GNA supports the Board of Nursing's initiative to enact a mandatory reporting statute to protect the public from those who unsafely violate the Nurse Practice Act.**

Nursing Scholarships & Workforce Planning

Funding for nursing scholarships and workforce planning through a special Nurse License Plate. Georgia continues to lag behind other states in the recruitment and retention of the nursing workforce. Funding from a special nurse license plate would allow funds to be used for nursing scholarships and workforce planning & development to meet future needs. GNF/GNA has initiated the creation of a nurse license plate. **GNF will continue this initiative with a portion of future proceeds to fund nursing scholarships and workforce planning & development.**

Nursing Practice & Regulation

Nurses in Georgia must practice to the full extent of their education and training. The Institute of Medicine's landmark 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, offers a thorough examination of the U.S. nursing workforce. The IOM Report recommends that "Nurses should practice to the full extent of their education and training." **GNA supports efforts to remove regulatory barriers to APRN scope of practice in Georgia.**

Essential Nursing Health Care Services

Georgia must support essential nursing health care services. State revenues have improved slightly for the upcoming fiscal year. It is critical that state funding continue to flow to essential nursing health care services, such as Public Health and PeachCare, to ensure the health and well-being of Georgia patients. **GNA believes essential nursing health care programs should be funded at or above FY 2012 levels. GNA also supports the continued funding of nursing care for children enrolled in Georgia public schools.**

To view GNA's 2012 Legislative Platform, visit:
<http://www.georgianurses.org/Platform2012Adopted.pdf>

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- Private practitioner with an emphasis on representing healthcare professionals in administrative cases as well as other legal matters
- Former Assistant Attorney General for the State of Georgia and Counsel for professional licensing boards including the Georgia Board of Nursing
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FINANCE

Why You Need a Home Inspection

By Jim Williams
President, Southern Highlands Mortgage

Are you planning to purchase a home or sell your existing home in the near future? If so, you may want to consider getting a home inspection. First of all, what is a home inspection and why would you need one?

A home inspection is an independent visual examination of the physical structure and the various systems of the property. The inspector will provide an objective opinion of the condition of the home from the foundation to the roof. You will receive a detailed written report on the condition of the following: the foundation, plumbing, electrical, appliances, the exterior, heating/AC, the roof/attic and structure.

The report will describe the condition of the various components and note if any repairs are necessary as a safety precaution. Also, the inspector will comment on any items that require service, are defective or need cosmetic repair.

If you are in the market to purchase a home, you can often avoid potentially expensive and unforeseen



Jim Williams

repairs by obtaining a home inspection before you buy. A costly repair after the purchase can definitely put a damper on the home-buying experience. Why take the risk?

As a potential seller, you may question why you should obtain an inspection on your own home. A home in good condition is much more likely to sell in a buyer's market. Though some components of the home may be in obvious need of repair, others are not to the untrained eye. Many homebuyers are requiring a home inspection as a stipulation in the sales contract. It would be wise to become aware of potential repair issues before your home goes on the market. You can minimize the risk of losing a sale by making repairs before your home goes under contract.

The typical cost for a home inspection ranges from \$250-\$400 based on the size of the home and location of the property. Visit the National Association of Home Inspectors (NAHI) or the American Society of Home Inspectors (ASHI) web sites for additional information. You can obtain a list of local home inspectors by calling the NAHI at 1-800-743-2744 or the ASHI at 1-847-759-2820.

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MEMBERSHIP

School Nurses Stepping to the Plate

By Carol Darsey, RN, President, Georgia Association of School Nurses

In early 2010, the Georgia Association of School Nurses (GASN) was invited to participate in the Georgia School Based Flu Stakeholders meeting at the Georgia Department of Education (DOE). Lisa Byrns, RN, our past president, sent Karen Bell, RN, school nurse, and I to the meeting as GASN representatives. Attendees represented many community partners including the Associate State Superintendent of Policy for the Georgia DOE, Director of Infectious Disease and Immunizations/Acting State Epidemiologist Department of Community Health (DCH), Center for Disease Control (CDC) Epidemiologist, Emory School of Nursing and others. I remember leaving the meeting thinking, "Wow, what an opportunity for school nurses to influence healthy behaviors in our school communities!"



