Happy New Year! I hope you had a wonderful holiday season and are now ready to move forward into 2009.

Recently, I heard the term “emotional agility” used to describe someone who can easily, freely and consciously move their emotions from one end of the spectrum to the other. It’s a characteristic of leaders who handle themselves well in difficult situations. It’s also a skill of excellent communicators. The term is relevant in today’s society as many of our interactions involve some degree of emotions. I believe it applies to an even greater extent to nurses.

The basis of our profession is caring, compassion and concern for our fellow human beings, if not for all living creatures. It’s not unusual for us to wear our emotions “on our sleeves” and subject ourselves to emotional decision-making and judgments. Furthermore, these emotions become the basis for justifying those decisions or judgments we make, unfortunately, without clearly identifying the facts. In the midst of stressful situations, we might let our emotions “on our sleeves” and subject ourselves to emotional decision-making and judgments.

With the U.S. economy suffering one of the worst recessions in modern history, Americans have been tightening their belts and finding creative ways to make their hard-earned dollars go further. Examples of the recession are all around us. Since last fall, when economists declared that the country had been in an economic recession since 2007 and layoff numbers began to rise astronomically, we’ve seen all sorts of things we’ve never seen before. This goes beyond the collapse of huge investment banks like Lehman Brothers. People are driving less. Restaurants, airlines and tourism businesses have suffered tremendously, department stores are closing and corporations have been cutting jobs by the thousands. We’re also beginning to see the effects of the economic recession upon nursing.

With the ongoing nursing shortage, common sense would suggest that nursing is generally recession-proof. Recent numbers from the Bureau of Labor Statistics of the Department of Labor do support this assumption. The health care industry is one of only two sectors, along with government, that actually added jobs in November, according to the Bureau of Labor Statistics numbers. Health care employment grew by 34,000 jobs in November 2008. The health care sector has also added 369,000 jobs since November 2007.

Among the survey’s findings:
- The greatest percentage of respondents (49 percent) said health care would probably offer good-paying jobs with benefits in today’s economy, compared with the next-highest field, information technology at 29 percent.
- 69 percent of health care workers said they feel “very secure” in their jobs compared with 42 percent of workers in other sectors.
- Nine percent of health care workers said they are in the right field and plan to advance, compared with 35 percent of workers outside the health field.

Cheryl Peterson, director of nursing practice and policy for the American Nurses Association (ANA), is quick to point out that numbers like this can be a bit misleading. Yes, nursing is one of the few professions in which people are being hired, but that doesn’t mean nurses won’t feel the effects of the current economy.

“Nursing is one of the best jobs you can have when the economy isn’t doing well, but I don’t think it’s safe to say that nursing is ‘recession-proof,’” said Peterson. “Especially when we hear daily that hospitals may be forced to close down, freeze hiring and cut their staffs. This has a ripple effect upon the registered nurse.

Because of the downturn, hospitals around the country report fewer patients and are now more unsecured, which erodes operating margins. Investment losses have shrunk the value of cash reserves. Investors continue to balk at long-term bonds that finance hospitals’ capital spending on equipment, technology and construction. Many hospitals are beginning to cut back on assisted, “non-essential” personnel. This brings more responsibility in providing patient care to the RN.

Peterson, who has been working for ANA since 1990, says the current situation reminds her of what the health care industry saw in the early ’90s.

“The discussion of whether nursing is recession-proof is complex,” Peterson adds. “There are nursing jobs out there and the health care sector is hiring. We may even see a temporary easing of the nursing shortage, but we still have this looming crisis in about 2015, where much of the current workforce is retiring and there’s no one to fill their shoes. In addition, the jobs that are available may not be ‘first-choice’ jobs.

“The bottom line is if people around you are laid off, it will have an impact on the ability of the nurse to provide safe, quality patient care.”

Another way the sluggish economy could impact nursing is the effect it may have on President Barack Obama’s plans to reform health care. According to a December Gallup poll, 64 percent of Americans expect President Obama to “improve the health care system.” Analysts say President Obama’s health plan could cost the U.S. government $1.2 trillion from 2010 to 2019. With Congress already spending more than $700 billion to bail out banks, automakers and more, the obvious question becomes: Where will the government get the money?
I know I’ve responded in all these ways before, even in my adult life. How do these emotions become so strong? I know I’ve responded in all these ways before, even in my adult life. How do these emotions become so strong? Did I perhaps let my passion speak too loud? Did my stress level affect my ability to consciously think and express myself without sounding like a bulldozer? Many times during those years I questioned my emotional agility, although I didn’t have a name for it at the time. Thankfully, I’ve grown since then and in retrospect am reminded of one of my favorite quotes by Winston Churchill: “Never, never, never give up.” I’m grateful that my colleagues continued the work. Stakes are High

CONCLUSIONS

As you begin to consider the ways in which you communicate professionally, I look forward to a productive year in 2009 filled with many opportunities to master the art of emotional agility. Please share any encounters that either go extremely well for you or that you take as a lesson learned.

Reference


Balkstra is current president of the Georgia Nurses Association.
Bringing Leadership and Awareness for a Productive 2009

by Deborah Hackman, CAE

With the convergence of the Obama health care reform package; the recession downturn in the economy affecting entire sectors including health care, state budgets and academia; and enrollment in U.S. nursing schools hitting an eight-year low, it does not take a clairvoyant to predict the need for vigilant leadership from within the nursing community to bring solutions to these important issues. According to a recent media release from The American Association of Colleges of Nursing (AACN): The nation’s nursing schools are facing considerable barriers to expanding student capacity despite the calls for more nurses to replace the large segment of the workforce expected to retire within the next 10 years.” AACN’s latest data from their 28th annual survey confirms that interest in nursing careers remains high with schools of nursing receiving many more qualified applications than can be accommodated. AACN data reflect actual counts reported in fall 2008 by nursing schools, not projections or estimates based on past reporting. Most schools point to a shortage of faculty as the primary reason for turning away students. AACN expects this number to increase when final data is available in March 2009.

“The significant drop in the number of students turned away may indicate that students, frustrated in their attempts to enroll in nursing programs, are moving on and seeking careers in other fields,” said AACN President Dr. Fay Raines. “If our nation’s nursing schools are facing considerable barriers to expanding student capacity despite the calls for more nurses to replace the large segment of the workforce expected to retire within the next 10 years,” AACN’s latest data from their 28th annual survey confirms that interest in nursing careers remains high with schools of nursing receiving many more qualified applications than can be accommodated. AACN data reflect actual counts reported in fall 2008 by nursing schools, not projections or estimates based on past reporting. Most schools point to a shortage of faculty as the primary reason for turning away students. AACN expects this number to increase when final data is available in March 2009.

In other news, the American Nurses Association on behalf of the larger nursing community has announced the release of a first-of-its-kind study quantifying the economic value of nursing. The study was conducted by the Lewin Group supported by grants from ANA’s Nursing Agenda for the Future project which is a coalition of nursing associations dedicated to addressing nursing workforce issues. This research is the result of years of analysis of data on the correlation between patient outcomes and nurse staffing levels. To read the complete article please visit www.bnnw-medicalcare.com. This nurse-funded study culled findings from 28 different studies and provides a model that shows how nurses affect the delivery of cost-effective, high quality care and prevent adverse events. The study includes estimates on number of lives saved, decreased hospital days, increased national productivity related to more rapid recovery and medical savings estimated at $6.1 billion, or $46,000 per additional RN per year. The report demonstrates that health care facilities cannot realize the full economic value of professional nursing due to current reimbursement systems. The survey used hospital discharge data to estimate incidence and cost of these patient outcomes together with productivity measures to estimate the economic implications of changes in registered nurse staffing levels. Improved understanding of the economic value of registered nurse services can help inform staffing decisions and policies.

As part of ANA’s commitment to the principle that health care is a basic human right, the Association submitted a statement to the U.S. Senate Finance Committee’s hearing on health care reform, emphasizing the need to address workforce issues along with issues of quality, access and cost. ANA has pursued its ambitious agenda on health system reform through a series of public and private sector advocacy and education efforts, using as its foundation, the tenets of ANA’s Health Care Agenda 2005.

