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GEORGIA NURSING



The official publication of the Georgia Nurses Association (GNA)
Brought to you by the Georgia Nurses Association (GNA), whose dues-paying members make it possible to advocate for nurses and nursing at the state and federal level.

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PRESIDENT'S MESSAGE

How Do You Handle Change?

By Sheila Warren, MHA, MSN, RN

It is said that the only sure thing in life is death and taxes. I'd like to add a third sure thing and that is change. It seems everywhere I turn lately change is the buzz word.



Sheila Warren

In May, I attended my workplace's spring conference where one of the speakers shared five things a company needed to embrace to survive. Those five things were: 1) learn to love the pressure, 2) fixate on the long term, 3) iron sharpens iron, 4) reinvent yourself (change) and 5) celebrate the victories. Of course the reference was to business, but we see movie stars, musicians and athletes change all of the time. Products become

President's Message continued on page 2

Special ANA HOD Session Called to Consider "Transformational Bylaws"

By Debbie Dawson Hatmaker, PhD, RN-BC, SANE-A
GNA Chief Programs Officer

The American Nurses Association (ANA) Board of Directors has been using the new association model as described in the book *Race for Relevance* (Harrison Coerver and Mary Byers) as a framework to guide ANA to a preferred future. Using a unique parliamentary procedure, the 2012 ANA House of Delegates contained a "meeting within a meeting" in order to consider a set of bylaws referred to as "Transformational Bylaws." The following is a brief description of the actions taken and what this means for ANA and its state nurses associations.

"Nimble" seemed to be the buzz word of the meeting, as ANA is seeking to move more quickly to respond to ever-changing issues in the health care environment. The longstanding structure of the ANA Congress on Nursing Practice was dissolved to make way for an "ad hoc" structure known as the Professional Issues Panels. These panels will be comprised of subject matter experts enabling ANA to address emerging issues more expeditiously, ensure ANA policy development is informed by



Pictured (L-R): Georgia delegates Rebecca Wheeler, Debbie Hatmaker, Wanda Jones, Judy Malachowski, Sheila Warren, Margaret Shaw, Doreen Wagner, Robert Keen and Melanie Cassity attend the 2012 ANA House of Delegates.

Special ANA HOD Session continued on page 4

CEO CORNER

The Wisdom of Observation

By Deborah Hackman, CAE

"To acquire knowledge, one must study; but to acquire wisdom, one must observe." – Marilyn vos Savant, American columnist

Certainly toward the top of a "Most Admired" list for many of us is Martin Luther King, Jr. I recently had occasion to listen to a presentation that dissected his famous "I Have a Dream" speech. The intent of the exercise was to demonstrate the power of storytelling in speeches as it relates to the capacity to influence.



Debbie Hackman

Regular readers of this column can probably guess that observing influencers is a bit of a hobby for me. The speakers that get it right understand their role as a presenter is to be a mentor not a star. The most inspiring speakers for me are the ones who establish "what is" and compare it to "what could be." They reach inside my heart. They create a moment of inspiration that I will always remember. By the way, few have done that as effectively as Martin Luther King, Jr.

Observing great orators with a new insight about *how* they structured their speeches added clarity for me as to *why* their orations are delivered so inspiringly. I have had the privilege of sharing my own humble presentation about *Emotional Intelligence in the Workplace* to several groups. Emotional Intelligence is a subject I am passionate about. Trust me...I have been informed by observations of my own emotional lack-of-intelligence enough to come from an authentic

CEO Corner continued on page 8

SAVE THE DATE!
The 2013 GNA Professional Development Conference & Membership Assembly
October 23-25, 2013
Augusta Marriott at the Convention Center
Augusta, GA
See page 3 for info!

Balkstra elected ANA 1st VP

GNA Past President Cindy R. Balkstra, MS, RN, CNS-BC, was elected ANA first vice president during the 2012 ANA House of Delegates. We'd like to congratulate Cindy on her successful election! We are proud to have her represent the state of Georgia at the national level.



Cindy Balkstra

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INDEX

Nurse License Plate Update	Page 3	APRN Corner	Page 14
2012 Nurses Week	Page 5	Workforce Advocacy	Page 16
Names, Faces, Places	Page 7	Legislative/Public Policy	Page 19
Actions from the 2012 HOD	Page 10	Finance Matters	Page 19
Nursing Practice	Page 14	Membership	Page 20

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new and improved, so we keep buying them. Change is not a new phenomenon in these industries. But do those of us in health care embrace the ideal of change?

The current program I administer is in the process of merging with another program. That means a new program, new policies and new procedures – change. How are we going to embrace these new challenges? How do people normally respond to change? Do we accept the change as a new opportunity or dig deep to keep the old ways? We all know people who hate to change. They like things to stay the same. They drive the same route every day, order the same meal at their favorite restaurant and wear the same hair style, afraid to try something new. We usually say these people are set in their ways. Introducing change to them can be difficult.

Preparing for the changes in my program has allowed me to be reflective of other changes in health care that I have witnessed. I did long-term care before there was an MDS. The residents I cared for 20 years ago don't look like the residents in nursing homes today. In fact, the nursing homes of today don't look like the nursing homes of yesteryear. They have computers, menus, spas and aquatic areas. As a home health nurse, I remember patients receiving once a month injections as a skilled service, and with a new payment system that service was no longer reimbursed. I remember when the OASIS assessment tool was introduced. Talk about adjusting to change. The tool itself was and still is several pages long. I

remember the impact of DRG's on the acute care system, which drastically changed how long we kept patients in the hospital. Each of these changes had a major impact on how we delivered care and each change meant new care delivery systems, new policies, new procedures and new challenges to meet them.

No matter how you feel about the health care law signed by the Obama administration, whether all or part is put into effect, there will be changes in our health care system. How we embrace these changes will depend on how we view change. How will we respond to the creation of Accountable Care Organizations, medical homes and total electronic records? It's change.

I remembered reading a little book entitled *Who moved my cheese?*, which describes four responses to change. I found it on my bookshelf recently and reread it. If you are dealing with change in your workplace or just life in general, it's a great read. From the book, summarized from the "Handwriting on the wall" putting change into perspective:

1. Change happens
2. Anticipate change
3. Monitor change
4. Adapt to change quickly
5. Change
6. Enjoy change
7. Be ready to change quickly and enjoy it again and again

The health care industry is rapidly changing and we have to embrace it. As nurses, we need to accept the challenges that change brings and sometimes even advocate for it.

Sheila Warren is the 44th president of the Georgia Nurses Association. She lives in Hahira, GA.

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GA Nurse License Plate to Hit the Road Soon!

By now you've probably heard, the Georgia Nurses Foundation (GNF) special nurse license plate has been approved for manufacture by the Georgia Department of Revenue's Motor Vehicle Division. The Motor Vehicle Division has stated the plate will be available for purchase from county tag offices in late summer/early fall 2012, once the Department's digital production facility is up and running.

"This is a great way to honor nursing, whether you are a nurse, know a nurse, like a nurse or just respect the profession," said GNF President Georgia Barkers, EdD, MBA, MHA, BSN, RN-BC, NEA-BC, regarding the new GNF plate.

We've received many inquiries from nurses around the state who are interested in purchasing the special nurse plate for their vehicle or for a friend. In addition to honoring the profession of nursing, each plate sold will result in revenue generated for GNF. GNF will use potential revenue from the plate sales for nursing scholarships and workforce planning and development to meet future needs.

As the nursing community anxiously awaits the arrival of the plate, below are some answers to the most frequently asked questions about GNF's special nurse license plate.



HOW DO I GET MY NURSE LICENSE PLATE?

If you have already reserved your plate – Once the nurse license plate is in production, the Motor Vehicle Division will send a receipt of payment to those who previously reserved their plate through GNF. This receipt is proof that you have paid the manufacturing fee for your nurse plate. You must take this receipt to your county tag office as proof of payment of the manufacturing fee, or you will be asked to pay the \$25 manufacturing fee again.

If you have not yet reserved your plate – If you have not done so, please show your support for the nursing profession in Georgia by reserving a nurse license plate today! Reserving a nurse license plate is also a great way to recognize a fellow nurse. To reserve your plate, complete the application on the next page and send it to GNF along with a check for \$35.00. You can pay by credit card by providing the card information on the form and returning to GNF. You can also download the plate application form from GNA's web site at <http://www.georgianurses.org/GNFtag.htm>.

Or drop by your county tag office once the plate is available – Those who wish to simply pick up a nurse license plate can get one at their local tag office. Once the plate is available, drop by your tag office, pay the \$25 manufacturing fee and other appropriate fees assessed by the Motor Vehicle Division and pick up your nurse plate!

Please note: There is an annual \$35 special tag fee charged to purchase and display any Georgia special license plate. The \$35 plate reservation fee includes a \$10 administrative fee charged by GNF to recoup the administrative costs for processing, data entry, postage, etc.

WHEN WILL THE NURSE LICENSE PLATE BE AVAILABLE?

The Motor Vehicle Division has stated the plate will be available for purchase in late summer/early fall 2012, once the Department's digital production facility is up and running.

I RESERVED A PLATE A WHILE AGO. DO YOU HAVE RECORD OF THAT?

Yes. GNF has record of those who completed the license plate application and sent to us with payment. Those names and addresses have been forwarded to the Motor Vehicle Division, who will mail receipts for payment when the plate is available. **If you have changed your name or moved to a new address since you reserved your GNF license plate, please contact GNA headquarters with your new information ASAP at 404-325-5536 or send email to gna@georgianurses.org, so we can update this with the Motor Vehicle Division.**

WILL GNA/GNF RECEIVE ANY REVENUE FROM THE SALE OF THE PLATES?

Yes. The initiative to create a GNF special license plate culminated in House Bill 732, which has been signed into Georgia law. Language in HB

732 instructs the Georgia Department of Revenue to disburse a portion of the funds derived from the sale of the nurse license plate to GNF. Each nurse plate sold in Georgia will result in revenue generated for GNF, which will be used for nursing scholarships and workforce planning and development to meet future needs.

WHO CHOSE THE NURSE LICENSE PLATE DESIGN?

The nurse license plate design was approved by GNA members attending the 2009 GNA Membership Assembly. The red lamp and flame in the design represents Florence Nightingale's lamp, which is a long-standing symbol of the nursing profession and similar to the logos of many other national and state nursing organizations.

MY BIRTHDAY IS COMING AND I'D LIKE TO GET A NURSE PLATE. WHAT SHOULD I DO?

The Motor Vehicle Division states that all Georgia drivers should renew their tags by the appropriate deadline **no matter what**. If your birthday is approaching, please keep your current plate and renew your tag until the nurse license plate is available. Once the nurse plate is available, you can bring your current plate to your local tag office to swap for a nurse license plate. You will be credited for the time remaining on your current tag. **Note:** There is an annual \$35 special tag fee charged to purchase and display any of Georgia's special license plates.

We are truly looking forward to seeing the GNF special nurse license plates on vehicles across our state. If you have additional questions regarding the GNF nurse license plate, please contact staff liaison Jeremy Arieih at 404-325-5536 or jeremy.arielh@georgianurses.org for further information.

Save the Date for the 2013 GNA Conference & Membership Assembly!

We are pleased to announce the 2013 GNA Professional Development Conference & Biennial Membership Assembly will take place October 23-25, 2013, at the Augusta Marriott. Mark your 2013 calendars now! There will be much more information to come about the 2013 Conference, and we look forward to seeing all of our members for another wonderful event. For information about GNA's 2013 Conference hotel – the Augusta Marriott – visit <http://bit.ly/zyvRlo>.

Call for 2013 Conference CE Focus Group Volunteers

GNA is seeking volunteers to serve on a Focus Group with other GNA members and staff to develop and plan the continuing education program for the 2013 GNA Professional Development Conference in Augusta. Would you be interested? If you would like to serve on this Focus Group, please contact Marcia Noble at marcia.noble@georgianurses.org or call 404-325-5536.

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Please make all checks payable to GNF, and be sure to complete & return an application for EACH license plate you wish to reserve.

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Driver's License #: _____

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I'd like to donate \$35 to GNF to support the license plate initiative without reserving a license plate.

*\$35.00 manufacturing fee includes \$10.00 to help GNF recoup administrative costs for processing, database, postage, etc.

gansg



Special ANA HOD Session continued from page 1

ANA members' expertise and infuse more RNs into volunteer service by creating more opportunities for involvement.

The ANA House of Delegates removed language from its bylaws that had referred to "economic and general welfare" – a reference that had meaning in some states that represent nurses for collective bargaining, but no longer has meaning for ANA since it is not a specific focus of the organizational mission.

This year's HOD will go down in ANA history as the last year of the "House of Delegates" structure, making way for the new "Membership Assembly" (a term recommended by the Georgia delegation!). The Membership Assembly will have two elected representatives from every ANA state and constituent entity, one representative from the organizational affiliates and offer proportional weighted voting based on a state's membership numbers. The Membership Assembly will meet annually and more capably direct and advise the ANA Board of Directors.