During the 2009 H1N1 Pandemic, National Association of School Nurses (NASN) President Sandi Delack RN, M Ed, sent the following message to members: "School Nurses are in a position of public trust in both normal and crisis times. Parents, policy makers and other members of the community expect us to be there to assess 'problems du jour' and to address them in a competent manner. They don't understand the scope of our work, and most likely, it's not of concern to them. We are expected to perform at the highest level, resulting in saving lives and helping children learn."

Delack's message that the H1N1 pandemic raised awareness of school nurses like no other time we could recall brought many to question if there were enough school nurses. School-based flu programs are administered on school grounds before, during and/or after school hours. Our objective is to help meet the

recent universal vaccination recommendations while reducing absenteeism and increasing immunity. Research by the Georgia DOE shows that each day that a student is absent from school contributes to a 3 percent decrease in CRCT scores. In Georgia, some school nurses were allowed to administer flu vaccines while others were allowed to facilitate the site for public health nurses to administer the flu vaccines at their schools. One role all school nurses shared was surveillance for flu. Most of us taught hand washing and cough etiquette. Again, we were the flu patrol, assessing health conditions; reporting cases to parents, administrators and health departments to enforce infection control practices.

Participants in the stakeholders meetings have identified and provided a foundation for identifying best practices, as well as ways to sustain the program moving forward. We experienced many challenges in the implementation of the program, as grant funding was not awarded in the amount needed to provide adequate resources (product and staff) and reimbursement for immunizations. DOE and DCH will collaborate in a research project to determine the reduction in absenteeism of both students and staff; and any correlations between immunization rates and greater academic measures. School nurses look forward to seeing these results, we would like to see increased funding for sustainable school-based flu vaccination programs statewide, as we see schools as a critical component of the response to pandemics and other emergencies. We have stepped up to the plate to help keep our students in school and parents at work, while increasing opportunities for increasing flu vaccination rates.

Carol Darsey, RN, is GASN president and a practicing lead school nurse in Liberty County. Visit www.gasn.org for more information about the Georgia Association of School Nurses.

CAPRN of GA Renews Org Affiliate Membership with GNA

The Coalition of Advance Practice Registered Nurses of Georgia has renewed its organizational affiliate membership with GNA! By becoming an org affiliate member of GNA, organizations can enjoy great benefits, such as one voting seat in GNA Biennial Membership Assembly with the ability to contribute action reports for consideration (representative must be a member of GNA), discounts on teleconferencing services, space for an article in our newsletter, *Georgia Nursing*, and more. For information on how to become an organizational affiliate of GNA, please contact Jeremy Arie, Director of Marketing & Communications, at jeremy.arie@georgianurses.org.

GN-PAC DONATION FORM



The Georgia Nurses Association Political Action Committee (GN-PAC) actively and carefully reviews candidates for local, state and federal office. This includes their record on nursing issues and value as an advocate for nursing. GN-PAC promotes the improvement of the health care of the citizens of Georgia by raising funds from within the nursing community and friends of nursing and contributing to the support of worthy candidates for State office who believe, and have demonstrated their belief, in the legislative objectives of the Georgia Nurses Association.

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

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I Want to Get Involved: Creating a Chapter

Are you interested in nursing informatics? Palliative Care? Pediatric oncology?