GNA and ANA continue to engage in multiple efforts to raise public and governmental awareness to the need for health system reform. In a recent survey done with RN’s by SmartBrief, Inc. here is what the respondents said they most wanted to see addressed on the national stage in 2009:

- Access to health care for all 58%
- Shortage of nurses and doctors 28%
- Hospital and patient safety 10%
- Health IT adoption 4%

These studies clearly indicate that health care system changes are necessary and the capacity of nursing schools to educate enough new RNs remains a barrier. Nurses can bring knowledge, constructive debate and evidence-based solutions to these challenges. GNA continues to engage our members locally and nationally in contributing to and benefitting from this leadership.
During an episode of illness, patients may receive care in multiple settings, putting them at risk for fragmented care. Clinicians recognize that during the course of illness, a patient is likely to interact with multiple health care providers, often in a variety of settings. This may include nurses, physicians, therapists, and other health care providers in non-hospital settings, such as skilled nursing facilities and home care staff to name just a few. Our health care system is a complex maze that patients must learn to navigate in order to receive care.

Increasingly, there is evidence of serious deficiencies in quality of care for those moving through this maze. Studies have shown that transitions among provider settings can jeopardize patient safety and quality of care. The task of improving the safety and quality of care transitions in three Georgia counties. The Care Transitions community consists of hospitals, home health agencies, long-term care facilities, hospices and community resource providers within each of the three counties. Supporters of the project include the Georgia Nurses Association (GNA), Georgia Hospital Association (GHA), Rosalynn Carter Institute for Caregiving, the National Transitions of Care Coalition.

“The Care Transitions initiative tackles some of the most pervasive and troubling problems facing Medicare beneficiaries as they leave the hospital,” said Barry M. Straube, M.D., CMS Chief Medical Officer and Director of CMS’ Office of Clinical Standards & Quality of the GMCF project. “This includes medication errors, misunderstandings about the likely course of their condition(s), lack of skills and confidence in the patient to follow instructions, and other care system shortcomings that end up making far too many Medicare patients come back to the hospital within a few days or weeks.

“Making the health care delivery system work reliably for very sick Medicare beneficiaries requires linking all clinical care providers and ensuring that transitions are thoroughly reliable. This work can only succeed when all of the community is engaged and working together, so the QIOs will serve to catalyze and coordinate the work across all care settings in the community.”

The involvement of care providers, especially nurses, within these environments is crucial to success. One such nurse is Georgia Nurses Association President Cindy Ballstra, MS, RN, CNS-BC. Ballstra is a member of the GMCF Care Transitions advisory board, and she has played a major role in offering guidance to GMCF for this project as quality advisor.

“The problems that we face as nurses are very complex,” said Ballstra during the kickoff meeting in November 2008, presenting her views to the Care Transitions community. “An unreconciled medication list, incomplete discharge instructions, the variety of providers—coordinating the care is really a daunting task. I appreciate the role GMCF has taken in leading this initiative.”

Dr. Eric Coleman leads another aspect of the project: “The Care Transitions Intervention: A Patient-centered Approach to Ensuring Effective Transfers between Sites of Geriatric Care.” The Care Transitions Intervention is a self-management intervention designed to encourage patients and families to assert a more active role in their health care during transitions. A comprehensive description of the intervention can be found at www.caretransitions.org.

The Care Transitions Intervention promotes patient-centered care by helping patients achieve symptom management and self-identified functional goals. This intervention promotes greater value in health care through reduction in rates of re-hospitalization, with accompanying reduction in health care costs. Nearly one in five Medicare beneficiaries is re-hospitalized within 90 days. Improving health care processes throughout the community will not only reduce costs, but more importantly, improve the safety and quality of care for our patients. Improving efficiency with this patient-centered approach will also reduce the redundancy in our current systems. Learn more about the local project by visiting the GMCF Web site’s Care Transitions section, at www.gmcf.org/caretransitions.

How can nursing professionals in Georgia support this effort? By participating in the Care Transitions project within the GNA community. Help the community of providers understand the issues surrounding transitions in care by sharing your stories, barriers and successes that occur as patients transition within your environment.

You can make this happen by communicating with GNA members through GNA’s Communities of Practice. GNA's Communities of Practice is an online forum for Georgia Nurses Association members to collaborate in discussions and share items of interest with other community members. This online member benefit is designed to be adaptive to the ever-changing need for instant information through shared interest forums. To access GNA’s Communities of Practice, visit http://cop.georgianurses.org/COP.

In a ceremony at Emory University Hospital, Georgia Nurses Association Chief Executive Officer Debbie Hackman, CAE, presented Emory Healthcare of Atlanta with the American Nurses Association’s 2007-2008 Best Practices in Seasonal Influenza Vaccination Award. This is the second year in a row that Emory Healthcare has been recognized for its successful employee seasonal flu vaccination program.

“We are very proud of Cindy Hall who led this effort for Emory Healthcare and the team of nurses, nurse practitioners and physicians who have helped to achieve this goal,” said Chief Nursing Officer Susan M. Grant, MS, RN, NEA, of Emory Healthcare. “We will continue to strive to achieve 100 percent compliance every year. Getting the flu shot is a way that every health care worker can directly contribute to improving care outcomes for our patients.”

In January 2008, ANA announced the 2007-2008 Best Practices in Seasonal Influenza Vaccination Campaign. The project is a continuation of the 2006-2007 campaign, funded by sanofi pasteur. The goal of the program is to learn from successful vaccination programs to assist other organizations to increase their rates of seasonal influenza vaccinations, incorporating highlighted effective elements from the awarded programs.

“Georgia Nurses Association and ANA continue to work on a collaborative basis with others to encourage better seasonal influenza vaccination rates among registered nurses and other health care personnel,” CEO Hackman said. “Emory Healthcare has done a wonderful job of setting the bar high in the Atlanta area community by encouraging the vaccination of their employees, enabling wellness protection for them and their patients. We’d like to commend their leadership in setting an excellent example on a national level.”

The other three national award recipients include: The Children’s Hospital of Philadelphia, Philadelphia, PA; Cook Children’s Health Care System, Fort Worth, TX and Genesis Health System, Davenport, IA.

“Georgia Nurses Association congratulates Emory Healthcare, Associate Director of Employee Health Cindy Hall RN, COHN-S/CM, Chief Nursing Officer Susan Grant and the other staff leaders for their successful work on this campaign,” added CEO Hackman. "Emory’s quality and leadership is recognized across the nation, and we are so glad to have them here in Georgia."

Information about the criteria necessary for this award can be found on ANA’s Web site at: http://www.nursingworld.org/MainMenuCategories/OccupationalandEnvironmental/occupationalhealth/influenza.aspx.

GNA Recognizes Emory Healthcare With ANA’s Best Practices in Seasonal Influenza Vaccination Campaign Award
University System of Georgia's Board of Regents introduces Nursing Survey

Center for Health Workforce Planning and Analysis hopes survey will provide useful data on GA's nursing workforce

The Center for Health Workforce Planning and Analysis of the University System of Georgia's Board of Regents has just completed the first phase of a new registered nurse (RN) workforce survey. This survey of all currently licensed registered nurses in Georgia was created to collect data on basic characteristics of the nurse population including their demographics, pre-licensure nursing education, type of licensure, employment and more.

“At this point, we don’t know how many people are working in nursing, because we have many who are licensed as RNs, but aren’t working in the field currently,” said Dr. Darra O’Neil, director of Healthcare Workforce Research for the University System. “For instance, many retired nurses keep their license active, but are not actively employed. We cannot simply rely on the number of licensed nurses with the Board of Nursing to get a count of working nurses in Georgia.”

Dr. O’Neil hopes this basic survey of approximately 20 questions will provide useful data on Georgia’s nursing workforce. The survey is being linked from the last page of an online RN licensure renewal through the Board of Nursing (BON). The BON reports that 98 percent of RNs complete their licensure renewal online. After completing the licensure renewal form on the BON Web site, the RN will be also be sent a link to complete the short survey. Many other states collect this information annually, but Georgia has not conducted a statewide RN workforce survey since 2001.

“As we move forward, we’ll be able to use these results to provide crucial information about Georgia’s nursing workforce to legislators and key policy makers,” added Dr. O’Neil. “Not only will we be able to provide information about the characteristics of the current workforce, but we should also get data on the extremity of the nursing shortage.

“You really can’t make good decisions without good data,” Dr. O’Neil concludes. “So, we hope that the survey will provide a good snapshot of Georgia’s nursing workforce, so that we can get a better idea of the state’s progress in addressing the nursing shortage.”

Nurses are on a two-year license renewal cycle, so USB aims to survey half of Georgia’s more than 100,000 RNs this year and half next year. All reports created with the survey results will be made publicly available on the University System’s Web site (www.usg.edu).