In another move to a more nimble and responsive structure, the ANA Board of Directors was reduced from 15 to 9 members including the President, Vice-President, Secretary, Treasurer, one director seat designated for a staff nurse, one director seat designated for a recent graduate and three director-at-large seats.

The final transformational bylaw – moving ANA from a Federation model (that being the state nurses association as the ANA member) to that of an individual nurse member model – was sent back to the ANA Board of Directors for further study. Delegates were concerned there had not been time to collect adequate membership model data and thought this bylaw premature. Additional work is expected by ANA on its membership structure.

More information on the meaning of these transformational bylaws will be distributed in the near future. ANA's revisions will likely be published online in the ANA Members Only section of www.nursingworld.org in the coming weeks.

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2012 National Nurses Week

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Old Capital Chapter of GNA receives Nurses Week proclamations

During Nurses Week 2012, members of the Old Capital Chapter of GNA joined the mayors of Milledgeville and Sandersville for two proclamation signing events.

Sandersville Mayor Jimmy Andrews and the City Council proclaimed May 6-12 as Nurses Week in Sandersville. Presented by Mayor Andrews, the proclamation stated the week is a celebration of the ways in which registered nurses strive to provide safe and high quality patient care and map out ways to improve health care systems.

Milledgeville Mayor Richard Bentley also proclaimed it to be Nurses Week in Milledgeville, GA, presenting his proclamation to Old Capital Chapter Chair Patrice Pierce.



Pictured (L-R): Dianne Rogers, Calvin Ramsey, Margie Johnson, Teleshia Lyman-Adams and Deryl Scarboro of GNA's Old Capital Chapter join Sandersville Mayor Jimmy Andrews. Mayor Andrews presented the group with a proclamation declaring May 6-12 to be Nurses Week in Sandersville, GA.



Pictured: Old Capital Chapter Chair Patrice Pierce accepts a proclamation from Milledgeville Mayor Richard Bentley.

CSRA Chapter hosts another successful Nursing Showcase

For the 13th year, GNA's Central Savannah River Area (CSRA) Chapter sponsored its successful Nursing Showcase event, which recognizes and honors outstanding nurses from the CSRA for their dedication to the nursing profession. More than 400 RNs and guest attended the 2012 Showcase, which took place in Augusta.

This year's Showcase recognized the profession of nursing and paid special tribute to over 80 RN professionals. Along with saluting nurses who exemplify the "Spirit of Nursing," 37 RNs were

2012 National Nurses Week continued on page 6

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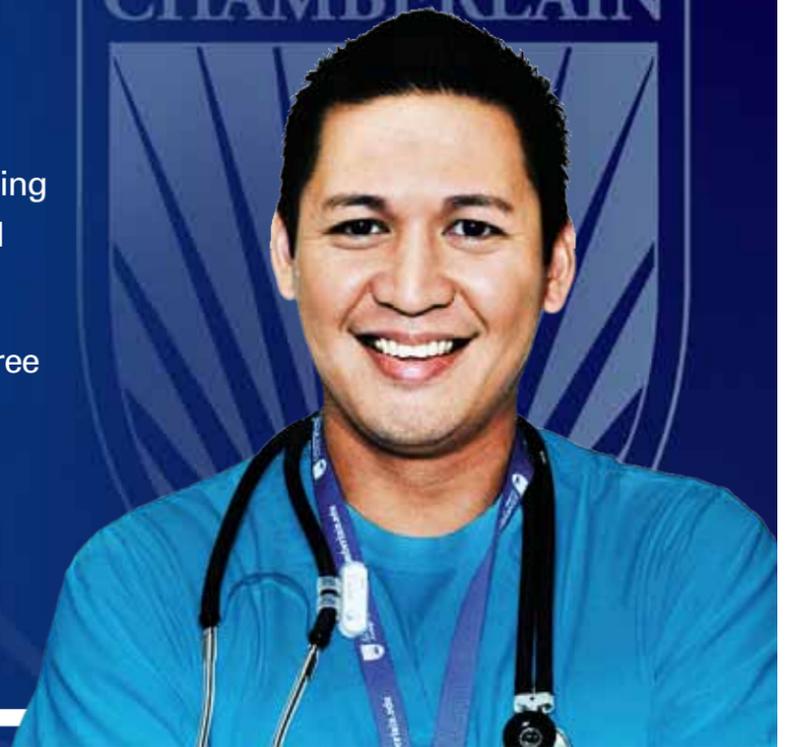
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2012 National Nurses Week continued from page 5

nominated for the Nurse of the Year Award. This year's Nurse of the Year Award went to Angeline "Missy" Pratt of Georgia Health Sciences Medical Center.



Pictured: Angeline "Missy" Pratt of the Georgia Health Sciences Medical Center was named CSRA Nurse of the Year at the 2012 Nursing Showcase hosted by the CSRA Chapter of GNA.



Pictured (L-R around the table): Carla Holt (chair), Bonnie Altman, Nina Richards, Sarah Kilgore, Betty Daniels, Karey Lamphier, Richard Lamphier, Claudia Crenshaw, Amy Stivers, Ruth Yurchuck, Cathy Carter, Lynn Bell, Mylinh Yun and Karen Rawls (co-chair) attend the Metro Atlanta Chapter's Nurses Week Dinner.

First City Chapter presents "Excellence in Nursing" Awards

The First City Chapter of GNA celebrated Nurses Week 2012 with its "Excellence in Nursing" Awards program on May 15. The Chapter presented awards to local nurses to recognize their contributions to both the nursing profession and the community. Nurses were selected by their peers for these awards. The award winners included GNA members:

Carole Massey, EdD, RN, received the Excellence in Nursing Leadership Award. Dr. Massey is a member of the nursing faculty at Armstrong Atlantic State University and is active in numerous professional and civic organizations.

Betty Butler, MSN, RN received the Excellence in Nursing Education Award. Ms. Butler is a member of the nursing faculty at Savannah Technical College.



Pictured: Members of the First City Chapter attend the Excellence in Nursing Awards program.

MCCG hosts Nurses Week event

GNA CEO Debbie Hackman, Chief Programs Officer Debbie Hatmaker and GNA Informatics Chapter Chair Roy Simpson travelled to Macon to join nurses from the Medical Center of Central Georgia (MCCG) for their Nurses Week celebration. CEO Hackman repeated her presentation on *Emotional Intelligence in the Workplace* for the Macon group. Dr. Hatmaker and Roy Simpson also gave presentations.



Pictured: Florence Nightingale joins a group of nurses from MCCG and GNA leaders during a Nurses Week event in Macon.

Claudette Rainey receives Community Service Award

GNA member Claudette Rainey has been awarded Chi Eta Phi's Community Service Award by the Gamma Chi Chapter of the Sorority at its 25th Scholarship Luncheon and Awards Presentation, which took place during 2012 Nurses Week. Rainey received the award for her work with Southwest Ecumenical Energy Assistance Center (SWEEAC), a United Way supported program providing homeless and underserved citizens with food, clothing and other resources. Claudette also volunteered as a relief health care provider in Haiti and for the Reliv Kalogris Foundation. She has been a member of ANA-PAC for more than 20 years and a nurse practitioner since 1974.



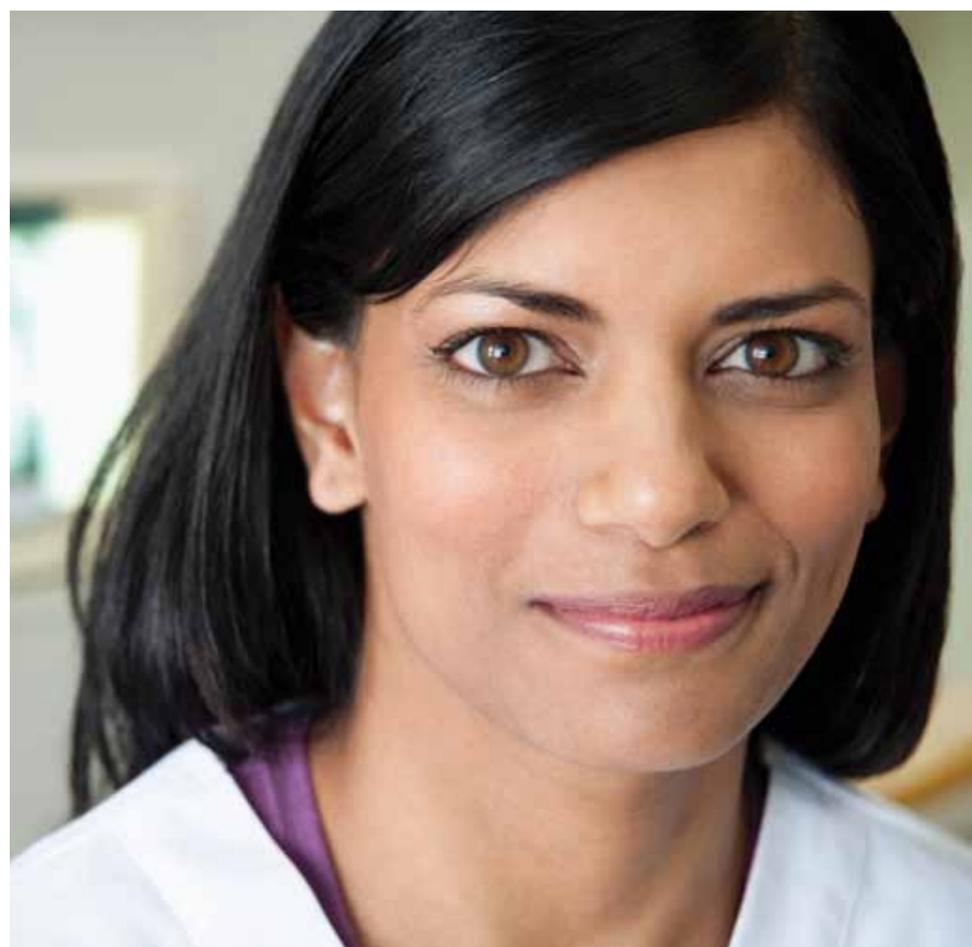
Pictured: GNA member Claudette Rainey received Chi Eta Phi's Community Service Award during Nurses Week 2012.



Pictured (L-R): GNA CEO Debbie Hackman, Barbara Grove, Anna Simoes and CSRA Chapter Chair Sandy Turner. Grove was a Nurse of the Year nominee from the GHSU Children's Medical Center.

GNA Metro Atlanta Chapter celebrates Nurses Week 2012

The Metro Atlanta Chapter (MAC) of GNA celebrated Nurses Week 2012 with its annual dinner event at Violette's Restaurant. Chapter members spoke of their love for nursing as well as ideas for chapter development and future meetings. The MAC also elected its Board members for 2012-13. This includes Karen Rawls (co-chair), Stephen Goux (Secretary/Treasurer) and Barbara Powe (Secretary/Treasurer Elect).



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NAMES, FACES & PLACES

GNA Board of Directors appoints new Staff Nurse Director

The GNA Board of Directors has appointed Suzette Brown-Jones as Staff Nurse Director. We welcome Suzette to the Board and look forward to her contribution. In other Board news, GNA Director of Membership Development Sally Welsh has accepted a position as Chief Executive Officer of the Alliance for Hospice and Palliative Nursing in Pittsburgh, PA. We wish Sally the best of luck in this new endeavor.

GNA hosts Regional SEED Meeting with ANA Leaders at Atlanta Headquarters

In May, GNA hosted the presidents and executive directors of 13 state nurses associations that make up the Southeastern Region Executive Directors or "SEED" group at GNA Headquarters in Atlanta. The SEED group heard from American Nurses Association President Karen Daley and CEO Marla Weston, who were also on site for the meeting. President Daly and CEO Weston previewed the SEED group on ANA's proposed transformational changes, which were voted on at the 2012 ANA House of Delegates. (see article on page 1).

CMAAs participating in this year's SEED face-to-face meeting included Alabama, Arkansas, Georgia, Florida, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia. West Virginia, the U.S. Virgin Islands and FedNA are SEED members that were unable to attend.



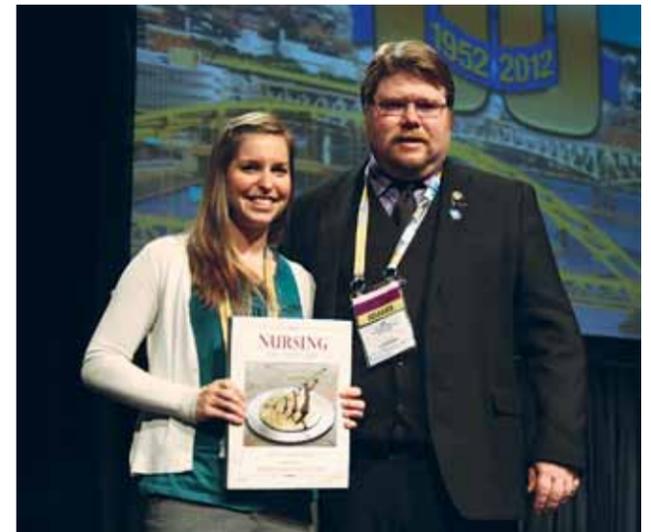
Pictured: SEED representatives met with ANA President Karen Daley and CEO Marla Weston during their May 15th visit to GNA headquarters in Atlanta.