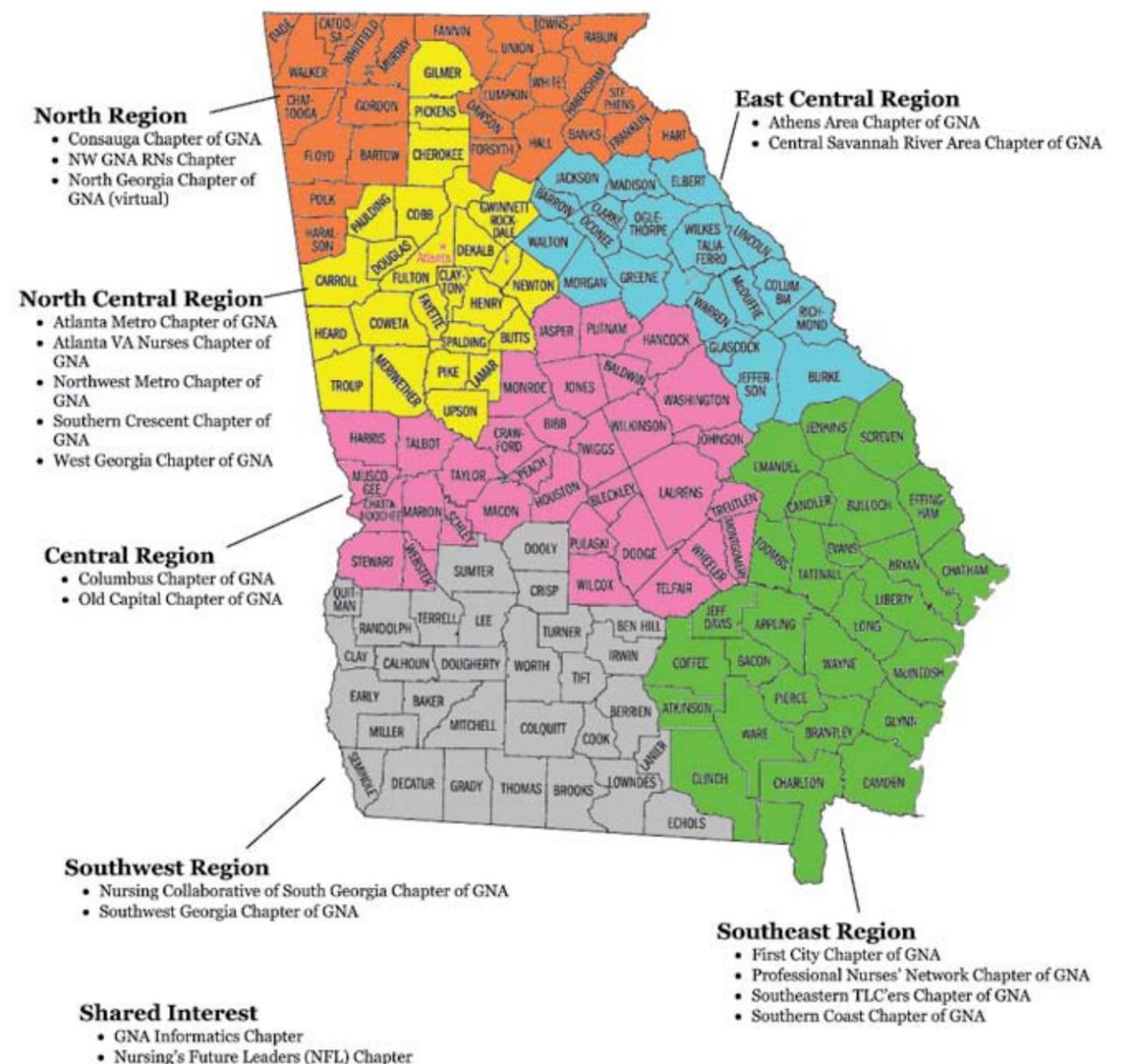
Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has made it easy for you to become involved according to your own preferences.

Through GNA's new member-driven chapter structure, you can create your own chapter based on shared interests where you can reap the benefits of **energizing experiences, empowering insight and essential resources.**

The steps you should follow to create a NEW GNA chapter are below. If you have any questions, contact the membership development committee or GNA headquarters; specific contact information and more details may be found at www.georgianurses.org.