GNA and Partners Encourage Health Care Community to Begin Pan Flu Planning

Facing the daily challenges of patient care is demanding enough without thinking about the possibility of a public health emergency. To encourage health care providers in Georgia to begin pandemic influenza planning the Georgia Nurses Association (GNA) has partnered with the Medical Association of Georgia (MAG), the Georgia Association of Physicians Assistants (GAPA) and the Georgia Division of Public Health (GDPH) to foster awareness and encourage the use of the “Pandemic Planning Kit for Outpatient Providers.”

The Kit provides guidance for health care providers to become better prepared for a pandemic flu outbreak. Outpatient clinics are busy and many become overwhelmed with increased patient load and staff absences at the height of the annual flu season, so pandemic planning at the health care provider level is critical to Georgia’s coordinated preparedness efforts.

“We do not know how bad the next pandemic will be, so we are preparing for the worst,” said GNA President Cindy R. Balkstra, MS, RN, CNS-BC. “Health care professionals need to be prepared, personally and professionally, to handle the strain to the system that even a mild pandemic will bring.”

GNA members will remember in 2001, the Association and GNP joined forces with three other Georgia organizations to create the Georgia Nurse Alert System (GNAS), which became a national model for volunteer emergency response networks. The network is still going strong as part of the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). Nurses can prepare for disasters, such as pandemic flu outbreak, by signing up for GNAS online at www.servga.gov.

The new Pandemic Planning Kit includes an overview of the potential impact of a pandemic on the state, private practices, health care providers, their patients as well as the larger community. In addition to providing necessary context for pandemic risks, the document encourages health care professionals to access local, state and federal planning expertise to connect with a wide array of preparedness partners. The Kit, GDPH is working with providers to enhance disease surveillance. With early detection of a pandemic or disease threat to a community, public health can work with health care providers and other partners to activate plans and implement control measures that could ultimately limit the spread of disease and reduce the impact of a pandemic on your community.

By bringing together a broad range of partners from the health care community, GDPH is making every effort to ensure that the state’s pandemic planning efforts are inclusive and thorough.

“Nurses, physicians and PAs are the backbone of the health care system, and it is critical that they are engaged in pandemic planning,” explained Sandra E. Ford, MD, MBA, FAAP, acting director, Division of Public Health, Georgia Department of Human Resources. “Their participation before a disaster helps state and local public health departments understand and support their needs during an emergency.”

“One of the most important truths in preparedness is that you cannot plan in a vacuum. Georgians should be proud that the state’s health care professionals are supporting pandemic preparedness with such enthusiasm,” added Carole Jakewy, RN, MPH, Chief Nurse, Division of Public Health. “An effective plan represents the process of engaging partners in a discussion of resources and expectations brought to bear during an emergency.”

The impact of pandemic influenza planning will be felt throughout the public health system. By working together with public health to prepare for a pandemic, nurses, physicians, health care professionals and public health officials will have more opportunities to partner on regular basis.

“We have seen time and again, that when public health and health care providers communicate effectively, everyone wins,” said Dr. Ford. “We are able to improve disease detection and response and volunteer recruitment, and providers are better able to access resources for their patients.”

For a copy of the “Pandemic Planning Kit for Outpatient Providers,” to learn more about seasonal and pandemic flu planning, find out how to report diseases, or learn more about public health, contact your local health department or visit www.health.state.ga.us.

For health care professionals and others interested in volunteering or participating in GNAS, visit www.servga.gov.

For the latest on U.S. flu activity, or to learn more about seasonal vaccination, visit www.cdc.gov/flu.
2009 Convention

GNA: Connecting Great People and Great Ideas!

2009 Georgia Nurses Association Membership Assembly & Convention

SAVE THE DATE!

by Wendy McGar
Director of Member Services & Events

Don’t miss out on the largest gathering of registered nurses in the state. The 2009 Georgia Nurses Association Membership Assembly & Convention will be at the Classic Center in Athens, October 7–9. So, be sure to mark your calendars!

Our theme, GNA: Connecting Great People and Great Ideas, offers you the rare opportunity to do just that. We believe connecting our “great nurses” from across the state will allow everyone the chance to see and source the latest and greatest the nursing industry has to offer in the way of practice, connecting with nurse leaders, continuing education, new products, career opportunities, equipment and much more.

The Georgia Nurses Association (GNA) has been supporting the advancement of the profession and patient safety with nurses for more than 100 years. The GNA Convention is an industry event that offers attendees unique education and interaction among leaders in a relaxed, professional environment. Nurses from all over Georgia will meet to exchange new ideas, discuss current practice issues and hear from captains of the industry. What could be more energizing?

In addition to the great opportunities at the Membership Assembly & Convention, the city of Athens is a wonderful place to visit. With its pedestrian-friendly downtown area, Athens offers visitors an eclectic mix of fun restaurants, shopping, great live entertainment, quiet coffee shops and more. For further information about downtown Athens, please visit www.DowntownAthensGA.com.

Don’t forget to make your hotel reservation! GNA’s host hotel, The Classic City Hilton Garden Inn, Athens, GA, is offering a discounted rate to those attending the 2009 GNA Membership Assembly & Convention. You can make your hotel reservation now. Go to www.hiltongardeninn.com and use the group/convention code GNA, or call the hotel directly at (706) 286-1287 to let them know you want to be included in the GNA room block. The GNA room block deadline is Friday, September 25, 2009.

Remember to visit our Web site, www.georgianurses.org for continuing updates on the convention and registration information. We look forward to seeing you there!
GNA Convention 2009 - Call for Abstracts

The 2009 Georgia Nurses Association Membership Assembly & Convention will be at the Classic Center in Athens, October 7-9. GNA's Convention has been a forum for registered nurses in Georgia who support the advancement of the nursing profession and patient safety for over 100 years. GNA is seeking abstracts for speakers for its 2009 Convention for workshops, plenary sessions and other potential programs. The convention theme is GNA: Connecting Great People and Great Ideas.

A one-page typed abstract on a nursing topic of current interest related to the convention theme will be accepted by email or regular mail. Submitted abstracts must state the complete title, author's name, credentials, institutional affiliation, phone/fax and email, and include the mode of presentation. If more than one author is listed, please indicate who will serve as the contact person. Most sessions are 60 minutes in length.

Abstracts must include:
- Two-three learner objectives (i.e., measurable outcomes of the presentation that complete the sentence, “The learner will be able to...”)
- Purpose of the project, study or issue under review
- Evidence and significance
- Approach or method used in developing the project, study or issue review
- Major outcomes
- Conclusions and implications

Abstracts will be selected on CE time available on the Convention schedule and on the basis of merit through review by the GNA CE Provider Unit. One speaker per abstract whose abstracts are accepted will receive a complimentary registration fee (meals excluded) to the 2009 GNA Membership Assembly.

Submission date: The call for abstracts closes at the end of the business day on March 15, 2009. Please submit abstracts to: dhatmaker@georgianurses.org or mail to: Dr. Debbie Hatmaker, PLAB, RN-BC, SANE-A, 3032 Briarcliff Road NE, Atlanta, Georgia 30329.

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 Secretary by February 1, 2009. Proposed changes shall be appended to the call to the meeting. Please submit all Bylaws Amendment Proposals to Rebecca Wheeler, GNA Secretary, via email c/o ceo@georgianurses.org.

GNA/GNF Call for Award Nominations

The Georgia Nurses Association recognizes nurses in various disciplines for their accomplishments during the year. These awards will be presented during GNA's 2009 Membership Assembly. Nominations are being sought for the Staff Nurse Award, Ludie Andrews Award and Media Award. GNF will also accept nominations for the Mary N. Long Award for Innovations in Nursing Practice. The deadline for submission of nominations is July 1, 2009. For more information on award criteria, visit http://www.georgianurses.org/callforawards.htm.

Official Call to the Membership to attend the Biennial Meeting of the GNA Membership Assembly in Athens, Georgia

October 8-9, 2009

From Rebecca Wheeler, RN, MA

GNA Secretary

This notice constitutes an official call to meeting of the 2009 GNA Membership Assembly. The assembly will be held October 8-9, 2009, in Athens, Georgia. The Membership Assembly will convene at the Athens Classic Center in Athens, Georgia. Additional information and a tentative agenda will be posted on the GNA web site in 2009 at www.georgianurses.org.