GNA members honored at 2012 NSNA Convention

Georgia representatives at this year's National Student Nurses' Association (NSNA) Convention in Charlotte, NC, had a very successful experience. Highlights from the 2012 NSNA event include GNA member Doreen Wagner receiving NSNA's Leader of Leaders award, which is given to one faculty member each year for contributions to NSNA. In addition, GANS President and GNA member Maggie Adamack was awarded the Isabel Hampton Robb Excellence in Leadership Award. Other Georgia achievements and recognitions this year included GANS' receipt of the NSNA State Excellence Award, the Image of Nursing Award and several other honors.



Pictured: Doreen Wagner is presented with NSNA's Leader of Leaders Award by NSNA President Joe Twitchell and Amanda Wolff of Elsevier.



Pictured: GANS President and GNA member Maggie Adamack receives NSNA's Isabel Hampton Robb Excellence in Leadership Award from NSNA President Joe Twitchell.

GNA President-Elect Wheeler earns PhD

GNA President-Elect Rebecca Wheeler, PhD, MA, RN has completed her PhD in nursing with the dissertation "Internationally Educated Nurses' Perceptions of Agency: Implications for Patient Care and Nurse Retention," with a focus on the nursing workforce and international nurses. GNA congratulates Rebecca on this wonderful career achievement!



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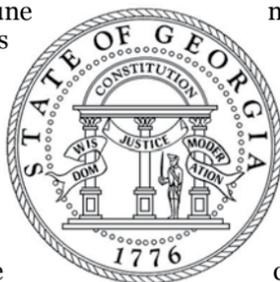


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Georgia Board of Nursing To No Longer Provide Paper Licenses

The Georgia Nurses Association (GNA) has received the following information regarding professional registered nurses licenses from the Georgia Board of Nursing. BON Executive Director Jim Cleghorn reported in June that the Professional Licensing Boards will no longer provide pocket cards to licensees. Licensed Georgia RNs can download a license from the Georgia Secretary of State's web site at <https://secure.sos.state.ga.us/printlicense/> and print themselves. Secretary of State Brian Kemp sent a letter with this information to the boards, and Cleghorn requested this be shared with all registered nurses. To view Secretary Kemp's letter, visit <http://sos.ga.gov/plb/pocketcardnotice.htm>.

In other GBON news, as of January 1,



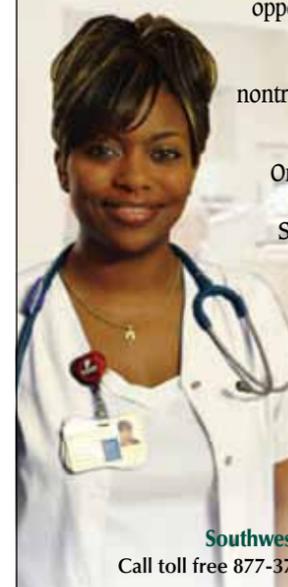
2012, individuals renewing their professional registered nurse licenses in Georgia must provide proof of legal residency in the U.S. The GBON has expressed concern at the high number of non-renewals this year. There are anecdotal instances of nurses who thought they'd renewed their licenses online, but failed to provide the required documentation to the board; therefore, their licenses were not renewed. Because the BON will no longer send paper licenses, nurses may not be aware that they have not completed the renewal process. GNA recommends that registered nurses whose licenses expired on January 31, 2012, confirm the status of their license at <http://sos.georgia.gov/PLB/RN/>.

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CEO Corner continued from page 1

place on that subject! I've observed that possessing emotional intelligence comes in handy when the going gets tough. Role reversal can help remind us of the value of humility when the stakes are high. I heard a great quote from a colleague last week: "Leadership without humility is like love without compassion."

It is important to me to get better and better at delivering the messages in my presentation not because I aspire to be a highly regarded orator. It is because in my heart, I want to connect with the observers in a way that amplifies the difference it will make in their lives if they can become self-aware and emotionally intelligent. It is risky sometimes to share personal stories especially if there is raw emotion attached to them. I imagine this is how you must feel on a daily basis when you hear your patients share their stories with you and expose their

vulnerabilities. The gifts of observation, listening and role reversal in those moments are the gifts the profession gives.

Truthfully, who among us does not want to be on someone's most admired list (even if it is simply our grandchildren)? You may never have to get up and hold the attention of a crowd of thousands on the Mall of our country's Capitol, but you will have frequent opportunities to observe; to influence and even to inspire. As nurses, you are frequently entrusted with people's emotions when they are in their most vulnerable states. Your capacity to influence and your desire to make a positive difference in the lives of others is in your DNA. The art of observation is a core competency that informs you as a nurse in the delivery of care to your patients and observation provides you warning signals that enable patient safety.

I have no doubt that the vast majority of you are on someone's most admired list. Many of you are on mine! But you have emotionally demanding roles, and it is likely there will be junctures where your own tank is low and the fumes ignite. Passion can be a double-edged sword.

Being admired may not be your primary motivation in life but, if you stop for a moment to observe how someone's admiration for you motivates them, then hopefully you can see that you accepting that admiration actually honors the admirer. So go ahead, take a moment and bask in the glow of their admiring observation, and then maybe you can get back to work with a little more spring in your step!

Deborah Hackman, CAE, is Chief Executive Officer of the Georgia Nurses Association. She has served in this capacity since 2000.

SCOTUS Ruling Largely Upholds the Affordable Care Act

On June 26, the U.S. Supreme Court announced its 5-4 decision to uphold most provisions of the *Affordable Care Act*. Chief Justice John Roberts broke from the conservative wing of the Court in the decision, declaring the ACA's "individual mandate" to be within Congress' authority to tax. There has been a vast amount of media focus on the implications of this historic decision. Here's some useful information on how the health care decision will affect nurses in the U.S. and Georgia.

How does the ACA affect nurses?

The *Affordable Care Act* supports programs designed to increase the number of U.S. primary care providers, including physicians, nurses, physician's assistants and other health care professionals. For example, approximately 3,000 nurses, including 800 APRNs, have been hired for a growing network of clinics created or partly funded through the ACA. Here are some other ways the ACA will affect nurses, nursing education and employment:

- **Nurse Faculty Loan Program (NFLP)** – Increases funding for schools to offer loans to nurses who want to become nurse educators.
- **Nursing Student Loan Program (NLP)** – Allows nursing students from disadvantaged

backgrounds or with limited financial resources access to student loans.

- **Nursing Workforce Diversity Program** – Allows for long-term, low-interest student loans and provides partial loan cancellation for nurses who opt to work in areas with shortages of health care professionals.
- **Nurse Education, Practice and Retention Grant Program** – Assists in providing nurses with a background in quality improvement to assist in the mandated quality improvement of the health care delivery system.

How does the ACA affect Georgia?

Here in Georgia, almost 20 percent of Georgians (1.9 million) are uninsured. By December 2011, 123,000 young adults in Georgia gained insurance coverage as a result of the ACA. By April 2012, 2,066 previously uninsured Georgians with pre-existing conditions were insured through the ACA's Pre-Existing Condition Insurance Plan. However, questions and concerns still remain on some issues, such as whether Medicaid will be expanded in

Georgia, which is estimated to incur a \$76 million expense for the state.

State leaders had mixed reactions to the Court's ruling. In a press conference, Governor Nathan Deal and Attorney General Sam Olens stressed the need for Congress to repeal the ACA, stating the law puts "crippling mandates on the taxpayers of Georgia." Georgia was one of 28 states to challenge the constitutionality of the law. Deal and Olens also said the state will not take steps to implement the ACA (such as the creation of a state health insurance exchange and the expansion of Medicaid) until after the November 2012 elections.

The Georgia House of Representatives Democratic Caucus announced they were "delighted" with the Court's ruling to uphold most of the ACA.

"We are pleased by the Court's decision to uphold [the ACA] and its protections for Georgia families," said Georgia House Minority Leader Stacey Abrams in a statement. "Two million Georgians will have new access to insurance, and more will gain preventative care, lower costs and quality service."

GNA will continue to provide members with the most up-to-date and factual information regarding the ACA as the law is implemented. For more information, visit the Health Care Law & You online at <http://www.healthcare.gov/law/index.html>.

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2012 ANA HOUSE OF DELEGATES HIGHLIGHTS



Photo Credit: Eddie Arrossi

Pictured: GNA Past President Cindy R. Balkstra, MS, RN, CNS-BC is sworn in as ANA 1st Vice President. Prior to her election as ANA 1st VP, Cindy served a two-year term as Director-at-Large on the ANA Board of Directors.



Pictured: Cindy Balkstra's campaign table at the 2012 House of Delegates. Balkstra was elected ANA 1st Vice President.



Pictured (L-R): Georgia delegates Margaret Shaw, Melanie Cassity, Doreen Wagner, Rebecca Wheeler and Sheila Warren caucus before a vote



Pictured: GNA President and Chair of the Georgia delegation Sheila Warren won a book drawing during ANA's Healthy Nurse Conference. She is seated with South Carolina Nurses Association President Vicki Green.



Pictured (L-R): Georgia delegates Wanda Jones and Judy Malachowski attend the 2012 ANA House of Delegates. Both Jones and Malachowski serve on GNA's Board of Directors.



Pictured (L-R): Rebecca Wheeler, Debbie Hatmaker, Wanda Jones, Judy Malachowski, Sheila Warren, Margaret Shaw, Doreen Wagner, Robert Keen and Melanie Cassity represent Georgia at the 2012 ANA HOD.



Photo Credit: Eddie Arrossi

Pictured (L-R): Matt Ponder, Tim Porter O'Grady, ANA President Karen Daley and ANA Awards Committee Chair Barbara Crane. Porter O'Grady was the recipient of the 2012 Luther Christman Award, which recognizes the significant contribution a man has made to the nursing profession. Tim was also appointed to the American Nurses Foundation (ANF) Board of Directors.



Photo Credit: Eddie Arrossi

Pictured (L-R): ANA Awards Committee Chair Barbara Crane, Dr. Debbie Hatmaker and ANA President Karen Daley. Hatmaker was recipient of the 2012 Distinguished Membership Award, which recognizes a member's outstanding leadership and participation in and contributions to the purposes of ANA.



Pictured: Georgia delegates take a break from the HOD action.

ACTIONS FROM THE 2012 HOUSE OF DELEGATES

Georgia Nurses Association Delegation Chair Overall Outcome Report

Nine Georgia delegates traveled to National Harbor, MD not knowing if this would be the last ANA House of Delegates (HOD). On Thursday, June 14, the delegates participated in the Bylaws hearing. Two sets of bylaws were to be considered. The Transformational Bylaws that had been proposed by the ANA Board and the Biennial Bylaws, which were the regular bylaws for any HOD.

The transformational bylaws were heard at a "Special House," which convened at 8:30 am on Friday, June 15, 2012. Prior to the Special House convening, the Delegates heard reports from the Reference Committee, Nominations Committee and observed the Nightingale Tribute. The Reference Committee did not receive any "Emergency References." The Nominations Committee then accepted nominations from the floor for the following offices: President, First Vice President, Second Vice President, Secretary, Treasurer, Directors-At-Large, the Congress on Nursing Practice and the Nominating Committee.

Prior to the HOD convening, several C/SNA delegates met to draft a substitute amendment to Transformation Amendment #3 "Establish the Advisory Group as the Mechanism for State Input," which did pass after much debate. The result of this will dissolve the HOD and Constituent Assembly and create the Membership Assembly.

The following Reference reports were heard and passed with minor changes:

- 1) Rights of Registered Nurses Handling Hazardous Drugs
- 2) Reproductive rights of Registered Nurses Handling Hazardous Drugs
- 3) Workplace Violence
- 4) A Process For Optimal Nurses Staffing In Acute Care Settings
- 5) Nurses' Role In Recognizing, Educating, And Advocating For Health Energy Choices

One reference report (Revision of House of Delegates Policy "Representation of CMAs in the ANA House of Delegates") was referred to the ANA Board.

The delegates attended the candidates' forum on Friday and did personal interviews later in the evening. The election took place on Saturday, June 16.

The HOD convened at 9:00 am on Saturday. The delegates heard the Treasurer's report, completed the passage of the remaining biennial bylaws, and witnessed the swearing in of the new ANA Board of Directors.