1. Obtain a copy of GNA bylaws, policies and procedures from www.georgianurses.org.
2. Gather together a minimum of 10 GNA members who share similar interests.
3. Select a chapter chair.
4. Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
5. Identify and agree upon chapter purpose.
6. Decide on chapter name.
7. Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:
 - Chapter chair name and chapter contact information including an email,
 - Chapter name,
 - Chapter purpose, and
 - Chapter roster.
8. The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.

Georgia Nurses Association Regions and Chapters As of August 20, 2011



MEMBERSHIP

Welcome New & Returning GNA Members

September New Members

Angela Berndt, Woodstock, GA
 Brencia Bienville, Snellville, GA
 Brittani Hawk, Ball Ground, GA
 Ceretha Thomas, Atlanta, GA
 Charmayne Nichols, Athens, GA
 Claudia Pena, Grovetown, GA
 Coltedra Ross, Atlanta, GA
 Corrine Abraham, Marietta, GA
 Deborah Scott, Hamilton, GA
 Edith Locsin, Lawrenceville, GA
 Edna Larson, Avondale Estates, GA
 Felicia Wright, Ellenwood, GA
 Gloria Beecher, Lithonia, GA
 Heather Novak, Columbus, GA
 Heather Thompson, Fitzgerald, GA
 Isabela Johnson, Alpharetta, GA
 Jennell Charles, Atlanta, GA
 Joanna Gwin, Athens, GA
 Joyce Tate, Brunswick, GA
 Judy Edge, Marietta, GA
 Kathryn Thompson, Snellville, GA
 Kathy Harris, Cornelia, GA
 Keshia Swint, Fayetteville, GA
 Kialonndra Stokes, Jonesboro, GA
 Laura Carter, Valdosta, GA
 Laura Harvin, Atlanta, GA
 Linda Toomer, Suwanee, GA
 Lizzette Moni, Stone Mountain, GA
 Lydia Dyke, Leesburg, GA
 Lynn Chronicle, Conyers, GA
 Lynn Beaulieu, Evans, GA
 Margarita Bell, Duluth, GA
 Maria Hanik, Snellville, GA
 Mary Thomas, Buford, GA
 Mary Shoaf, Acworth, GA
 Matt Droms, Suwanee, GA
 Melissa Maddox, Taylorsville, GA
 Misty Parker, Atlanta, GA

Opal Schlicht, Summerville, GA
 Regina Canty, Lawrenceville, GA
 Renee Emory, Marietta, GA
 Ruthanne Roth, Douglasville, GA
 Sarah Cooper, Cumming, GA
 Scarlett Evans, Atlanta, GA
 Sharon Morris, Tyrone, GA
 Sharon Okoduwa, McDonough, GA
 Sheila Mayfield, LaGrange, GA
 Stephanie Honeycutt, Winder, GA
 Stephanie Easton, Atlanta, GA
 Stephanie Gaddis, Adairsville, GA
 Susan Sammons, Savannah, GA
 Titus Gambrell, Athens, GA
 Todd Cummins, Stone Mountain, GA
 Tonya Hall, Hephzibah, GA
 Yolanda Major, Locust Grove, GA
 Zakiyyah Moody, Valdosta, GA

October New Members

Afshen Gulamhussain, Lilburn, GA
 Ana Simoes, Evans, GA
 Anjli Hinman, Duluth, GA
 Anne Bandy, Lilburn, GA
 Arlene Porter, Lilburn, GA
 Barbara Powe, Lilburn, GA
 Barbara Negelow, Atlanta, GA
 Blen Woldelessassie, Lilburn, GA
 Carol Thompson, Smyrna, GA
 Cynthia Dixon, Smyrna, GA
 Daphne Leverett, McDonough, GA
 Deborah Liby, Bonaire, GA
 Deirdre Bryant-Hudley, McDonough, GA
 Elizabeth Heath, Danielsville, GA
 Erica Kent, Acworth, GA
 Georgianne Sandberg, Athens, GA
 Heather Kalm, Atlanta, GA
 Jacqueline Brown, Duluth, GA