Due to the new structure of the association adopted by the 2005 GNA House of Delegates, the GNA Membership Assembly is now composed of the members of the association thereby allowing each member the privilege to vote. Full members (ANA/GNA members) may vote on any issue brought before the Assembly and State members (GNA only members) may vote on any issue that does not have national relevance. Each member is expected to study the issues thoroughly, attend reference hearings, engage in open-minded debate, practice active listening, and use the extensive resources and collective knowledge made available throughout the meetings to assist them in making informed decisions. Members of the GNA Membership Assembly have a crucial role in providing direction and support for the work of the state organization. You should come to the assembly to work towards the growth and improvement of GNA. This requires a professional commitment to the preservation and creative growth of the professional society at all levels of the organization. Such a commitment will benefit the individual member, the association and the nursing profession.

GNA Silent Auction to be held at 2009 GNA Convention

The Georgia Nurses Foundation (GNF) will host a silent auction event at GNA's 2009 Membership Assembly and Convention, October 7-9, in Athens, GA. GNF is requesting the donation of items of interest to the nurse attendees. Donated items (along with their estimated value) can be sent to or dropped off at GNA headquarters anytime prior to September 30, 2009. All proceeds will benefit GNF, a non-profit 501(c)3 organization. For more information or to donate an item, please contact Linda Eastery at lindare@atlhal.net.

Additional Continuing Education Opportunities

Friday, February 6, 2009

Delirium: It's Not All in Your Head
Number of Contact Hours: 5.5 hours

Twelve Atlantic Station
361 17th Street NW
Atlanta, Georgia 30303

CE Provider Name: Emory Healthcare
Supporter: Nell Hodgson Woodruff School of Nursing, Emory University

For more information, contact Sally Lehr, Ph.D., APRN, BC, FAANS, CIRTF, (404) 727-1639 or send e-mail to s Lehr@emory.edu.

Cost: All students $85; Emory, Wesley Woods, & Neurology Faculty and Staff $35; Others $45; Postmarked after January 31st $55; At door (space permitting) $65.

If you would like to have your Continuing Education Activity published on the web, and in Georgia Nursing (deadline permitting) please send email to ce@georgianurses.org.
The Reference Committee is seeking Action/Informational Reports for the 2009 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 aid 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?


• 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. For the format of an Action Report or Information Report, go to www.georgianurses.org/format or contact headquarters at 404-325-5536. A completed action report from a previous GNA Membership Assembly is also available at www.georgianurses.org/sample.

Please complete ONE Letter of Intent per action report to be submitted for review by the Reference Committee for the 2009 Membership Assembly. All Letters of Intent, whether faxed, emailed, or hand-delivered are due to GNA by 5:00 PM EST on March 1, 2009. The deadline for submission of an Action Report is June 1, 2009.

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 Fax: 404-325-0407 Email: reference@georgianurses.org
money? The Obama administration has stated that reform could be funded from savings in improvements in the health system, and potentially letting the Bush administration’s tax cuts expire. However, speculation abounds.

At home in Georgia, recent data from the Georgia Department of Labor suggests that by 2016, the health care field will account for one in every 12 new jobs in the state. The data identifies registered nurse (RN) as a “hot” career path. Current economic conditions could delay the Department’s projections, but health care job growth will eventually occur in Georgia. The Labor Department’s occupational outlook also projects the number of registered nurses to grow by about 3.5 percent in many different areas in the state by 2014.

GNA nursing leaders remain vigilant in addressing issues that affect the nursing workforce and the workplace, so they can guide their colleagues through these tough times. Georgia Nurses Association President Cindy Balkstra is among those who caution against assuming that hospitals are doing a lot of hiring in the current economic environment.

“I think people are assuming that because of the nursing shortage, there are a plethora of ideal nursing jobs available,” said Balkstra. “Rather, there are jobs but they may not be day shift, no weekends/no holidays. That being said, it is somewhat misleading because we keep getting mixed messages, especially from the mainstream media. On one hand you have the size of the nursing workforce that’s holding steady or even growing slightly. Then, you hear about hospitals in the state that are hurting financially, so they’re cutting back the size of their staff. However, the layoffs or hiring freezes do not always affect direct caregivers, often they hit middle management first.”

Balkstra’s statement echoes some of the news we saw at the end of 2008. In December, Southern Regional Health System’s CEO Edward J. Bonn resigned as company president and CEO. Bonn’s announcement came just days after the Clayton County Board of Commissioners refused to issue bonds to save the hospital. The hospital said that in 2008 it provided $80 million in care to indigent patients. Southern Regional was ultimately bailed out, but the news served notice that Georgia’s health care industry would not be spared from the recession.

Also in late December, Piedmont Healthcare Inc. announced plans to delay building a new $194 million health care facility in Newnan, due to a “a decline in admissions and elective procedures, resulting in reduced revenues.” In early January, a request from Grady Hospital for a $30 million donation was denied by other Georgia hospitals who just don’t have the funds.

At press time, The Georgia Department of Labor (GDOL) reported that the state’s seasonally adjusted unemployment rate rose to 7.5 percent in November, the highest rate in more than 25 years. Labor Commissioner Michael Thurmond called on Georgians to consider upgrading their skills and employability by enrolling at one of the state’s two-year colleges and technical colleges.

“The 2007 GNA Membership Assembly identified the nursing shortage as the organization’s number one concern; as a result, this is a cornerstone of GNA’s written strategic plan,” said GNA Chief Executive Officer Deborah Hackman, CAE. “In response to the membership, GNA addresses this concern through its legislative priorities and through GNA’s work focused on leadership development, advancing nursing practice and workforce advocacy that can improve recruitment and retention of the nursing workforce in our state.”

GNA recognizes Certified Nurses Day

The Georgia Nurses Association would like to congratulate all certified nurses in Georgia in celebration of Certified Nurses Day on March 19, 2009. Certified Nurses Day is a special day of recognition to celebrate the contribution of board certified nurses to the advancement of nursing professionalism and to higher standards and better outcomes in patient health. For more information on Certified Nurses Day 2009, please visit www.certifiednursesday.org.
Steps toward Safe Staffing Principles

Does Georgia need staffing regulation?

Readers may remember an article introducing the American Nurses Association’s Safe Staffing Principles (www.safestaffingsaveslives.org) in the May, June, July 2008 issue of Georgia Nursing. The article explained how both the Georgia Nurses Association and ANA support the use of safe staffing principles or what is often called “acuity-based staffing,” as opposed to mandating a defined ratio of patients to staff nurse. Working with other stakeholders, such as the Georgia Hospital Association (GHA), to study the need for legislation to implement safe staffing principles in Georgia has been identified as one of GNA’s Top Legislative Issues for 2009. GNA’s Board of Directors voted to endorse ANA’s Principles for Safe Staffing in the summer of 2008 and make this the formal staffing position of the Association.

Based on proposes federal legislation, the following information offers provisions to consider when developing nurse staffing legislation and/or regulations to maximize the safety and quality of patient care in hospitals.

◆ A hospital shall have a staffing committee, with at least 50 percent direct care nurses, responsible for developing a staffing plan and related policy and procedures for implementing the staffing plan, all under the direction of the chief nurse executive.

◆ The staffing plan should include unit and shift specific staffing needs. In developing this plan, nurse managers should consider ANA’s Principles for Nurse Staffing, such as patient characteristics and total number of patients for whom care is being provided. Minimum nurse-to-patient ratios should reflect the national standards as available, from the appropriate nursing specialty group and permit upward adjustment based upon:
  - Individual patient intensity (acuity) reflecting the variability of care needed and unit activity such as new admissions, discharges and transfers.
  - Context within which care is provided including architecture and geography of the environment and available technology.
  - Nursing staff characteristics including staff consistency, preparation and experience, and the competencies of clinical and non-clinical support staff the nurse must collaborate with or supervise.

◆ The staffing plan will be evaluated on an ongoing basis by collecting nursing-sensitive indicators, such as but not limited to: patient falls; pressure ulcers; staff mix; hours per patient day; nursing staff satisfaction; patient satisfaction with nursing care; patient satisfaction with overall care; patient satisfaction with pain management; and patient satisfaction with patient education; turnover and vacancy rates; overtime rates; use of supplemental staffing; musculoskeletal injuries; flexibility of human resources policies and benefits packages; evidence of compliance with applicable federal, state and local regulations; and levels of nurse staff satisfaction.

◆ The staffing plan must be reviewed and evaluated at least annually to determine whether the plan properly assures appropriate care (valid and reliable).

◆ Caregiver protections shall include:
  - Prohibiting the hospital/employer from taking retaliatory action (discharge, suspension, demotion, harassment, denial of employment or promotion, layoff of nursing staff or other adverse action) against a nurse who discloses a policy or practice of the hospital that the nurse believes violates law, rule or professional standards of practice that poses a risk to the health, safety or welfare of a patient or the public.
  - A “mandatory” overtime policy and the documentation of overtime rates, including the basis and justification for the overtime.