Amendment 5 from the Transformational Bylaws - Transition from a Federated Model to Having Individuals as the Member - was referred to the ANA Board.

Overall, the HOD was energizing and exciting to see and hear the passion of my fellow nurses as we worked together to get consensus on how to reshape our ANA into a thriving and beneficial association. The new board still has work to do in the transformation of our association, but we feel we are on the right path.

Reported by Sheila Warren

New Attendee Experience

Nurse be Nimble

ANA President Karen Daley called the ANA House of Delegates to order on Friday June 14. Her opening message echoed throughout the convention - ANA needs to be the "Google" of nursing. Our structure needs to be more responsive, in a timely manner, to the ever-changing health care scene. The term "nimble" served as banner for delegate deliberation.

It was clear even before the meeting began and throughout the proceedings the passion and commitment of all the nurses present. The ANA leadership team and staff had done a great job in the weeks leading to the HOD in making their case for change and providing the information we needed to begin the work, though navigating the Virtual House

of Delegates and locating materials was challenging at first. Meetings with the GNA leadership at headquarters and by teleconference were also extremely helpful in understanding the implications of proposed changes.

By the time meetings began in Maryland there was universal acceptance of the need for change in light of the compelling evidence of the challenges impacting all associations. The HOD proceedings were much less confusing to some of us as first time ANA delegates because of our previous experiences as District Delegates to GNA conventions under our old model. Still, the frequent motions and amendments to amendments were at times difficult for many of the Delegates to follow.

Because the proposed changes to the structure of ANA were developed after the Bylaws committee had developed proposed bylaws changes, there were two sets of proposed changes: Biennial Bylaws and Transformation Bylaws. A special session of the House was convened to consider the Transformation Bylaws before considering the Biennial Bylaws. Much discussion occurred around these proposed changes to the ANA structure and the impact on the state associations, but all was handled with professionalism, grace and calm by staff and in particular, President Daley. In the end, as President Daley stated, no one got everything he or she wanted, but significant work was accomplished to move the association to a smaller, more nimble and efficient organization. The Association was now positioned to move forward and continue this important restructuring and serve an important voice for American nurses.

As that first day ended, we understand the impetus for these proposed changes. In light of an era of economic uncertainty, declining ANA membership, and a rapidly changing political and health care environment, the transformation bylaws would establish a Membership Assembly as the governing and official voting body of the ANA. The primary responsibilities of the Membership Assembly would be to determine the policies and positions of ANA. A statement on behalf of the eight living ANA past presidents reminded the House that ANA's fate was in our hands. That evening, GNA President Sheila Warren read a message to our caucus group from CEO Debbie Hackman. The message began with "Leadership without humility is like love without compassion." That message reminded us that every person's opinion has meaning and needs to be considered as we work. All are here for the same purpose - to strengthen our organization.

After two days of deliberations, negotiations, collaborations and caucuses, the House closed on a historic plane - the delegates, indeed, transformed ANA into a model for the future! "A house for the history books," exalted CEO Marla Weston. A House to carry us through the 21st century and beyond! CEO Marla Weston, in her address to the House, spoke to the important work ANA has accomplished on behalf of nurses, including the collection of decades of data on the impact of nurse staffing on patient safety and quality patient outcomes, bringing much needed attention to the issues of nurse safety through safe patient handling, workplace hazards and violence including bullying in the workplace. Speaking to the work before this historic and what has now become final ANA House of Delegates, Weston closed with an inspiring and very relevant quote from Florence Nightingale, "How little can be done under the spirit of fear."

At the end of the third day, there was a rousing applause by and for the delegates for their work and commitment as the review and discussion of bylaws ended.

Final comments:

- > Despite differences, the body was cooperative and respectful, using the politics of compromise to move forward the Association.
- > Evidence of the strength of the body of nursing was the recognition of five states on their 100th anniversaries of their state nursing organizations.
- > 39 percent of delegates have been ANA members for more than 25 years.
- > Our own Dr. Debbie Hatmaker received an

ANA award for her lifetime of commitment and service to the Association.

- > Our own Cindy Balkstra was elected to the 1st Vice-President position.

Reported by GNA Delegates Melanie Cassity, Robert Keen, Judy Malachowski, Margaret Shaw

ANA HOUSE OF DELEGATES ACTION REPORTS

A Process for Optimal Nurse Staffing in Acute Care Settings

Adequate nurse staffing sufficient to meet the needs of patient care continues to be a pivotal issue for nurses in acute care settings. Decreased levels of staffing result in failure to rescue, staff turnover, burnout and errors related to fatigue, stress and frequent interruptions, all of which impact patient outcomes and morbidity/mortality rates.

A phalanx of nursing care processes has been trialed over the years (e.g., team nursing, primary care, point-of-delivery) without resolution of the staffing issue. Individual institutions may or may not employ the American Nurses Association's "Principles for Nurse Staffing," or respond to state-mandated staffing schemes where there is a lack of official oversight or financial repercussions. Staffing levels remain a decision of the employer, rather than those best qualified to determine staffing needs - the nurse in direct care.

A nursing care process that keeps direct care nurses in the numbers necessary to ensure patient safety and nurse satisfaction, and is within nursing's control, is paramount to establishing a definitive response to the issue of nurse staffing in acute care facilities.

An optimal nursing care process should include principles of nurse staffing, guidelines and/or examples of staffing for patient/staff safety and satisfaction, mandatory collection and reporting of nursing quality indicators, frequent staff and patient satisfaction surveys and mechanisms for adjustment of the process as the health care environment undergoes change. Legislative mandates at the state and/or national levels should place the evaluation of nurse staffing needs firmly within the hands of nursing. Enforcement provisions should be included in staffing legislation.

THEREFORE BE IT RESOLVED that the American Nurses Association will:

Reaffirm its dedication to championing an enforceable, nurse-led staffing process that includes staffing principles, nurse-to-patient ratios, collection of nursing-sensitive data and penalties associated with non-compliance.

"A Process for Optimal Nurse Staffing"

There was extensive discussion of this Action Report in the hearings and the House of Delegates. Adequate staffing is a major concern in many states and for the ANA board because of the impact on patient safety, quality of care, nurse health and retention. There was a call from delegates to urge the passage of this report to reaffirm ANA's "dedication to championing an enforceable nurse-led staffing process that includes staffing principles, minimum nurse to patient ratios, collection of nursing-sensitive data and penalties associated with non-compliance." Extensive debate occurred around the call for ratios in the Report, including requests that they be flexible, as in the ability to assign fewer patients to newer nurses. Some delegates did not support the inclusion of ratios in the report, but in the end the House voted to keep that wording, feeling it necessary to set a minimum floor for safety. Delegates expressed frustration with the lack of valid and reliable tools for determining patient acuity and called for more work to be done in developing these instruments. In states that have already passed nurse staffing legislation, adoption is inconsistent and there is no enforcement of the

Action from the 2012 HOD continued on page 11

ACTIONS FROM THE 2012 HOUSE OF DELEGATES

Action from the 2012 HOD continued from page 10

law. There was a call for legislation linking this action to reimbursement to mandate enforcement, and some states have these guidelines in place. One delegate expressed concern that the document could create an adversarial relationship between nurses and employers. Many comments called for expansion of the principles in the Report beyond the acute care setting, as the issues are relevant to other settings such as long-term care, outpatient centers of care and public health. The title was amended to delete the original that included "in the acute care setting". The Report was adopted with the amended name.

Reported by GNA Delegate Melanie Cassity

Advocacy for Work Force and Workplace

Registered nurses are the largest group of health care providers. Statistics indicate that violence against nursing professionals is one of the most dangerous workplace hazards facing nurses today. Health care leads all other industries in the number of non-fatal assaults resulting in lost work days in the U.S.

In most states, assaulting a nurse is a misdemeanor and health care employers are not required to deter or prevent violence in health care work settings. Health care employers have access to voluntary guidelines for workplace violence programs with limited implementation. States that have mandatory, comprehensive workplace violence laws also have more workplace violence programming in their health care facilities. ANA has a "model" state workplace violence prevention law, which is comprehensive and detailed. The evidence for its effectiveness is available for the drafting of state laws. Now is the time to petition the U.S. Occupational Safety and Health Administration (OSHA) to promulgate a comprehensive workplace violence prevention standard using the "ANA Model State Law" or the New York, New Jersey or Connecticut state laws. Experience with the Bloodborne Pathogen Standard proves that comprehensive, performance-based standards are feasible and effective in preventing occupational injury in health care.

THEREFORE BE IT RESOLVED that the American Nurses Association will:

Petition the U.S. Occupational Safety and Health Administration to promulgate code language requiring health care and social services employers to develop comprehensive workplace violence prevention programs which include: management commitment and employee involvement; risk assessment and surveillance; and hazard controls that include environmental, architectural and security controls, training and education, post assault programs and recordkeeping.

The subject of this action report is workplace violence. It was one of the most discussed action reports with many states (including Georgia) speaking in favor. Some states reported disturbing increases in levels of violence against nurses, while others reported legislative successes that support the protection of nurses. No changes were made to the action report, and it passed with 99.6 percent of the vote.

Reported by GNA Delegate Rebecca Wheeler

Rights of Registered Nurses Handling Hazardous Drugs

The National Institute for Occupational Safety and Health (NIOSH) defines hazardous drugs as drugs that have the following characteristics: carcinogenicity, teratogenicity or other developmental toxicity, reproductive toxicity, organ toxicity at low doses and genotoxicity.

Over five and one-half million health care

workers are potentially exposed to hazardous drugs in the workplace. The Occupational Safety and Health Administration (OSHA) acknowledged this occupational risk and issued recommendations for the safe handling of hazardous drugs more than 20 years ago, but adherence to safe handling practices has been inconsistent.

Occupational exposure to hazardous drugs has been associated with both acute symptoms and long-term effects; acute symptoms include hair loss, abdominal pain, nasal sores, contact dermatitis, allergic reactions, skin injury and eye injury. Long-term effects include adverse reproductive and developmental outcomes and there is an increase in the risk of cancer among occupationally exposed individuals.

Findings have pointed to the influence that organizations have on nurses' adoption of other self-protective behavior (e.g., adoption of universal precautions), making it clear that safe practice related to hazardous drug handling is a shared responsibility between employers and nurses. Finally, NIOSH, in order to detect changes in the health status of health care workers handling hazardous drugs, recommends that employers establish a medical surveillance program to protect these workers.

THEREFORE BE IT RESOLVED that the American Nurses Association will:

Support the right of nurses to practice in organizations that provide medical surveillance modeled on the NIOSH recommendations for medical surveillance for hazardous drug handlers; and

Reaffirm efforts that support the right of nurses to practice in health care facilities where hazardous drug safe handling practices modeled on the NIOSH guidelines are in place and are promoted and where resources are provided that allow hazardous drug handlers to comply with the guidelines; and

Reaffirm the adoption of the NIOSH definitions for both antineoplastic agents and hazardous drugs by health care facilities and also that these facilities have a regularly updated list of drugs that are to be considered hazardous; and

Advocate for legislation that requires health care employers to take precautions to prevent exposure to hazardous drugs by health care workers.

During the reference hearing, there was limited discussion on this reference report. Several delegates recommended combining this report with the reproductive rights reference report. One delegate reminded all at the hearing that exposure to radioisotopes, seed implants and direct radiation is also an exposure concern. Lastly, some delegates spoke to their belief that employers do not provide access to protective equipment while others commented that there are practitioners that choose not to use the provided protective equipment. At the HOD on June 16, there were no further comments or changes made to the resolution prior to the vote. The resolution was thereby passed with 98.6 percent of the HOD voting yes and 1.4 percent voting no.

Reported by GNA Delegate Doreen Wagner

Reproductive Rights of Registered Nurses Handling Hazardous Drugs

Health care workers who handle hazardous drugs are at risk for negative health outcomes from their exposure to these drugs. The offspring of these health care workers who are trying to conceive, are pregnant or are breast feeding and who handle hazardous drugs are an additional population at risk for negative health outcomes related to their parents' hazardous drug exposure. Nearly all hazardous drugs have some teratogenic and embryotoxic effects that have been well documented in experimental animal studies. Both developmental and reproductive effects have been reported for

hazardous drugs in animal studies. Additionally, reproductive health effects in patients treated with hazardous drugs have been noted. Adverse reproductive and developmental outcomes have been identified in studies of nurses and pharmacists working with hazardous drugs. Environmental contaminants are found in human breast milk. Therefore, there is the potential that health care workers who handle hazardous drugs may pass these chemicals to their breastfeeding infants. Providing the option of alternative duty is a recognized risk management strategy that should be offered to health care workers who handle hazardous drugs.