Judy Hastings, Macon, GA
 Katryna McCoy, Des Moines, WA
 LaQuan Harris, Stone Mountain, GA
 Latoya Cann, Grovetown, GA
 Laura Ball, Dahlonega, GA
 Leigh McLaughlin, Atlanta, GA
 Leslie Joshua, Guyton, GA
 Marlene Anderson, Stone Mountain, GA
 Natasha Hyde, Newnan, GA
 Patricia Golding-Sanabani, Lawrenceville, GA
 Patsy Butts, Forsyth, GA
 Pearl Harrison, Atlanta, GA
 Rhett Thompson, Macon, GA
 Rhonda Willis, Covington, GA
 Sarah Kammer, Lilburn, GA
 Shayna McDougle, Oakman, GA
 Sheila Strickland, Fortson, GA
 Sheyla Desir, Conyers, GA
 Sonja Lister, Woodstock, GA
 Stacy Robinson, Lithonia, GA
 Stephanie Franiseur, Dahlonega, GA
 Stephanie Dixon, Jonesboro, GA
 Susie Lowther, Dublin, GA
 Tamishiwa King, Columbus, GA
 Tanaysa Green, Augusta, GA
 Tanisha Hooker, Rex, GA
 Temptie Knapp, Dawsonville, GA
 Teresa Heard, Albany, GA
 Terre Cheely, Peachtree City, GA
 Tessa George, Grayson, GA
 Timiko Thornhill, Atlanta, GA
 Tonya Abdul-Shaheed, McDonough, GA
 Traci Williams, College Park, GA
 Ursula Kelly, Decatur, GA
 Wendy Farr, Thomaston, GA

November New Members

Anne-Marie Whitaker, Blue Ridge, GA
 Audrey Taylor, Fairburn, GA
 Belmari Ross, College Park, GA
 Blessing Inyang, Ellenwood, GA
 Bradley Hankins, Athens, GA
 Caezairoa Jones, Atlanta, GA
 Carrie Dellinger, Martinez, GA
 Cheryl DeVale, Suwanee, GA
 Daniel Dell, Moultrie, GA
 Debra Mallory, North Augusta, SC
 Eleanor Gruensfelder, Atlanta, GA
 Emily Russell, Kingsland, GA
 Esther Crane, Atlanta, GA
 Felicia Perry, Dacula, GA
 Gayle Beard, Riverdale, GA
 Georgia Jackson, Atlanta, GA
 Gradisha Holmes, Austell, GA
 Jen Burkholder, Atlanta, GA
 Jennifer Thompson, Albany, GA
 Juliette McGaha, Decatur, GA
 Karen Rawls, Lawrenceville, GA
 Kimberly Cann, McDonough, GA
 Leigh Spencer, Atlanta, GA
 Melissa Clements, Conyers, GA
 Monica Tennant, Atlanta, GA
 Phyllis Vaughn, Conyers, GA
 Rebecca Salko, Jasper, GA
 Sara Ali, Snellville, GA
 Sheimeita Richardson, Atlanta, GA
 Suzette Brown-Jones, Powder Springs, GA
 Torry Robinson, Norcross, GA
 Tracy Shah, Fayetteville, GA
 Victoria Gallespie, Austell, GA

Legislative Preview continued from page 1

Other themes of the Governor's speech focused on Georgia's economic vitality, jobs creation, education and transportation. With 2012 being an election year, lawmakers will move quickly this session to get back on the campaign trail as soon as possible.