Consideration should also be given as to ways in which to determine compliance such as random audits.

The best way to initiate a conversation on the need for Safe Staffing legislation in Georgia is to take a look at what other states are doing. Since 2002, the following states have enacted legislation to either implement staffing plans or to require the creation of staffing committees within hospitals: Texas, Rhode Island, Oregon, Illinois, Washington, Connecticut and Ohio. In 2003, the state of Nevada passed legislation to require the creation of a panel to study the need for staffing legislation. In addition, the states of Illinois, New Jersey and Vermont have passed “public reporting/disclosure” laws since 2003, requiring hospitals and health care facilities to make documents such as hospital report cards, daily staffing information and information on nurse staffing ratios available to the public.

In 1999, California enacted legislation calling for regulations to be adopted that would define the unit specific nurse-to-patient ratios to be utilized in patient care units in all California hospitals. A few states have described in regulations specific ratios in specialty areas such as intensive care and labor and delivery units, but none have mandated ratios in every patient care unit in every hospital as required in California. So far, the results of the less than desirable mandated ratios approach indicate a reduction in hospital services, higher expenses and other negative consequences.

For more information on ANA’s Safe Staffing Principals, please visit www.safestaffingsaveslives.org.
Nurse/Physician relationships
Are we making any progress?

by Dorethea Peters, RN-BC

I recently read an interesting article about nurse/physician relationships. The findings indicate collaboration and communication as the key ingredients to improved nurse/physician relationships. The article defines collaboration as “an essential element of quality health care.” Collaborative nurse/physician relationships are associated with improved patient satisfaction and improved patient care and outcomes. There have been many articles written on nurse/physician relationships and most show that these integral relations affect all aspects of patient care, as well as job satisfaction and job-associated stress for both nurses and physicians. According to the S. Jansky article, The Nurse-Physician Relationship: Is Collaboration the Answer?, the current nursing shortage could be directly affected by nurse/physician relationships. If the relationship is positive, nurses are more likely to be satisfied with the workplace and remain in their current positions. The central element in nurse/physician relationships is communication, mutual trust, respect and shared decision-making responsibilities. An article by Theodora Sirota, APRN, BC, PhD, identifies communication and collaboration as the key to the development of understanding, respect and trust amongst health care professionals.

Dr. Sirota suggests that nurses can work toward improving working relationships with physicians in two interrelated ways:

- **Empowering nurses** Feeling secure in their knowledge and clinical expertise empowers nurses. By staying up-to-date with advances in their specialty, nurses can take pride in their expertise. Continuing education, specialty certification, and participation in professional organizations, clinical research and conferences are good ways to stay in touch with developments in your field. Nurses should also establish informal collaborative work groups with other nurses where they can recognize and share their clinical expertise. Participating in interdisciplinary committees also empowers nurses to have an equal say in facility policies and procedures. Simply put, knowledge is power.

- **Improving communication with physicians** This can be accomplished when nurses feel empowered to approach physicians as equal professional colleagues. This means that nurses must assume responsibility for the quality of their relationships with physicians. Experiencing professional empowerment helps nurses stay focused on approaching all physicians in a collegial, respectful and problem-solving-based manner, no matter how badly an individual may behave. As nurses, we can’t let negative behavior push us into angry communication or discourage further efforts to communicate.

It’s important to point out that the “old” nurse/physician dynamic is changing with the times. With new generations of nurses and physicians come new attitudes on how this traditional workplace relationship can develop and mature.

Another example of the importance of communication is found in the book Introduction to Evidence-Based Practice in Nursing and Health Care by Kathy Malloch and Tim Porter-O’Grady. The authors identify teamwork strategies as a key to changing “the culture of the organization from hierarchical and autonomous practice to collaborative practice through a team approach.” According to Malloch/Porter-O’Grady, a structured teamwork strategy tool, such as a “time-out” before surgery, can be employed in the workplace to achieve “clear, timely and effective communication.” These higher levels of collaboration have been associated with lower predicted death rates, decreased nurse turnover, less fragmentation of patient care and better patient outcomes.

Positive nurse/physician relationships have also been identified as a fundamental characteristic of magnet hospitals. A study of 14 magnet hospitals showed a correlation between the quality of nurse/physician relationships and the reported quality of care for patients. In fact, positive “interdisciplinary relationships” are identified as one of the 14 “Forces of Magnetism.” Hospitals seeking magnet status must possess interdisciplinary relationships characterized as positive, with a sense of mutual respect exhibited among all disciplines. These positive relationships yield results, as magnet hospitals have been shown to have better patient outcomes, including lower mortality rates.

Through research, training workshops, staff meetings, coordination of care, continuing education and other professional development, nurses can continue the effort to enhance the nurse/physician relationship. A part of this solution involves nurses who are professional, confident and know that their input is a key component to patient care. The more involved and empowered the nurse is, the more success he or she will find when it comes to navigating the nurse/physician relationship.

Dorethea Peters serves on the GNA Governing Board and is Director of Workforce Advocacy.

References
Pay for performance models are being put into practice with incredible urgency. According to the Agency for Healthcare Research and Quality (AHRQ), pay for performance is broadly defined as “any type of performance-based provider payment arrangements, including those that target performance on cost measures.” (AHRQ, 2006)

As healthcare providers are rapidly implementing these programs designed for meeting the requirements of pre-established quality targets, they are now examining how nursing contributes to their success. The purpose of this Nursing That Works article is to describe the history of pay for performance practices and discuss the implications for the nursing profession as a participant in this emerging movement.

The History of Payment Systems

Prior to the 1980’s, hospitals were paid in a fee-for-service arrangement. Basically, for each patient treatment or admission, healthcare providers were reimbursed in full for every case. With rising healthcare costs and a poor economy during the 1970’s, the primary form of insurance for the aging population, Medicare, sought methods to classify types of patients in an effort to limit the expenses.

Under a request from Congress in 1983, a Yale University group worked with the former Health Care Financing Administration, now known as the Centers for Medicare and Medicaid Services (CMS) to develop a method for monitoring the quality of care and the extent to which services were used. In 1983, a patient classification system, entitled diagnostic related groups (DRGs), was implemented. This system, although refined and frequently updated, is the method by which many hospitals are still reimbursed today. Most hospitals are now paid a fixed amount, determined in advance for the operation cost of the DRG. Each DRG is weighted according to historical and current Medicare cost data. (Beaty, 2005).

The New Era of Patient Safety

While the DRG method for reimbursement helped to usher in the new century for hospitals, in 2000, a landmark report by the Institute of Medicine, To Err is Human, stimulated public awareness in regards to patient safety. This report was an ardent motivator in promoting the adoption of new, safe practices related to quality and pay for performance. (Leape, 2005)

The pay for performance momentum was in direct response to concerns that traditional payment schemes reward the volume of services, and do not consider the quality and efficiency of healthcare. Public and private purchasers sought to encourage and financially reward performance improvement results. (The National Committee for Quality Health Care, 2006).

With pay for performance initiatives, healthcare providers are financially rewarded for meeting pre-established guidelines and quality incentives. Conversely, pay may be less for unfavorable outcomes. (Melia, 2006) While there is a great variety in the approach and design of programs, advocates of the pay for performance movement cite patient safety as the driving force for initiating such programs.

As part of its continuous follow-up in promoting quality of care, in 2006, the Institute of Medicine released Rewarding Provider Performance: Aligning Incentives in Medicare. Providing confidence for the supporters of the pay for performance movement, it states that the current fee-for-service payment system “does little to promote improvements in the quality of health care.” The report calls for replacing it with a new pay for performance system for reimbursing participating healthcare providers (Institute of Medicine, September 2006).

The CMS Guidelines

Since 2003, the Centers for Medicare and Medicaid Services (CMS), the US federal agency which administers Medicare, has conducted multiple demonstration projects designing and implementing pay for performance programs. Because many insurance companies historically follow the CMS’s lead regarding reimbursements, their current and future projects garnish national attention. (Melia, 2006).

With the CMS project, Hospital Quality Incentive Demonstration, hospitals were scored on their adherence to 30 nationally standardized measures in five clinical areas, including myocardial infarction and pneumonia. Hospitals received a financial bonus that was proportional to a composite score determined from these measures. Although the cost to implement the quality measures were arguably more than the additional reimbursement for healthcare organizations, hospital leaders involved in the pilot study stated that the project compelled the leaders and the staff to focus on continuous improvement. (Hospitals and Health Networks, 2007).