THEREFORE BE IT RESOLVED that the American Nurses Association will:

Advocate that it is essential for all health care facilities to educate nurses who handle hazardous drugs about the risk of reproductive and developmental effects that have been associated with exposure to these drugs; and

Actively advocate for the right of nurses to engage in alternative duty that does not require hazardous drug handling when trying to conceive, when pregnant and when breastfeeding.

During the reference hearing, several delegates again recommended combining this report with the rights of nurses handling hazardous drugs reference report. One delegate brought forth concerns about how the second resolve clause could be operationalized. Some delegates discussed that there are existing standards within oncology for men and women and that the standard covers the use of alternative work assignments. After the reference hearing, the Reference Committee determined that the two reports should remain separate because this report speaks to alternative duty, whereas the other report reaffirms existing policy. At the HOD on June 16, there were no further comments or changes made to the resolution prior to the vote. The resolution was thereby passed with 95.9 percent of the HOD voting yes and 4.1 percent voting no.

Reported by GNA Delegate Doreen Wagner

Nurses' Role in Recognizing, Educating, and Advocating for Healthier Energy Choices

Energy policies at the federal and state levels have a direct impact on human and ecological health. Human and ecological health risks are directly related to the use of coal-fired power plants, mountaintop removal of coal, offshore and onshore oil and natural gas drilling and hydraulic fracturing, or "fracking." Nurses need to understand the relationship between energy choices and human health. Nurses are well positioned to help educate other health professionals, the general public and policy makers about the relationship between human health and the critical energy issues that will require our thoughtful focus in the very near future.

THEREFORE BE IT RESOLVED that the American Nurses Association will:

Support education of its members about health issues associated with fossil fuel energy and the benefits of energy conservation and renewable energy sources; and

Support constituent member associations and affiliate partnerships to address health issues associated with energy use through education and policy/advocacy; and

Support activities that monitor, reduce and remediate environmental health risks for individuals and communities where coal, oil and natural gas extraction and use are occurring and legislative initiatives that require monitoring, reporting and regulatory reform to protect public health and the environment; and

Action from 2012 HOD continued on page 12

ACTIONS FROM THE 2012 HOUSE OF DELEGATES

Action from the 2012 HOD continued from page 11

Collaborate with others in calling for a national moratorium on new permits for unconventional oil and natural gas extraction (fracking) throughout the country until human and ecological safety can be ensured; and

Collaborate with others on energy policies that incentivize energy conservation and the development and use of safer, healthier alternative and renewable energy sources, such as wind and solar.

During the reference hearing, there were several comments/discussions concerning this report. One person did raise the issue of the patenting of "fracking" materials, which makes the composition proprietary. Therefore the public is unable to access the chemicals used and determine the impact on the public's health.

One motion asking to change the wording of "calling" for a moratorium to "determining the need" for a moratorium on new permits on unconventional oil and natural gas extraction elicited the largest discussion (see 4th Resolve above). The delegate who presented this motion wanted to have more information about "harmful" vs. "nonharmful" methods of fracking. A number of members spoke about the negative known results of fracking within their communities. This motion failed.

The other discussion dealt with the issue of whether ANA should take a stand on an issue that is not directly related to patient care. The consensus was that it is important that nurses did have a role in environmental issues that potentially impact the health of our patients; in fact the majority of the HOD felt we need to be on the forefront of just such issues. This report passed the HOD with 79.5 percent vote.

Reported by GNA Delegate Margaret Shaw

Revision of House of Delegates Policy "Representation of CMAs in the ANA House of Delegates"

There are Bylaws changes that have been submitted by the ANA Board of Directors (BOD) for consideration by the 2012 House of Delegates (HOD) that: (a) reduce the number of ANA HOD delegates allotted to the Constituent Member Associations (CMAs) and the Individual Membership Division (IMD) and (b) place a cap on the total number of seats allotted to the IMD. This revision is proposed to assure that the relevant HOD policy is aligned with these proposed changes.

In addition, another Bylaws change submitted by the ANA BOD for consideration by the 2012 HOD proposes the term C/SNA (Constituent and State Nurses Association) in place of CMA (Constituent

Member Association.) This proposed revision will correct this language in this HOD policy.

Finally, there is a current reference to a multi-state nurses association that is recognized as a C/SNA in the ANA Bylaws that is not mentioned in the current HOD Delegate Apportionment policy. This proposed revision addresses this omission and clarifies the apportionment of additional delegates to a multi-state association.

THEREFORE BE IT RESOLVED that the American Nurses Association:

Amends footnote number 1 of the current policy entitled "Representation of CMAs in the ANA House of Delegates" to read as follows (**amendment in bold font**):

¹ That the IMD apportionment be:

- Based on the verified C/SNA dues paid to ANA in the 24 months ending December 31 of the even numbered years, an average dues per additional delegate will be computed.
- The ANA total dues paid by the IMD in the 24 months ending December 31 of the even numbered years shall be divided by the C/SNA average dues per additional delegate to determine the number of additional delegates apportioned to the IMD from the seats designated for the IMD by ANA Bylaws. **(The ANA Bylaws state that the total number of IMD delegates is capped at five percent of the delegate seats designated for the C/SNAs and IMD.)** If the results of the calculation exceed .50, the number of apportioned delegates will be rounded up to the nearest whole number. For example, if the result of the calculation is 1.51 two additional delegate seats would be apportioned to the IMD.

Replaces "CMA" with "C/SNA" wherever used in the policy.

Adds a footnote that states "C/SNA also refers to a multi-state nurses association when it is recognized as a C/SNA."

This report was referred back to the ANA Board of Directors.

Reported by GNA Delegate Robert Keen

ANA HOUSE OF DELEGATES FORUMS

Finance Forum

The treasurer's report for the 2012 ANA House of Delegates left many concerns with the delegates. Many questions were raised concerning the cost versus revenue for the proposed new structure of

ANA. The ANA treasurer was not able to address these concerns with any concrete data.

There was much concern for ANA's 2012-2013 budget due to the \$3.5 million dollar membership loss from the suspension of the New York State Nurses Association. The treasurer discussed areas for cost cutting measures being instituted by the ANA CEO and staff. One area affected April 2012 was the freezing of the employee pension plan. New employees will not be included in this plan. ANA still has the 401K plan for employees.

On a positive note, ANA for three years, 2010, 2011 and 2012, has maintained around a 30 percent reserve of funds. The goal as required by the ANA Board of Directors for bank reserves is 25-50 percent. The audit for 2011 was given an unqualified opinion, which shows excellence in the fiduciary responsibility for ANA.

Reported by GNA Delegate Wanda Jones

ANA HOUSE OF DELEGATES PROPOSED BYLAWS AMENDMENTS

Two sets of bylaws were reviewed during the ANA House of Delegates over the two-day event. Because of actions taken in the "Special House," where the Transformation Bylaws were reviewed, several Biennial Bylaws were not reviewed because they were no longer relevant. The biennial bylaws are as follows:

- 1) *Biennial Amendment 6-Biennial Elections*
This amendment changed the winner of elections from a plurality to receiving the majority of voters present. A run off would be necessary if no one received the majority vote.
- 2) *Biennial Amendment 7-Pertained to the Nursing Congress on Economic and Practice was not heard due to changes from the Transformational Bylaws.*
- 3) *Biennial Amendment 8-Pertained to ANA's Purpose and Function. This amendment was not heard because of changes voted upon in the "Special House".*
- 4) *Biennial Amendment 9-Pertained to the House of Delegate and was not heard because of the actions in the "Special House"*
- 5) *Biennial Amendment 10-Pertained to the Board of Directors and expanded the BOD from the seven proposed in the Transformational Bylaws to nine and added a place for the new graduate nurse.*
- 6) *Biennial Amendment 11-Pertained to the Constituent Assembly and was not heard due to the changes voted upon in the "Special House," which eliminated this body.*
- 7) *Biennial Amendment 12-Addressed the Organizational Affiliates and their role.*
- 8) *Biennial Amendment 13-Dealt with nurse members, the Individual Membership Division and was referred back to the ANA Board.*
- 9) *Biennial Amendment 14-Defined the change in the name CMA to C/SNA and who makes up the C/SNA, including allowing retired nurses to maintain their membership in ANA.*
- 10) *Biennial Amendment 15-Changed the notification of dues increase from 60 days to 90 day.*
- 11) *Biennial Amendment 16-Changed the time for submitting Bylaw changes from 180 days to 90 days.*
- 12) *Biennial Amendment 17-Clarified the use of Robert's Rules for parliamentary procedure.*

This section went pretty fast since the passage of Bylaws in the "Special House" eliminated the need to review all of the Biennial Amendments.

Reported by GNA Delegate Sheila Warren

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NURSING PRACTICE

An Update on GNA's Childhood Obesity Work

The childhood obesity epidemic in the U.S. is a national health crisis. Childhood obesity has increased by 300 percent in the past 30 years. Now, nearly one in three children ages 2-19 (31.7 percent) is overweight or obese. Due to this increase and negative health consequences, it is estimated that the current generation may even be on a track to have a shorter lifespan than their parents.

Nationally, Georgia has the second highest percentage of obese children. Nearly 40 percent of Georgia children 9-17 years of age are overweight or obese. Since an estimated 80 percent of obese children will become obese adults, the state must focus on changing the trend for the next generation. Obese children are estimated to incur \$2600-4300 more in annual health expenses than the average cost for all children. Children are now suffering from diseases once only seen in adults, such as heart disease, hypertension, liver and kidney disease and type 2 diabetes.

In an effort to combat this epidemic, GNA adopted an action report focused on childhood obesity

during the 2011 Membership Assembly in Atlanta. GNA has formed a Childhood Obesity Task Force to focus on supporting legislation and policy and the development of resources to support families. The task force is in the process of creating a survey for GNA members to complete that will access their knowledge related to childhood obesity and the needed resources to assist patients and families in their particular work settings. The task force is also interested in helping to support the Georgia Shape Initiative (www.georgiashap.org) and seeing the impact it may have on bringing awareness to parents. GNA is currently working with Children's Healthcare of Atlanta to address this issue and hopes to partner with their Strong4Life initiative (www.strong4life.com), in an effort to better support Georgia's nurses who are seeing the results of this crisis first hand. If you are a GNA member who is interested in serving on GNA's Childhood Obesity Task Force, please contact Sheila Warren at swarren@uhs-pruitt.com or maurwarr@windstream.net.

GNA Joins the Georgia Hospital Engagement Network Eliminating patient harm and reducing readmissions

By Michael McCann, CNM, MS

Last April, the Georgia Hospital Association Research and Education Foundation joined with 25 other hospital systems around the country to spearhead an effort to reduce health care-associated conditions by 40 percent and readmissions by 20 percent by 2013. They specifically are targeting hospitals to reduce Early Elective Deliveries (EED). This initiative has brought key stakeholders in from GNA, the Department of Public Health, Georgia Obstetrical and Gynecological Society, March of Dimes and the Georgia affiliate of the American College of Nurse-Midwives together to discuss how to move this effort forward.

Dr. Debbie Hatmaker and I will represent GNA in this endeavor. At the second forum, representatives from 25 hospitals around the state met to discuss obstacles and strategies to move the EED group forward. Three hospital systems in the state that have already begun this process also presented data about how rapidly they have decreased the induction rate before 39 weeks. The March of Dimes also presented their public relations and media efforts to help bring this issue to the consumer.

In June, I presented a GHA/GNA telenet program focused on how to encourage obstetrical health care providers, the nursing community and consumers to understand the importance of eliminating early deliveries by identifying resources and addressing strategies to overcome some of the barriers to implementation.

For more information on the Georgia Hospital Engagement Network, visit <http://bit.ly/Nehv7n>.

ANA: Care Coordination Should Be Reimbursed

From Nurse.com news

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The federal government, health care insurers and other health care financing systems should acknowledge the central role of RNs in providing effective care coordination services, according to a position statement from the American Nurses Association (ANA).

These services should be fully funded to improve healthcare quality and patient outcomes and reduce costs through a more efficient use of resources, ANA stated. Care coordination must be defined, measured and documented by health care financing systems to create direct financial and systemic incentives for the function.

Care coordination is a long-held core professional standard and competency for RNs and integral to patient care quality, satisfaction and the effective and efficient use of health care resources, ANA noted. Despite its importance in filling many gaps in patients' care plans, care coordination is neither well-documented nor reimbursed as a distinct component of patient care.

ANA leaders recently met with Marilyn Tavenner, RN, BSN, MHA, acting administrator of the Centers for Medicare & Medicaid Services, to discuss how to

measure and pay for care coordination and how it can achieve savings for beneficiaries.

"It's long overdue that this nursing service is highlighted, accounted and paid for, just like other essential health care services that a patient receives," ANA President Karen A. Daley, RN, PhD, MPH, FAAN, stated. "Patients know that nurses are coordinating their care. They want to better understand their plan of care and be assured of continuity."