GNA at the State Capitol

GNA leaders recently attended a productive meeting with Governor Deal at the Capitol in which the current state of the nursing workforce in Georgia and the nursing shortage were discussed. The Governor and his staff members were well informed on many of the current issues facing the profession and expressed an action-oriented approach. Later that week, GNA representatives met with Secretary of State Brian Kemp to discuss Georgia's current regulatory environment with regard to nurse licensure. Secretary Kemp continues his commitment to making the RN licensure process more efficient in our state.

GNA has laid important and informative groundwork to effectively represent the interests of registered nurses at the Capitol for the 2012 Legislative Session. Of the many health care-related issues that will come before the General Assembly this year, here are GNA's 2012 priorities:

• Strengthening Georgia's Nursing Workforce

Nursing education programs in Georgia are challenged to produce a sufficient number of graduates to meet the demand for quality nursing care. Other recent regulatory snags have kept experienced nurses from other states to be licensed to practice in our state. Georgia must be proactive in supporting innovative strategies that will bring competent, experienced registered nurses to our state to meet the health needs of our citizens. GNA will support efforts to strengthen Georgia's nursing workforce, including the growth of traditional and non-traditional nursing education programs and the removal of redundant regulatory obstacles for experienced nurses to relocate to Georgia.

• Mandatory Reporting

Since 1981, the Georgia Nurses Association Nurse Advocate Program has offered support to nurses living with the disease of addiction. In 2011, the GBON consulted GNA for its input on potential legislation, which would enact the mandatory reporting of a violation of the Georgia Nurse Practice Act. GNA supports the Board of Nursing's initiative to enact a mandatory reporting statute to protect the public from those who unsafely violate the Nurse Practice Act.

• Nursing Scholarships & Workforce Planning

Georgia continues to lag behind other states in the recruitment and retention of the nursing workforce. The Georgia Nurses Foundation has initiated the creation of a nurse license project with a portion of future proceeds to fund nursing scholarships and workforce planning & development in Georgia. You can support this project by reserving your nurse license plate today! Just complete the form on page 3 of this issue and return to GNA along with your payment.

• Nursing Practice & Regulation

The Institute of Medicine's landmark 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, offers a thorough examination of the U.S. nursing workforce. The IOM Report recommends that "Nurses should practice to the full extent of their education and training." GNA supports efforts to remove regulatory barriers to APRN scope of practice in Georgia.

• Essential Nursing Health Care Services

Georgia must support essential nursing health care services. State revenues have improved for the upcoming fiscal year. It is critical that state funding continue to flow to essential nursing health care services, such as public health and PeachCare, to ensure the health and well-being of Georgia citizens. GNA believes essential nursing health care services should be funded at or above FY 2012 levels. GNA

also supports the continued funding of school nurses for children enrolled in Georgia public schools.

To view GNA's 2012 Legislative Priorities, see page 13 of this issue of *Georgia Nursing*, or visit www.georgianurses.org/current_session.htm. You can also view GNA's 2012 Legislative Platform by visiting <http://www.georgianurses.org/Platform2012Adopted.pdf>.



Joseph M. Sanzari
CHILDREN'S HOSPITAL
 HackensackUMC

Save the Date—May 20-25, 2012

A Review of Developmental-Behavioral Disorders & A Spectrum of Pediatric Challenges

The Westin Hilton Head Island—Resort & Spa
 2 Grass Lawn Avenue
 Hilton Head Island, SC 29928

This conference offers an outstanding educational program and opportunities for recreation and relaxation. **Distinguished National Faculty:** faculty members represent general pediatrics, pediatric medical/surgical subspecialties, and developmental/behavioral pediatrics in plenary sessions and round tables. **Conference Goals:** focus is primarily on developmental-behavioral pediatrics (Sunday through Wednesday) and on general pediatrics and pediatrics subspecialties (Wednesday through Friday). The conference addresses timely topics, new approaches to office diagnosis and management, and research breakthroughs. **Tuition:** based on number of days in attendance: with complimentary syllabus; continental breakfast/refreshment breaks daily for attendees; 'low country' cookout and mid week reception for attendees and families; and other amenities. "Early Bird" registration is available.