The Case for Pay for Performance

According to one non-profit group, The Alliance for Health Reform, pay for performance programs are becoming popular because of demand from both the public and private sectors. Private sector leadership has supported this momentum because of employer and government frustration over rising healthcare costs and the “persistent deficiencies in the quality in the U.S. health care system.”(The Alliance for Health Reform, 2006)

The Alliance, with grant support from the Robert Wood Johnson Foundation (RWJF), suggests that current payment systems “not only fail to reward or encourage quality, but sometimes penalize it.” The current fee-for-service payment systems reward health care providers each time they perform a service and do not take into account those who follow evidence-based guidelines for quality of care (The Alliance for Health Reform, 2006).

The CMS’s efforts are also gaining public momentum. The United States Congress recently mandated the agency create a plan to implement pay for performance on a much broader scale by 2009 (Melia, 2006). This plan includes withholding payment for adverse patient events as well as incentives for quality. In addition, the CMS stated that for discharges occurring on or after October 1, 2008, “hospitals will not receive additional payment for cases in which one of the selected conditions was not present on admission” (Centers for Medicare and Medicaid Services, 2008). The selected conditions include costs associated with serious preventable events, such as events left in during surgery, hospital acquired infections and catheter associated urinary tract infections.

Implications for Nursing

According to AHRQ, there are over 100 pay-for-performance initiatives nationwide sponsored by a variety of health plans, employer coalitions, and public insurance programs (AHRQ, 2006). These programs, which enable health care providers to give quality care while controlling cost, are either in development or already in place. These goals will be accomplished either directly or indirectly, by reducing errors and ensuring proper utilization of health care services (AHRQ, 2006).

Despite the implementation of such programs, the implications for the role of nursing has been much more difficult to define. In May of 2006, a briefing sponsored by the Alliance for Health Reform, in conjunction with the Robert Wood Johnson Foundation, Rewarding Quality Performance: The Multidisciplinary Approach Alliance for Health Reform, set out to define the role of nursing as it contributes to quality and high performance (Alliance for Health Reform, 2006).

Difficulty Measuring

One of the speakers, Dr. Jack Needleman, an Associate Professor in the Department of Health Services, UCLA School of Public Health, stated that the current pay for performance systems inadequately target improvements in the core work of nursing. (continued on page 13)
Pay for Performance continued from page 12

In his address, Nursing and Pay for Performance, he stated that current systems look at processes by focusing on completion of specific tasks. For example, one CMS measurement determines whether a patient admitted with a myocardial infarction received an aspirin on arrival and a beta blocker at discharge (Alliance for Health Reform, 2006). Nursing processes, Needleman stated, are much more difficult to measure because of the inherent nature of the work nurses do. Needleman explained that nurses spend so much time multitasking and tailoring care to individual patients, that there is a challenge to measure how their specific efforts have produced single-minded results as a consequence (Alliance for Health Reform, 2007). In addition, documenting the processes that a nurse conducts is difficult, time-consuming and expensive in the current pay for performance systems.

The Economic of Nursing

At the 2007 Economics of Nursing Invitational Conference: Paying for Quality Nursing Care, held at the Robert Wood Johnson Foundation, high-level sessions relating to the payment for quality nursing care were presented. The purpose of this conference was to define areas of agreement and disagreement related to payment for quality nursing care, establish strategies for research and policy, and promote action in agreed-upon areas (RWJF, 2007).

Presenting the keynote address was Linda Aiken, Ph.D., F.A.A.N., F.R.C.N., R.N., from the Center for American Nurses. She stated that there is growing evidence about the contributions that nurses have in all healthcare areas. While pay for performance models seek to reward quality care and performance, the desired results could be greatly enhanced if the contribution of nurses were better quantified and recognized as essential for positive outcomes. Succinctly measuring and defining nursing care performance and quality will be instrumental in rewarding quality within any pay for performance initiatives.

Setting Standards for Measuring

Arguably, the CMS pay for performance standards were not designed specifically with nursing in mind (Alliance for Health Reform, 2007). In an attempt to create a set of nursing standards for use in inpatient hospital settings, the National Quality Forum (NQF) developed the “Consensus Standards for Nursing-Sensitive Care” (NQF, 2007). This report also addresses the implementation of the standards within healthcare organizations. According to the NQF, “The use and reporting of these consensus standards will enhance the available evidence and understanding of the relationship between nursing-related system characteristics and patient care processes and outcomes” (NQF, 2007).

Conclusion

Pay for performance is clearly gaining momentum as the public’s access to information and the demands for patient safety are ever present within all healthcare areas. While pay for performance models seek to reward quality care and performance, the desired results could be greatly enhanced if the contribution of nurses were better quantified and recognized as essential for positive outcomes. Succinctly measuring and defining nursing care performance and quality will be instrumental in rewarding quality within any pay for performance initiatives.

The Georgia Nurses Association is an affiliate member of the Center for American Nurses.

References


Reprinted by permission from the Center for American Nurses, Edition 24, April 2008. The Center for American Nurses is a national professional nursing organization that educates, equips and empowers nurses to advocate for themselves, their profession and their patients. The Center offers evidence-based solutions and powerful tools to navigate workplace challenges, optimize patient outcomes and maximize career benefits. Established in 2003, the Center partners with organizational and individual registered nurses members nationwide to develop resources, strategies and tools to help nurses manage evolving workforce issues and succeed in their careers. Additional information about the Center can be found at www.centerforamericanurses.org.
A new year often stimulates reflections on the accomplishments of the past and sparks anticipation of the many possibilities for the future. During 2008, as Director of Leadership Development, I worked with a dedicated team of nurses who selflessly donated their time and energy for the benefit of all Georgia nurses, and a GNA staff that is knowledgeable and supportive. Recently the GNA Board of Directors and the GNA professional staff participated together in their continued professional growth by investing time and money in the Crucial Conversations program. Several face-to-face interactive training sessions were initiated including certain video-based re-enactments of communication shortfalls. The training sessions were also supplemented with the Crucial Conversations book and audio tapes. As a certified trainer in this program, I appreciated the enthusiasm exhibited by our leaders during our sessions that demonstrated their continued commitment to grow, learn and provide service to our nursing community.

Members and non-members from around the state have shared their thoughts and concerns with me relating to the nursing profession, GNA, ANA, personal goals and the many priorities that compete for their time and attention. I learned volumes during 2008 and eagerly anticipate working with the Board, the staff, my local chapter and the membership in 2009 to:

• Expand our database of current and emerging nursing leaders
• Develop a mentoring network
• Have a vibrant online Leadership Community of Practice and
• Share the many opportunities available for those who want to actively participate in our professional association.

The year passed too quickly for me. Personally and professionally there were projects that were left undone and plans still on the drawing board. Perhaps you feel the same. The good news is that we have started a new year in which we can build on the lessons learned from the past, and continue projects that now have a foundation. During 2008, we conducted a leadership development survey with the members, to which 197 of you responded. The responses have provided new insight for our direction. There was interest in developing leadership skills on either a local, state or national level (82 percent) but active involvement at the chapter level was only 32 percent. The primary reasons given for not participating were lack of time (34 percent), unspecified (32 percent), not asked to participate (17 percent) and lack of knowledge (12 percent).

I wonder how many of those who did not respond to the survey would offer the same answers. I wonder if those in leadership roles did a better job of asking and providing knowledge of expectations, would members find the time and give participation in their professional association a higher priority.

This is a new year with new opportunities. The old saying, “the spirit is willing, but the flesh is weak” does not have to be your motto for this year. Whatever you want to accomplish this year, personally and/or professionally, don’t let inertia hold you back. If participation in GNA is something you intend to do this year, make it happen. If you have not been asked to get involved, we are asking you now. A Willing to Serve form is located on the GNA Web site, www.georgianurses.org, under the “About GNA” section. All you need to do is print this form out and fax or mail it back to the GNA office. If you need additional information, call GNA and you will be directed to the appropriate person. If you are a GNA member, join me online soon in the Leadership Community of Practice, and we will dialogue about issues and explore new opportunities.

Dr. Georgia Barkers serves as Director of Leadership Development on the Georgia Nurses Association Board of Directors.
This issue of Georgia Nursing comes to you with the 2009 Legislative Session already underway in Atlanta. Currently, the Georgia Nurses Association is working on a number of legislative priorities that we’d like to see progress in 2009. At our 2007 Membership Assembly, GNA members identified the nursing/faculty shortage as the #1 issue to address in our strategic plan. We have been focused on this issue in a number of ways and this is also evident in the 2009 Session. We are working with the Board of Regents to support legislation that will allow retired nursing faculty who were licensed to return to teaching after a year. Increasing nursing faculty helps widen the pipeline to increase the capacity of schools of nursing in Georgia. As in other states across the U.S., the nursing faculty shortage has been a major issue contributing to the shortage of nurses in our state.