Along with the position statement (<http://bit.ly/Kqn4DL>), ANA released a report, "The Value of Nursing Care Coordination," which highlights studies about the positive impact of nurse-led and nurse-managed care coordination. Benefits include improved patient outcomes, increased health system efficiency and lower health care costs, according to the report. For example, studies show that patient-centered care coordination reduces ED visits and hospital readmissions, lowers total annual Medicare costs, improves patient satisfaction and confidence to self-manage care and increases safety for older adults during transitions between settings.

RNs have received wide recognition for being leaders and innovators in designing and implementing successful team-based coordination programs that improve patient care and reduce costs, according to the ANA. Care coordination generally involves ensuring that a patient's needs and preferences for health services and information are communicated and delivered effectively among health care providers, functions and settings over time.

Specific aspects of care coordination include development of a care plan and assistance in identifying care options, guided by the preferences and needs of patients and their families; management of care to maximize independence and quality of life; communication with the patient, family and support network, and providers, especially during transitions between care settings; and advocacy of dignified care.

Nurses can perform care coordination as part of a multidisciplinary health care team or independently within their scope of nursing practice. "The nurse's role is to ensure that essential services for the patient don't fall through the cracks, which can easily happen in our current fragmented system of care where good communication between health care providers or settings is often lacking," Daley said.

The position statement also advocates expanding research to examine RNs' evolving roles and contributions to care coordination and more fully incorporating care coordination practices and theories into pre-licensure nursing education and continuing education.

APRN CORNER

Emory Awarded Over \$10 million in CMS Funds

Emory University has received a \$10.7 million Health Care Innovations Award from the federal Centers for Medicare and Medicaid Services (CMS) for its plan to build a collaborative network supporting intensive care units in North Georgia. By combining specialty training for nurse practitioners and physician assistants with telemedicine intensive care services, the collaborative seeks to improve critical care for patients in rural and underserved areas.

Health and Human Services Secretary Kathleen Sebelius announced that Emory University's Center for Critical Care is among the first groups for Health Care Innovation awards.

Emory Healthcare will partner with Saint Joseph's Health System, Northeast Georgia Health System, Southern Regional Medical Center and telemedicine provider Philips Healthcare to train nurse practitioners and physician assistants as critical care specialists and integrate telemedicine ICU ("tele-ICU") services into community hospitals to allow remote support, advice and supervision by experienced critical care doctors and nurses. The program's goal is to improve access to quality community ICU health care and to save more than \$18 million over three years.

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- Former Administrative Law Judge for the Office of State Administrative Hearings

NURSING PRACTICE

Chronic Disease and Palliative Care

By Kim Kuebler DNP, APRN, ANP-BC

Chronic diseases have emerged in recent decades as the major cluster of health concerns for Americans (IOM, 2012). A chronic disease or illness is a condition that is insidious and slow in progression, long in duration and absent from a spontaneous resolution. Chronic diseases often limit the physical functioning, productivity and quality of life for millions of aging Americans (IOM, 2012). According to the Centers for Disease Control and Prevention (CDC), chronic diseases currently account for 70 percent of all deaths (Kung et al., 2008). Approximately 48 million Americans report a disability related to a chronic disease (Brault et al., 2009). Arthritis is the most common cause of disability, affecting about 8.6 million people, followed by back or spine problems (chronic pain), which affect about 7.6 million people. In addition, cardiac problems impede the physical functioning of about 3 million people (Brault et al., 2009).

The burden of chronic diseases will be substantial; it is predicted that 14 million baby boomers will live with diabetes, and almost half will live with arthritis (expected to hit just over 26 million in 2020) (HHS, 2010). Some chronic diseases may not significantly contribute to mortality, but the associated symptoms can severely impact the patient's quality of life (IOM, 2012). Chronic diseases that are poorly managed contribute to enormous and growing causes of impairment and disability (WHO, 2004). The integration of palliative care or symptom management can be used to reduce chronic disease disabilities, improve quality of life and promote physical functioning (Kuebler & Cole, 2012).

Tremendous medical advances over the past century have extended average life expectancies, but these advances have been compromised by parallel increases in physical inactivity, unhealthy eating, obesity, tobacco use and other chronic disease risk factors (WHO, 2009). As a result of this combination, patients are living longer, but with symptomatic chronic diseases (HHS, 2010). Regardless of the severity, pattern of effects or duration of the disease, many diseases typically last at least a year, require ongoing medical attention and limit the activities of daily living (HHS, 2010).

The U.S. Department of Health and Human Services, National Quality Forum recently released a *Multiple Chronic Conditions Measurement Framework* (2012) and has separated palliative care from end-of-life care. It will become imperative that nurses gain the skills and knowledge to improve the care of patients who are living with symptomatic multiple chronic conditions several years before death. In September, the Palliative Care CE Modules will be updated and available at a reduced rate – take advantage of staying current in your clinical practice and ensuring best care to this patient population.

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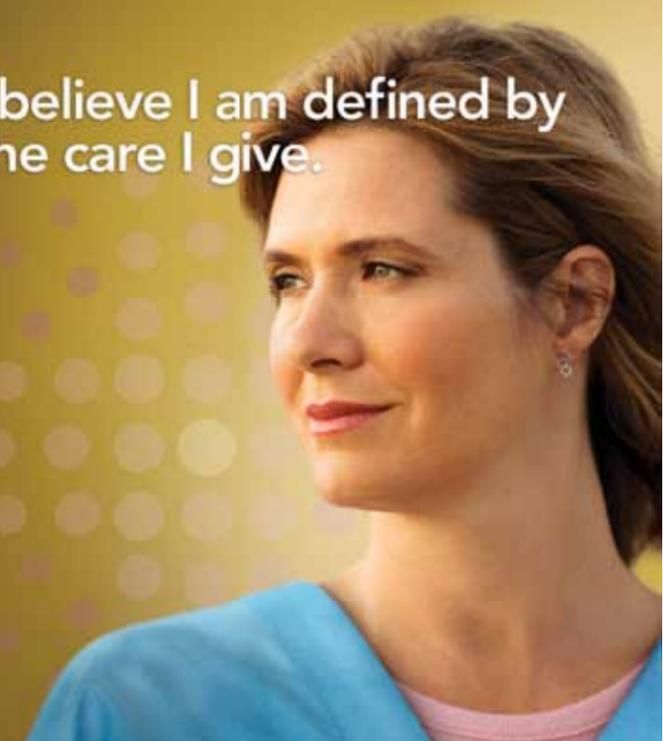
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WORKFORCE ADVOCACY

Beginning the Conversation: The Nurse Educator's Role in Preventing Incivility in the Workplace

By Cynthia M. Clark RN, PhD, ANEF and
Sara Ahten, RN, MSN

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Background and Vignette

Recently, a young, disillusioned nursing student shared the following story:

"It was terrible. On my first day of clinical, I was assigned to a patient with contact isolation. I was preparing to enter the room to take the patient's vitals and I was unsure of what equipment may already be in the room. I asked the nurse assigned to the patient if the oxygen saturation device was in the patient's room or if it was something I had to find elsewhere. He looked at me and said sarcastically "I don't know, is it?" He was very rude and was no help at all. His reaction shocked me – he made me feel stupid and incompetent. The experience made me very reluctant to ask for help from him or anyone else. In the future if I have a question, I will do my best to find the answer on my own."

While this student's perception is troubling on many levels, the sad fact is that many nurses would acknowledge having a similar experience, either as a student or as a nurse in practice. It is equally important to note that examples of this type of uncivil behavior can also be found within the academic setting between teacher and student, as well as student to student. As educators, we view this student's perception as illustrating one point along the continuum of incivility in nursing practice. As an illustration, if we were to plot incivility on a continuum, the far left point represents annoying, irritating or disruptive behaviors such as rude comments, put-downs or dismissive gestures like eye-rolling or staring. As one progresses along the continuum to the right, uncivil behaviors escalate to bullying, intimidation and psychological abuse. The far right of the continuum includes threatening and potentially violent behaviors, up to and including aggressive physical violence and homicide.

Though all nurses in practice have a responsibility to foster civility, the purpose of this article is to discuss the role of nurse educators in raising awareness in pre-licensure students about the continuum of incivility, giving them tools to address uncivil behaviors and beginning the conversation about creating a culture of civility. We believe it is critical to raise awareness about the continuum of incivility in future nurses in order to prevent escalation of lesser degrees of uncivil behavior to more destructive forms of lateral violence.

Overview of the Problem

Rowell (2010) defines *lateral violence* in nursing as any inappropriate behavior, confrontation, or conflict ranging from verbal abuse to physical and sexual harassment between co-workers. It is important to note that interactions that occur during the student's education will shape his or her professional image. Nursing students observe how other nurses behave, both in education and practice, and thus develop a beginning concept of how a professional acts toward others including patients, colleagues and students. For example, Randle (2003) empirically demonstrated that when nursing students were bullied, their self esteem was significantly damaged and led to feelings of anger, powerlessness and stress. Causes of lateral violence in nursing include the hierarchical nature of nursing, nurses being an oppressed group and negative organizational conditions such as unclear roles and expectations. These conditions can contribute to the departure of new graduates from their first job within six months (Bartholomew, 2006).

The impact of incivility has significant implications for organizations employing newly-graduated nurses. Griffin (2004) found that 60 percent of nurses new to practice leave their first positions within six months because of some form of lateral violence, often occurring between the new

nurse and his or her preceptor. According to Griffin, the relationship between the new nurse and the preceptor starts to break down. The new nurse stops asking questions of the preceptor and may eventually leave because he or she does not believe safe care is being provided. This type of scenario is reflected in the opening vignette.

Incivility and disruptive behavior in the nursing workplace are becoming more commonplace (Brown, 2010) and are frequently ignored (Lewis, 2006). These behaviors can compromise patient safety and, in part, have led the Joint Commission (2008) to release a sentinel event alert calling for zero tolerance to intimidating and bullying behaviors, implementation of a code of conduct for all employees, and an organization-wide approach to address disruptive behavior in the workplace.

Clearly, incivility is a problem in nursing practice, but nursing education is not immune to instigating and perpetuating the problem as well (Clark, 2008, 2008b). Nearly a decade ago, Lashley and de Meneses (2001) found that incivility had increased over the previous five years. Faculty reported students were tardy, leaving class early and talking in class. More serious behaviors included cheating, yelling at faculty, and objectionable physical contact. More than half (52.8 percent) of the faculty respondents reported being yelled at in the classroom, 42.8 percent reported being yelled at in the clinical setting, and 24.8 percent reported objectionable physical contact by students. The authors concluded that disrespecting, yelling at and threatening faculty and other students have become a serious problem. Shortly after this study, Thomas (2003) examined nursing student perceptions of faculty incivility and found that nursing students believe that nursing faculty members play a significant role in academic incivility including being rigid, acting superior, behaving defensively and treating students unfairly.

Beginning the Conversation: The Role of the Nurse Educator

The importance of effective communication cannot be underestimated. Raising awareness about the existence and subsequent dangers of incivility and lateral violence, along with teaching nurses to ask questions and address the problem behavior, can reduce its incidence and effects (Griffin, 2004). So, how do we get the conversation started – and how can we sustain the dialogue once it has begun? We believe these critical discussions begin with and must continue throughout a student's nursing education. While it is essential to teach our students about the importance of communication and conflict negotiation, it requires more than discussion. It requires repeated simulating, demonstrating, practicing and rehearsing these fundamental skills.

Conversations among Faculty

Because it is impossible to separate education from practice in the profession of nursing, we realize that conversations about incivility must begin early in a student's education, rather than delaying them until the nurse enters the workforce. Before addressing practice issues with students, we also believe it is imperative that nursing faculty begin to have the same conversations with each other and as members of a faculty. Conversational topics among faculty should include:

- Do our institutional vision and mission statements, as well as our internal vision, mission and philosophy statements, reflect a commitment to civility?
- Have we established norms of acceptable professional behavior that outline how we interact with one another, as well as our students and community partners?
- Have we developed safe and respectful processes for holding oneself and others accountable for these norms?
- Do we incentivize or reward civil and collegial behaviors as well as role-model them for our students?
- Do we have clear and transparent processes for

initiating a report of incivility and remediating founded complaints of uncivil behavior?

Conversations with Students

The conversations with students must be multilayered and progress sequentially throughout their education. Conversations on civility begin early in the curriculum with discussions on introductory issues, such as university and school of nursing norms, culture and codes of conduct. As the student begins foundational courses, the discussion moves to professional ethics, codes of conduct and regulatory standards, such as State Board of Education statutes and guidelines set by governing bodies for schools of nursing. Students and faculty at this level begin conversations about early practice concerns, such as respectful communication with patients and peers, and the impact of cultural issues on care delivery. The role of the faculty member is to set expectations for students' professional behaviors, but also to set guidelines for the behaviors students should expect from others in the workplace. It is essential for students to clearly identify uncivil, unacceptable behaviors, especially the more subtle, corrosive behaviors on the left side of the incivility continuum, which have been labeled – and tolerated for years – with the cliché of "nurses eating their young". Nursing students must become familiar early in their education with the policies regarding uncivil behaviors in their clinical agencies.