For more information about this conference contact Sue Salvatore @ (511) 996-5411 or ssalvatore@hackensackUMC.org



Where medicine meets innovation

MEMBERSHIP

GNA/ANA Benefit Brief

Some of the many great services, discounts and opportunities you'll access as a GNA member:

The LARGEST Discount on initial ANCC Certification – GNA/ANA members save \$120 on initial certification.

The LARGEST available discount on ANCC re-certification – \$150 for GNA/ANA members.

The ONLY discount on ANCC Review/Resource Manuals – GNA/ANA members only.

GNA Power Webinar Series – GNA members will have access to a new series of webinars on Legislative/Public Policy and Leadership Development. These webinars are led by speakers who are considered leaders and experts in nursing.

NEW! GNA Career Center – Find a new job on GNA's online career center, www.georgianurses.org.

GNA Members-Only E-News – Free access to informative GNA and ANA E-news messages, including Legislative updates during the session, national policy updates, news alerts and members-only information.

GNA Professional Development Conference & Membership Assembly – GNA members will receive member rates on all GNA events, including the 2013 GNA Professional Development Conference & Membership Assembly!

Free ANA Webinars – GNA/ANA members can now access several educational webinar offerings from ANA at no cost to the member.

Mosby's Nursing Consult, ANA Edition – GNA/ANA members now have access to this customized, evidence-based resource tool for clinical decision making, education, training and staff development.

New leadership opportunities – Get involved with GNA! Statewide recognition and professional development. Become a chapter chair, participate in a task force or committee or run for elected office.

GNA web site – 24/7 access to information on our web site, www.georgianurses.org.

Journals & publications – Free subscription to *The American Nurse* – a \$20 value – and free subscription to *The American Nurse Today*, an \$18.95 value. **Free online access to OJIN: The Online Journal of Issues in Nursing.** Free quarterly GNA newsletter – *Georgia Nursing*.

Members-only access to ANA's web site – By becoming a member, you'll have access to the members-only areas of ANA's web site, which includes **ANA NurseSpace**, the online networking site for nursing professionals. Other benefits include free CE opportunities, access to online publications and much more!

ANA SmartBrief – GNA/ANA members receive ANA's SmartBrief electronic newsletter via email on a weekly basis. SmartBrief provides members with up-to-date nursing news and information in a convenient format.

Connecting with Leaders in your profession – GNA/ANA members will find numerous opportunities to connect with peers through our web site, special events, chapter involvement and other services.

Annual Legislative Day event at the State Capitol – Our successful annual event with legislators at the State Capitol is **FREE** for members and students.

Shared-interest and local chapters – Get involved with GNA at the chapter level and you'll have the opportunity to connect with nursing professionals who have the same interests/specialty as you!

Dedicated professional staff & lobbyists – By joining GNA, you'll gain access to a staff of dedicated professionals and skilled lobbyists, who advocate for you at the state and federal level.

Other Great Member Discounts on Products/Services:

ANA Group Dental Insurance – New ANA dental benefit will pay all costs of more than 155 dental care services, after reaching the deductible and much more.

ANA Wireless Center – Many **FREE** phones and savings up to \$100 on selected wireless phones.

Auto Rental and Travel Discounts – Discounts on auto rental through Avis and Budget, savings on hotel stays and more.

Bank of America products – Enjoy all of the benefits of banking with Bank of America through the GNA-branded checking accounts and GNA credit card programs.

Cross shoes – ANA members please enjoy 25% off of your purchase of select models of Cross.

Dell Computers – Receive discounts on the purchase of Dell Computers.

Tafford Uniforms and Scrubs – ANA members receive 10% off of Tafford scrubs, uniforms and lab coats.

Whirlpool Discount Program – Get discounts on Whirlpool products through this recently added GNA/ANA benefit.