Non-traditional education has needed our support as well. GNA members may be aware of the Georgia Board of Nursing’s interpretation in July 2008 of a new statute to no longer allow licensure for Excelsior College School of Nursing’s graduates. GNA has advocated for the GBON to revisit this issue in light of this program’s 30-plus year history in Georgia and our dire nursing shortage. Our goal is to support programs that can produce competent, safe graduates from a variety of educational systems—both traditional and non-traditional. We are pleased that the GBON took action to resolve this issue for currently enrolled students—a short term solution—and we are advocating for a long-term solution as well. Georgia’s traditional programs cannot produce an adequate supply of RNs in the coming years to stave off the shortage. It will take innovation and focus to improve our nursing horizon. The challenge will be to keep nursing in charge of this issue—we know if we cannot solve the nursing shortage, others will attempt to do so.

We are also working to introduce a new piece of legislation that will create a special RN license plate to fund nursing scholarships and workforce planning and development through the Georgia Nurses Foundation (GNF). You’ll hear more on this as the effort progresses. Members should check the online Legislative Community of Practice for up-to-date information.

Our organization is also looking at the need to address educational advancement. At the national level, the American Nurses Association has endorsed what is often called the “BSN in Ten” initiative, with efforts beginning in both New York and New Jersey. This initiative would require RNs to attain a baccalaureate degree in nursing within ten years after initial licensure, while maintaining the multiple entry points into the profession. Current legislative efforts in New York and New Jersey would only apply to those RNs who enter a nursing program after the legislation is passed. GNA is engaged in environmental scanning and dialogue with stakeholders to determine how we may need to address this issue.

Our 2009 GNA Legislative Day event again offered hundreds of nursing students the empowering experience of coming down to the State Capitol to meet with their state representatives and senators—registration for the event is over 600. Students have also been oriented to the political process and the simplicity of lobbying. More importantly, they have had an opportunity to meet and network with equally motivated registered nurses from around the state. It is from this group of students that we hope to find future GNA Legislative Committee members and eventually...new leaders. This is one of the missions of our organization to mentor and foster the next generation of GNA leaders.

The dictionary defines mentor as a “trusted counsel” or “guide,” but also as a tutor or coach. Mentoring takes a variety of pathways. One example of this is getting involved with GNA through committee membership and participation. One usually comes through a committee and learns about the process within the organization that develops platforms, positions, reports and priorities, while learning the inner workings of the association. For example, a nurse who joins our Legislative Committee will learn about working with the lobbyists and staff team. They learn too that the work of the committee is ongoing. When the legislature is out of session, there are hearings, budget processes and regulatory procedures that must be constantly monitored. GNA represents all registered nurses in the state, so networking with the Georgia Hospital Association, Medical Association of Georgia, as well as the various advanced practice groups and multitudes of nursing practice specialties is all a key part of the process of the Legislative Committee’s work. Through this process, we see that without mentorship, leaders are slow to develop.

My own mentorship began with my predecessor, first talking me into running for the position of GNA Director of Legislation/Public Policy. After the election, she took me down to the Capitol during the summer, introducing me to key legislative leaders and their staff. One of the pearls she shared was that having a good relationship with a legislators’ staff was almost as important as the legislator themselves when it came down to the “art” of lobbying and getting your position heard on a particular issue. Lobbying, I have learned, never ends because it includes campaigning, fund raising, educating and negotiating all year long. Fortunately, GNA has hired a very well-qualified and well-connected team of lobbyists, Jay Morgan and Wendi Clifton. Between them they have years of experience and many good working relationships with legislators and their staff. As we move through the second year with our lobbyists, I have been ’mentored’ by this gifted and knowledgeable team of experts.

As I enter my final year as GNA Director of Legislation and Public Policy, I find myself reflecting back on my own mentorship, looking for insight as to how to prepare our new incoming Board of Directors. A “successor” for my position has not publically stepped forward at this point. So this last session, I will be working hard to communicate and encourage legislatively active nursing leaders to declare their interest in running for the Legislative Director’s position. GNA’s Nominations Committee is working hard to identify quality candidates. Please let me know if you are interested. I hope to be able to mentor my successor, just as my predecessor mentored me not long ago.

Ultimately, my hope is that some of those students that have come down to the Capitol over the years to attend our GNA Legislative Day will find the energy and interest to jump into the political arena. My successor must find the time to participate in this exciting yet critical area of our profession. In today’s climate, it will take a dedicated individual who is willing to work with all of the “players” on a given issue and find consensus, accord and sometimes compromise. As I look forward to continuing GNA’s work in the 2009 Legislative Session, I also look forward to working with the most qualified, most diligent candidate to pass the torch of GNA Director of Legislation/Public Policy to later this year.

Michael McCann is a member of the Georgia Nurses Association Board of Directors and is the Director for Legislation/Public Policy.
Georgia Nurses Association
Top Legislative Issues for 2009

With the 2009 Legislative Session now underway, the Georgia Nurses Association has identified its top legislative issues for the year. These are the key issues that staff lobbyists Jay Morgan and Wendi Clifton will be following closely, along with GNA’s elected leaders and headquarters staff. The following issues have been identified as legislative priorities for the 2009 Session:

- **Nursing Workforce Planning & Development**
  
  Funding for nursing scholarships and workforce planning through a special Registered Nurse License Plate. Georgia has fallen behind other states in the recruitment and retention of the nursing workforce. Funding from a special RN license plate sponsored by the Georgia Nurses Foundation (GNF) would allow funds to be used for nursing scholarships and workforce planning & development to meet future needs. Georgia is in need of a dedicated nursing workforce center, as 39 other states have created nursing workforce centers. GNA supports the creation of a special RN license plate for which a portion of the proceeds will fund nursing scholarships and workforce planning & development through a Center for Nursing.

- **Safe Staffing**
  
  Safe staffing principles help RNs and nurse managers design the best environment possible for patient care. Several states have passed legislation based on the American Nurses Association’s (ANA) Safe Staffing Principles—unit specific/facility based staffing, NOT mandated ratios. GNA will continue to work with other stakeholders to study the need for legislation to implement ANA’s Safe Staffing Principles (www.safestaffing saveslives.org) in Georgia. To view GNA’s 2009 Legislative Platform go to: www.georgianurses.org/legislativeplatform2009.pdf

- **Nurse Faculty Shortage**
  
  Incentives for retired faculty to return to teaching. Senate Bill 327 passed in 2008 allowing retirees in the Teachers Retirement System to be rehired. A new piece of legislation that would allow retiring nurse faculty to return to work after one year could have an immediate, positive effect on Georgia’s faculty shortage. GNA will work with legislators, the Governor and the Board of Regents to address this aspect of the nursing shortage, and create more opportunities for nursing faculty.

- **Traditional Nursing Education Programs**
  
  Traditional nursing education programs are challenged to produce a sufficient number of graduates to meet the demand for quality nursing care in Georgia. Education, practice and regulatory entities must be proactive in supporting traditional and non-traditional programs that can produce competent registered nurses to meet the health needs of Georgia’s citizens. GNA will work with educators, regulators, employers and legislators to address this aspect of the nursing shortage.

- **Nursing Shortage**
  
  With the 2009 Legislative Session now underway, the Georgia Nurses Association has identified its top legislative issues for the year. These are the key issues that staff lobbyists Jay Morgan and Wendi Clifton will be following closely, along with GNA’s elected leaders and headquarters staff. The following issues have been identified as legislative priorities for the 2009 Session:

  - **Nursing Workforce Planning & Development**
  - **Safe Staffing**
  - **Nurse Faculty Shortage**
  - **Traditional Nursing Education Programs**
  - **Nursing Shortage**

The Georgia Nurses Foundation (GNF) would allow funds to be used for nursing scholarships and workforce planning & development to meet future needs. Georgia is in need of a dedicated nursing workforce center, as 39 other states have created nursing workforce centers. GNA supports the creation of a special RN license plate for which a portion of the proceeds will fund nursing scholarships and workforce planning & development through a Center for Nursing.