Nursing Curricula

As students move through the curriculum and focus on care delivery at the bedside, faculty must embed readings on topical issues into course content. Violence in health care settings is front page news today, and students should be reading about and discussing these issues with their peers and faculty members. In the clinical setting, post-clinical debriefings and assignments incorporating self-reflection can be used to bring attention to incidents that reside along the incivility continuum. Post-clinical discussions provide students with a safe place to relate their experiences, share their emotions, receive constructive feedback and learn appropriate ways of managing such situations within agency policies.

An important aspect of each student's education is to provide the tools needed to function effectively as confident, assertive team members within the workplace. Students in more senior courses begin to look at nursing in broader roles – those of case manager, community health practitioner and leader/manager within a health care organization. Their conversations should address practice issues, such as managing employee conflict, understanding organizational zero tolerance policies and the role of management, boundary issues when delivering care in a community setting and maintaining personal safety. It is also critical to have discussions on the ways that nurse leaders can establish a culture of civility within an organization, and how a manager's attitudes and behaviors influence the actions of his or her staff.

Immediate pre-licensure concerns for students include interviewing skills and appropriate behaviors, as well as student/preceptor interactions. Students find great value in simulations of high-anxiety scenarios, which give them a safe place to make mistakes, practice conflict resolution skills and observe firsthand how a gesture or word choice can influence the outcome of a situation. We have found pre-licensure students also appreciate the opportunities to speak with nurses working in direct patient care, nurse managers/leaders and human resource department representatives. Those conversations often dispel misconceptions, reinforce organizational commitment to zero tolerance policies and validate the importance of professional behaviors.

Beginning the Conversation continued on page 17

WORKFORCE ADVOCACY

Beginning the Conversation continued from page 16

Suggestions for Meaningful Conversations

In closing, we would like to offer several suggestions for engaging in meaningful, critical conversation with others. At the end of the day, it is the conversations we have with one another that promote a culture of civility within our workplaces.

It is important to **fully prepare yourself before engaging in a critical conversation**, especially when emotions are running high. If you have experienced an uncivil encounter, reflect on the experience, take time to cool off and think about your response. After careful deliberation, you may choose not to respond at all. Ask yourself these questions; **“If I do not respond**, what is the worst (or best) thing that can happen? **If I do respond**, what is the worst (or best) thing that can happen?” Once you have given careful consideration to responding or not, in either case, put yourself in the other person’s position. Consider how you may have contributed to the problem, as this may help you develop a clearer understanding and resolution of the issue.

If you decide to engage in a critical conversation, be sure to **consider the potential barriers to effective communication**, including physical barriers such as noise or poor cognitive abilities; emotional barriers in the form of anger, fear or feeling unsafe; or faulty reasoning or flawed assumptions. Other barriers may include poorly expressed messages (especially e-mail), time pressures, or misperceptions of intent. It is best to eliminate as many barriers to a successful resolution as possible.

Next, **agree on a mutually beneficial time and place for your interaction**. Make sure the venue is quiet, undisturbed, and away from activity; be sure to set aside plenty of time for the interaction. If you are concerned about the outcome of the meeting or uncomfortable addressing the issue alone, you or the other person may wish to invite a third person to mediate and provide perspective. Whether you go it alone or invite a mediator, it is important to establish ground rules, norms and goals for the meeting.

Bear in mind “the interest-based approach to principled negotiation,” developed by Fisher and Ury (1991) If we focus on the person rather than the problem, emotions become mixed into the situation, making the issues more difficult to resolve. On the other hand, if we consider interests and seek to negotiate matters important to each person, many times the goals are compatible and sometimes identical. For example, consider the opening vignette. If the nursing student and the staff

nurse had engaged in a critical conversation and use principled negotiation techniques, the common goal or position each might likely take is providing safe, patient care. By identifying a common goal, it increases the likelihood that both are able to put personal issues aside and re-focus on resolving the problem.

When we **concentrate on interests (instead of focusing on being right)**, it is easier to find opportunities for mutual gain. This means generating workable solutions to the problem that allow both parties to save face. Insisting on objective criteria for fairness can be challenging. In our vignette, objective criteria might include searching for measurable standards regarding required contact isolation items needed in patient rooms, an inventory of the items posted on the door, and acceptable ways of communicating and addressing one another in a civil and professional manner.

Conclusion

Prevention of lateral violence in the workplace starts long before an employee walks through the door. We believe that civility in health care organizations begins with teaching and modeling civility for nursing students in both the classroom and clinical settings. Our objectives include equipping students with the knowledge and skills for treating others with civility – and also of how they should expect to be treated by others. Our goal is that all nurses enter practice ready to work collegially and effectively within organizations that have zero tolerance for uncivil, disruptive behaviors.

Cynthia Clark is a Professor at Boise State University. Sara Ahten is an Assistant Professor at Boise State University.

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Call for Proposed Action/Informational Reports for GNA's 2013 Membership Assembly

The Reference Committee is seeking Action/Informational Reports for the 2013 GNA Biennial Membership Assembly. The reference process will begin with a **Call for Letters of Intent**. Letters of Intent are not required, but are strongly encouraged. They allow the Reference Committee to provide guidance and consultation to submitters in the development of reports. For example, if two or more members or structural units are working on a similar topic, the Committee might suggest development of a joint report. If an issue is currently under the aegis of a structural unit, the Reference Committee might suggest collaboration between the submitter of the report and the chairperson of the structural unit to avoid a duplicative or divergent effort.

Letters of Intent are formatted to aide in the organization of ideas for proposals. Upon review, the Reference Committee takes no formal action, but instead responds to submitters with recommendations regarding the submitter's development of the proposal.

The reference process can be a valuable tool to facilitate the effort of focusing GNA's activities and using its resources more effectively. All structural units are encouraged to be selective in submitting proposed reports that will help to focus GNA on addressing issues that are most critical for the association by considering the following questions:

- How does the issue tie into the existing guidelines for GNA work?
- Is this a new, emerging concern that GNA may need to adopt as a mega issue in the coming year?
- Is it an issue on which GNA and its members should be informed and/or adopt a position.

The reference process allows for four types of reports: Action Report, Emergency Action Report, Information Report and Commemorative Report.

- An **Action Report** is a proposal in report form with recommendation(s) requiring action by the Membership Assembly.
- An **Emergency Action Report** is a proposal in action report form on a matter of great importance that could not have been known prior to the deadline date for submission of proposals and cannot wait for action until the next meeting of the Membership Assembly.
- An **Information Report** is a report presented to the Membership Assembly for its information not requiring action.
- A **Commemorative Report** deals with commemoration of important events or developments in nursing, allied fields or in government.

The Reference Committee will take action on reports based on adherence to the following guidelines:

- The action report shall deal with a single topic;
- The action report shall be accompanied by an action plan in sufficient detail to allow a financial impact statement to be delivered;
- The action report and accompanying action plan shall be concise, clear and unambiguous;
- The action report shall have statewide relevance; and
- The action report shall not duplicate or be redundant or inconsistent with existing association policy or with GNA Bylaws.

The Reference Committee is available to work with you on your proposed report. An adopted action report from a previous GNA Membership Assembly is available at <http://www.georgianurses.org/2011-GNA-ActionReport-ChildhoodObesity.pdf>.

Please complete ONE Letter of Intent per action report to be submitted for review by the Reference Committee for the 2013 Membership Assembly. All Letters of Intent, whether faxed, emailed, or hand-delivered are due to GNA by 5:00 p.m. EST on **March 1, 2013**. The deadline for submission of Action Report is June 1, 2013.

GNA Letter of Intent:

Contact Name: _____

GNA Member ID#: _____

Email: _____

Phone Number(s): _____

Proposed Title of Action Report: _____

Brief Statement of the issue(s): _____

Anticipated Recommendations: _____

Please mail, email or fax Letter(s) of Intent to:
 Georgia Nurses Association
 ATTN: Reference Committee
 3032 Briarcliff Road NE
 Atlanta, GA 30329-2655
 Email: reference@georgianurses.org
 Fax: 404-325-0407

Call for Bylaws Proposals

GNA's Bylaws Committee is now accepting Bylaws Amendment Proposals. Any suggestions for proposed amendments will be referred to the Bylaws Committee for study. Amendments proposed by the Bylaws Committee for Biennial Membership Assembly action must be in the possession of the GNA Bylaws Committee by **May 1, 2013**. Current GNA Bylaws may be found online at: <http://www.georgianurses.org/ApprovedBylaws-2011.pdf>. Proposed changes shall be appended to the call to the meeting. Please submit all Bylaws Amendment Proposals to Doreen Wagner, GNA Bylaws Committee Chair, via email bylaws@georgianurses.org.

Call for Nominations

The Georgia Nurses Association Nominating Committee is seeking names of suggested nominees from the GNA Membership for the 2013 state ballot. Each office is for a two-year term beginning at the end of the 2013 GNA Membership Assembly and ending at the end of the Membership Assembly in 2015. Please note that any Full (ANA/GNA) member in good standing is eligible for all elected offices in GNA. State-only (GNA) members in good standing are eligible for the following offices: Director of Membership Development, Director Workforce Advocacy, Director of Nursing Practice, Director for Staff Nurses, and Regional Coordinator. One (1) out of four (4) Nominating Committee Members may be a State member.

Please obtain oral consent from the individual before submitting the name to the Nominations Committee. The deadline for submission to the Nominations Committee is **October 15, 2012**. GNA members may also self-nominate. Please submit all nominations along with your contact information and the contact information of your nominee to elections@georgianurses.org or fax to 404-325-0407, ATTN: Elections. Further information as well as responsibilities for each position can be found on our web site at www.georgianurses.org/aboutelections.htm.

As provided in the GNA Bylaws, the offices to be elected in 2013 are:

1. President-elect and ANA Delegate-at-Large
2. President-elect shall run as ANA Delegate-at-large in the second year he/she is serving as president-elect
3. Secretary and ANA Delegate-at-Large
4. Treasurer and First Alternate ANA Delegate-at-Large
5. Director – Leadership Development & Second Alternate ANA Delegate-at-Large
6. Director – Workforce Advocacy
7. Director – Legislation/Public Policy
8. Director – Membership Development
9. Director – Nursing Practice
10. Director – Staff Nurse
11. Regional Coordinators – six (North Central, Central, East Central, North, Southeast, Southwest)
12. Chair Nominations Committee
13. Four Members – Nominations Committee
14. ANA Delegates and Alternates

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LEGISLATIVE/PUBLIC POLICY



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Save the Date! 2013 GNA Legislative Day Thursday, January 24, 2013

Mark your calendars for the 2013 GNA Legislative Day event at the State Capitol, which will take place Thursday, January 24, 2013. GNA members, nursing students and educators and Georgia registered nurses are once again encouraged to participate in this virtual learning and nurse advocacy opportunity. Last year, 900 nurses and nursing students attend this popular event. Stay tuned for info on registration in fall 2012!

For more info, visit <http://bit.ly/MtYTSi>.

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FINANCE MATTERS

The Well-Informed First-Time Homebuyer

By Jim Williams
President, Southern Highlands Mortgage

We receive calls every week from potential first-time homebuyers asking how to purchase a home. My first suggestion is to develop a basic knowledge of the home purchase/financing process. Low interest rates and affordable home prices are just a couple of factors to consider for a well-informed home purchaser.



Jim Williams

The first step to becoming a homeowner is to contact a mortgage lender to pre-qualify for a loan. You should be prepared to provide income documents, such as paystubs, W2s and complete tax returns. Also make a list of your credit cards, installment loans and any other loans you may have including the monthly payment and amount owed. You will need funds to purchase a home, so locate your recent complete bank statements and other investment accounts.

Your loan officer will review the documents and calculate the approximate mortgage amount you can qualify for based on your income, debts and funds available for a home purchase. At this point, I would

not recommend having the loan officer pull your credit report unless you are prepared to move forward with a purchase. Instead, you can obtain your own free credit report by going online to www.annualcreditreport.com and for a few dollars you can request your credit scores to be included in the report. When a lender orders your credit report the information can only be used by that lender. If you authorize multiple lenders to pull your credit the result can be a drop in your credit score.



There are many loan programs available and your loan officer will determine the best loan options based on your personal circumstances. Before you enter in to any contractual agreement you should have a clear understanding of your monthly payment, down payment, cash to close and reserves after closing. Go to www.hud.gov/buying/comq.cfm for additional homebuyer tools. Your realtor will be able to provide you with much better service if you have been pre-qualified for a mortgage.

It is an incredible time to purchase your first home but being well-informed and prepared is the key. For additional information, please contact us at 888-213-4602 or www.onelenderforlife.com.