GANS12-01

MEMBERSHIP APPLICATION

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essential resources.



MEMBER DATA

NAME _____	RN LICENSE # _____	BIRTHDATE _____
HOME ADDRESS _____		CITY, STATE, ZIP _____
COUNTY _____	HOME PHONE _____	ALT. PHONE _____
EMAIL _____	DESIRED GNA CHAPTER _____	
EMPLOYER _____	SCHOOL OF NURSING _____	
Please circle ONE of the following options for each question.		
Gender: Male	Female	Age Group: 20-29 30-39 40-49 50-59 60-69 70 and older
Job Function: New Graduate	Staff Nurse Manager/ Administration Educator/ Research	APRN Licensed RN Student Other _____

YOUR MEMBERSHIP (Check box for membership option that best describes you).

<input type="checkbox"/> ANA/GNA Full Member Dues (\$310 annual/\$26.34 monthly EDPP*) •Employed, full or part time	<input type="checkbox"/> GNA State-Only Member Dues (\$198 annual/\$17.00 monthly EDPP*)
<input type="checkbox"/> ANA/GNA RN Student/New Grad Discount Rates •Licensed RN Student (\$75 annual/\$6.75 monthly EDPP*) Currently enrolled, actively pursuing RN-BSN, Masters or Doctorate <input type="checkbox"/> •New Graduate (\$155 annual/\$13.41 monthly EDPP*) Initial year of membership	<input type="checkbox"/> ANA/GNA Senior Discount Rates •62 or over, employed (\$155 annual/\$13.41 monthly EDPP*) <input type="checkbox"/> •62 or over, retired (\$77.50 annual/\$6.97 monthly EDPP*)



MAIL APPLICATION AND PAYMENT TO:
GEORGIA NURSES ASSOCIATION
3032 Briarcliff Road NE, Atlanta, GA 30329
FAX: 404-325-0407

FOR INQUIRIES:
P: 404-325-5536
E: gna@georgianurses.org
www.georgianurses.org



PAYMENT OPTION (Check the box or circle for the desired payment option.)

<input type="checkbox"/> Annual payment by check: Please enclose check in the amount of annual membership total with application.
<input type="checkbox"/> *Monthly Electronic Dues Payment Plan (EDPP) through checking account: Read, sign the authorization and enclose a check for the first month's EDPP payment. <small>AUTHORIZATION to provide monthly electronic payments to ANA: This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.</small>
Signature for EDPP _____
<input type="checkbox"/> Payment by Credit Card: (MC or Visa) <input type="radio"/> Monthly Charge to Card <input type="radio"/> Annual Charge to Card
Card number & expiration date _____ Signature _____

TO BE COMPLETED BY GNA/ANA

State _____ Approved By _____ Date _____ Exp. Month/ Year _____ Amt. Enclosed \$ _____ Check # _____ Chapter _____

For open positions, please contact:
Jennifer Millican, Nurse Recruiter
jmillican@uhs-pruitt.com
UHS-Pruitt Corporation
843-452-3491 (cell) 843-573-8661 (fax)
www.URReady.com

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Submit letter of interest, CV, official transcripts, and three letters of reference to: Dr. Charlotte R. Price, Augusta State University, 2500 Walton Way, Augusta, GA 30904-2200. Email: cprice@aug.edu. Contact: 706-737-1725.

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Advisory for nurses:

3 reasons you should never start your day at work without a malpractice plan of your own



In today's demanding healthcare environment, you need your own backup plan to protect your career and your financial future.

Here are three reasons why:

1. Layoffs or a new job.

If you're no longer working for a healthcare facility, their malpractice coverage may not cover you for claims filed later.

2. You provide care outside of work.

If something happened when you were helping an injured neighbor or acting as a Good Samaritan, your employer coverage may not cover your defense.

3. You won't be forced to compromise your professional reputation to minimize claim costs.

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