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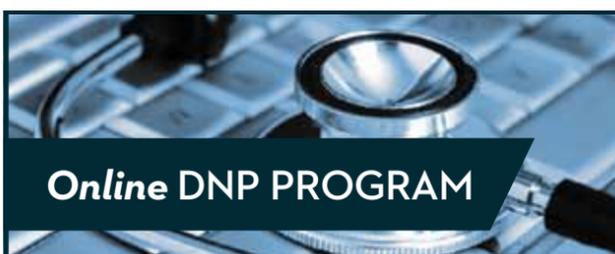
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MEMBERSHIP

Clinical Nurse Specialist (CNS) Chapter of GNA approved

We are pleased to announce the formation of another shared interest chapter of the Georgia Nurses Association – the Clinical Nurse Specialist (CNS) Chapter of GNA! The CNS Chapter has been approved by the GNA Board of Directors. The chapter's mission is to enhance and promote the unique, high value contribution of the CNS to the health and well-being of individuals, families, groups and communities, and promote and advance the practice of nursing in the state of Georgia. Monica Tennant, APRN, MSN, CCNS will serve as Chapter Chair.

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.

Your contribution to GN-PAC today will help GNA continue to protect your ability to practice and earn a living in Georgia. Your contribution will also support candidates for office who are strong advocates on behalf of nursing. By contributing \$50 or more, you'll also become an official member of GN-PAC. To contribute, complete the form below and return it to:

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



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gfjohns57@yahoo.com
VACANT
patrice.pierce@maconstate.edu

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Central Savannah River Area Chapter

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VACANT
Sandy Turner, Chair

mcassity@armc.org
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sturner@georgiahealth.edu

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ngakats09@gmail.com
wagners@optilink.us
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vbrock@highlands.edu

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davis107@charter.net
sandra.dukes@va.gov
ccholt@bellsouth.net
bettylane@clayton.edu
davis107@charter.net

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kjkoon@nctv.com
mccanncl@plu.edu
kjkoon@nctv.com
VACANT
dowright@comcast.net

Southwest Region

Nursing Collaborative of South Georgia
Southwest Georgia Chapter of GNA

Kimberly Gordon, Regional Coordinator
Robert Keen, Chair
Pamela Amos, Chair

kimberly.gordon@sgmc.org
robert.keen@sgmc.org
mike.pam.amos@gmail.com

Shared Interest Chapters

Clinical Nurse Specialist (CNS) Chapter
GNA Informatics Chapter
GNA Informatics Chapter
Nursing's Future Leaders Chapter

Monica Tennant, Chair
Roy Simpson, Chair
Kaye Dawson, Co-chair
Aimee Dotson-Manion, Interim Chair

man0032@yahoo.com
rsimpson@cerner.com
kdawson@armc.org
dotsonae@aol.com

I Want to Get Involved: Creating a Chapter

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

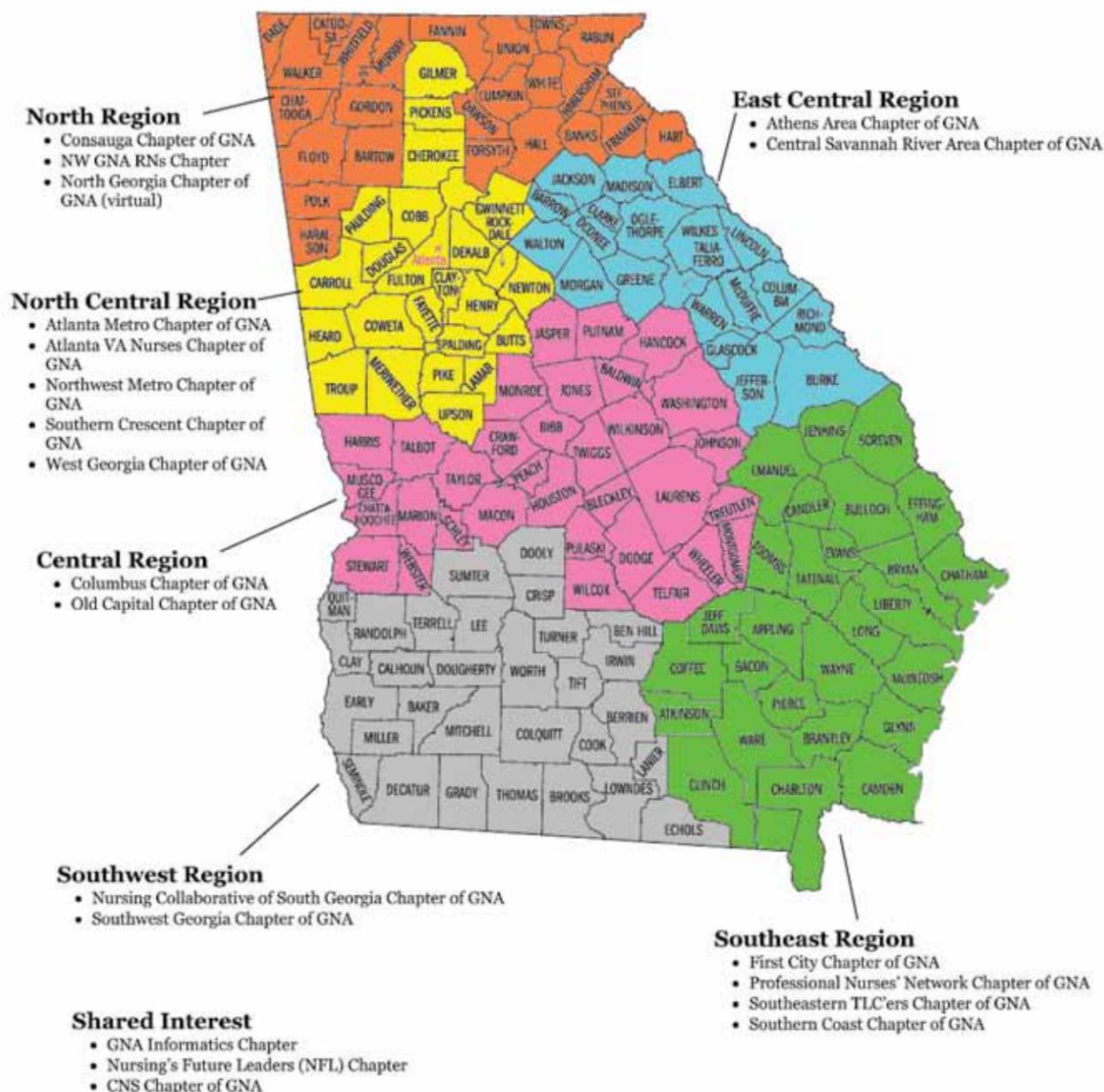
Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has 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 May 19, 2012



MEMBERSHIP

Welcome New & Returning GNA Members

March 2012 Members

Alicia Carson, Rex, GA
 Alisa Allicock, Athens, GA
 Angela Dogins, Lawrenceville, GA
 Audrey Odom, Douglasville, GA
 Beth Hartman, Evans, GA
 Carine St. Fleur, Lawrenceville, GA
 Carolyn Jeffery, Savannah, GA
 Carolyn Robinson, Lake Spivey, GA
 Cassie Ferguson, Centerville, GA
 Catherine Stites, Statham, GA
 Chalton Gray, Winder, GA
 Charlene Martin, Augusta, GA
 Cheryl Hodges, Sandersville, GA
 Darlene Smith, Pooler, GA
 Davita Adanuvor, Alpharetta, GA
 Debra Sharpton, Douglasville, GA
 Elena Irmen, Marietta, GA
 Elizabeth Dixon, Savannah, GA
 Elizziebeth Smith Loganville, GA
 Holly Marbut, Athens, GA
 Jane Holik, Macon, GA
 Janie Hamilton, Evans, GA
 Jeffrey Prescott, Alpharetta, GA
 John Chapman, Sautee Nacoochee, GA
 Joysline Ndungu, Powder Springs, GA
 Karen Boyer, Richmond Hill, GA
 Latonya Minor, Marietta, GA
 Laura Orlando, Dacula, GA
 Leslie Edwards, Smyrna, GA
 Mary Dillard, Silver Creek, GA
 Mary Wysochansky, Americus, GA
 Michelle Caesar, Conyers, GA
 Nerissa Belcher, Decatur, GA
 Nicole Yarab, Tucker, GA
 Petra Blasko, Johns Creek, GA
 Ruby Davis, Lafayette, GA
 Sally Weinrich, Lexington, GA
 Savannah Agee-Magee, Evans, GA
 Stephanie Bennett, Bishop, GA

April 2012 Members

Angel Boulware, Bethlehem, GA
 Angela Ward, Lithonia, GA
 Barbara Cooper, Fayetteville, GA
 Barbara Pearce, Valdosta, GA
 Beatrice Hurt, Cordele, GA
 Betty Speir, Carrollton, GA
 Billie Blackburn, Lincolnton, GA
 Daphne Wilson, Elberton, GA
 Dean Baker, Juliette, GA
 Donna Whitehead, Waleska, GA
 Esohe Godfrey, Tyrone, GA
 Heather Drake, Rincon, GA
 Jennifer Lawson, Carrollton, GA
 Juliette Gbanga, Stockbridge, GA
 Kathryn Hawkins, Kingsland, GA
 Latonia Trawick, Atlanta, GA
 Latoya Simon, Dallas, GA
 Laurie Moore, Alpharetta, GA
 Mandy Cranney, Phenix City, AL
 Margaret Bishop, Savannah, GA
 Martha Dodd, Athens, GA
 Mary Gullatte, Marietta, GA
 Matilda Ansah, Johns Creek, GA
 Maya Jackson, Jonesboro, GA
 Nicole Watts-Williams, Rex, GA
 Nikal Redwine, Dallas, GA
 Nina Richards, Atlanta, GA
 Patricia Rolleston, Marietta, GA
 Pearlie Brown, Brunswick, GA
 Susan Wiggins, Jonesboro, GA
 Tabitha Johnson-Green, Sandersville, GA
 Vicki Snow, Canton, GA
 Virginia Domico, Suwannee, GA

May 2012 Members

Adaora Okeke, Flowery Branch, GA
 Andrea Mahaffee, Warner Robins, GA
 Caitlin Rosa, Decatur, GA
 Celeste Trowers, Canton, GA
 Celestina Aniekwe, Norcross, GA
 Chevon Kirk, Lithonia, GA
 Chikita Mann, Powder Springs, GA
 Crystal Harris, Murrayville, GA
 Danine Polosky, Erie, MI
 Deborah Prather, Locust Grove, GA
 Elizabeth Howell, Rhine, GA
 Erin Kelsch, Richmond Hill, GA
 Faith Botchey, Buford, GA
 Gisela Herman, Warner Robins, GA
 Heidibeth Adams, Douglasville, GA
 Jacquelyn Byrd, Atlanta, GA
 Janice Muhammad, Riverdale, GA
 Joseph Provost, McDonough, GA
 Kali Crosby, Suwanee, GA
 Karen Bamberg, Jesup, GA
 Kelly Gooch, Flowery Branch, GA
 Kim Bunker, Milton, GA
 Krista Kyle, Loganville, GA
 Kym Mwansa, Alpharetta, GA
 Latisha Graham, Duluth, GA
 Laura Yarbrough, Acworth, GA
 Laurie Davis, Martinez, GA
 Linda Vanosdol, Warner Robins, GA
 Mary Sebring, Savannah, GA
 Melissa Baughcum, Winterville, GA
 Michelle Jackson-Tanksley, Evans, GA
 Rahshon Muhammad, Snellville, GA
 Sabrina Keating, Vidalia, GA
 Sara White, Atlanta, GA
 Shikira Jones, Stone Mountain, GA
 Susan Ashford, Newnan, GA
 Tracy Perry, Covington, GA
 Tricia Kanazawa, Cobb, GA
 Yvonne Numbia, Alpharetta, GA



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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 Members-Only E-News and Legislative Updates – 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 Career Center – Find a new job on GNA's online career center, www.georgianurses.org.

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!

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.

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

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.

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.

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.

Connect with Leaders in the nursing profession – GNA/ANA members will find numerous opportunities to connect with peers through special events, chapter involvement, the GNA web site 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.

GANSG12-03

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: Staff Nurse New Graduate	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 _____



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 - CNS/Nurse Educator-Critical Care
 - CNS/Nurse Educator-Emergency
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 - Clinical Coordinator-Nights
- EMERGENCY ROOM**
 - Staff RNs-FT & PRN Days & Nights
- TELEMETRY**
 - Staff RNs-FT Nights
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 - Staff RNs-PRN
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 - Staff RNs-PRN All Shifts
- MOTHER/BABY**
 - Staff RNs-PRN and FT, Nights

To see a complete listing of our openings, please visit us at www.dekalbmedical.org/careers. Please submit your resume via our on-line application system. EOE



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