- **Safe Staffing**
  
  Safe staffing principles help RNs and nurse managers design the best environment possible for patient care. Several states have passed legislation based on the American Nurses Association’s (ANA) Safe Staffing Principles—unit specific/facility based staffing, NOT mandated ratios. GNA will continue to work with other stakeholders to study the need for legislation to implement ANA’s Safe Staffing Principles (www.safestaffing saveslives.org) in Georgia. To view GNA’s 2009 Legislative Platform go to: www.georgianurses.org/legislativeplatform2009.pdf

- **Nurse Faculty Shortage**
  
  Incentives for retired faculty to return to teaching. Senate Bill 327 passed in 2008 allowing retirees in the Teachers Retirement System to be rehired. A new piece of legislation that would allow retiring nurse faculty to return to work after one year could have an immediate, positive effect on Georgia’s faculty shortage. GNA will work with legislators, the Governor and the Board of Regents to address this aspect of the nursing shortage, and create more opportunities for nursing faculty.

- **Traditional Nursing Education Programs**
  
  Traditional nursing education programs are challenged to produce a sufficient number of graduates to meet the demand for quality nursing care in Georgia. Education, practice and regulatory entities must be proactive in supporting traditional and non-traditional programs that can produce competent registered nurses to meet the health needs of Georgia’s citizens. GNA will work with educators, regulators, employers and legislators to address this aspect of the nursing shortage.
Update: The Status of Licensure by Endorsement for Excelsior College

On December 19, the Georgia Board of Nursing met to discuss the impact of the statutory change regarding applicants for licensure by endorsement, which became effective July 1, 2008 via House Bill 1041. The Board determined that applicants for licensure for endorsement may petition the Board, on a case-by-case basis, to grant a rule waiver or variance pertaining to the applicant’s nursing education under the following criteria:

- Applicant was actively enrolled in a nursing program on July 1, 2008.
- Applicant completed all program requirements and will have successfully graduated from the program by July 1, 2010.
- Applicant holds a valid license from another state or jurisdiction, as required for licensure by endorsement.
- Applicant applied for endorsement in Georgia by December 31, 2010.
- Applicant complies with procedure for rule waiver/variance as provided by the Administrative Procedure Act.

While this is seen as positive news for many students currently enrolled in Excelsior’s School of Nursing, the decision fails to address the fact that Excelsior’s non-traditional, competency-based education meets “criteria similar to, and not less stringent than those established by the Board.” In fact, Excelsior’s nursing program is recognized by the National League for Nursing as a Center of Excellence in Nursing Education. In the words of Governor Sonny Perdue spoke put in support of non-traditional nursing education, stating that his administration is “fully supportive of bona fide non-traditional and for-profit education methods as a means of solving Georgia’s nursing shortage.” The Governor’s statement only reinforces the assertion by GNA and others that placing barriers to higher education will exacerbate the nursing shortage. The 2007 GNA Membership Assembly identified the nursing shortage as the organization’s number one concern. As a result, bringing solutions to the shortage is a cornerstone of GNA’s strategic plan. In 2009, GNA plans to continue working at the state level to address multiple issues affecting the shortage.

Amy Moore, LPN, of Dalton, GA, is an example of someone whose career has been dramatically affected by the recent barrier placed on Excelsior College graduates. Below is her story...

Over the last five years, I have had the pleasure of working on the cardiac step down unit at Hamilton Medical Center in Dalton, GA. I have had the pleasure of working on the cardiac step down unit at Hamilton Medical Center in Dalton, GA, which is my hometown. As a cardiac nurse, I have roughly 10,000 hours of experience as a critical care nurse. Although I have always felt that nursing was my calling, I also realize the delicate nature of the skills we practice and embrace our profession with high esteem. When I graduated as a licensed practical nurse, I took an oath to do all in my power to maintain and elevate the standards of my profession.

With that oath in mind, as well as the clinical expertise I gained through my nursing experience with cardiac patients and the support of my co-workers, I endeavored to further my education and now only await approval from the Board of Nursing to become a registered nurse.

Through the attainment of my RN licensure, my goal is to advance my current role as a registered nurse to a position of leadership, by becoming a mentor and serving as a preceptor for our nurses of the future. It is very important to me that I be able to contribute back to the hospital that has supported me throughout my continued education and be of service to the members of the community where I have grown up and raised my children.

I enrolled in the Excelsior College School of Nursing two years ago, so that I could attain my Associate of Science in Nursing. I chose Excelsior College because I am a wife, a mother, a daughter, and a full-time nurse that works 48 hours a week.

With my dedication to my family and my job, I would not have been able to attend a traditional-style school, because they offer only classes that usually require attendance five days a week. After numerous hours of intense preparation, I completed the final program requirement, my Clinical Performance Nursing Examination in July 2008, at Southern Regional Medical Center in Jonesboro, GA.

It has always been my plan to follow the same path that other RN graduates from Excelsior College followed for the previous 30 years. I have applied for my Georgia RN license by endorsement—a procedure that has always been in place, until now. I urge the Board of Nursing to grant us the opportunity to obtain our RN licenses that we have worked so hard to achieve. We are Georgia nurses with aspirations to elevate the standard of nursing and health care in the state. Please allow current and future students to continue practicing in our state and care for those in the communities where we live.

Since Amy Moore’s story was brought to GNA’s attention, GNA has received numerous letters of recommendation in support of her attempt to become a licensed RN in Georgia. The following is a letter of support for Amy from John S. Bowling, president and CEO of the Hamilton Medical Center in Dalton, GA, where Amy works . . .

I’m the President/CEO of Hamilton Medical Center and am writing this letter on behalf of Amy Moore.

Ms. Moore graduated from Excelsior College on September 18, 2008, completing an Associates Degree/RN program. On October 30, 2008, she applied for endorsement with the Georgia Board of Nursing and is still awaiting acceptance of application for RN licensure.

Ms. Moore enrolled in the Excelsior nursing program relying on the Board’s 30-year history of licensing Excelsior’s graduates. She received no notice prior to July 1, by the Board or any other government agency, that HB 1041 would be interpreted in a manner that would deny her licensure.

I am requesting that the Board take action in good faith at its January meeting to allow Ms. Moore to be eligible for licensure in Georgia under the terms of Georgia law in effect at the time she enrolled in the Excelsior nursing program.

Your attention to this most reasonable request will be greatly appreciated.

Sincerely,
John S. Bowling, President and CEO
Hamilton Medical Center

At press time, Amy Moore has passed her NCLEX exam and was preparing to seek the announced waiver from the Board of Nursing to obtain her RN license by endorsement. For its part, GNA will continue to work with other stakeholders to support traditional and non-traditional programs that can produce competent RNs to meet the health needs of Georgia citizens.
A Moment with...

Wanda Jones
RN, MSN, FNP-BC

Wanda Jones is all business. In her occupation as a nurse practitioner caring for basic trainees at Fort Benning, GA, she has to be. On a daily basis, Wanda must strike a perfect balance of following the military chain of command, while still nurturing her young patients, who she fondly refers to as “my soldiers.” In addition to her busy professional life, Wanda has been an active member of her church, Morningside Baptist in Columbus, GA, for more than 38 years. Wanda has a daughter, Stephanie Ungashick, who is 42 and lives in Atlanta, and a son, Major Stan Jones of the U.S. Air Force, who is 40. Wanda also has four grandchildren, who she immensely enjoys spending time with.

Georgia Nursing: Why did you become a nurse?

After two decades in the accounting business, I changed my life occupation to become a nurse. I always wanted to be a registered nurse, and went to nursing school when I graduated from high school. I have now been a practicing nurse for nearly 15 years.

Georgia Nursing: What is your career high point? Did you have low point? If so, what was it?

I think my high point was when I passed my board certification for my family nurse practitioner (FNP) credential. I really have not had a low point in my nursing career, because everyday I’m happy to be a nurse practitioner and RN in Georgia.

Georgia Nursing: What inspires you?

I love taking care of “my” soldiers. They are basic trainees at Fort Benning, and most of them are 17 to 25 years old. Typically, this is the first time away from home for these young men.

Georgia Nursing: What is your most memorable day?

I have had many memorable days volunteering for GNA. One day that particularly stands out is the unanimous vote at a Georgia Nurses Association House of Delegates in Athens in 2003, when the members voted to increase membership dues. There was no fighting and very little discussion prior to the vote. No one likes to pay more for anything, but we had done our homework in advance with members to show that after ten years of no dues increases, everything from postage rates to gas prices had increased and we needed to account for the impact of that inflation. This demonstrates again that when professional nurses are provided with reasonable analysis they make good decisions.

Georgia Nursing: Who is your hero?

I would have to say that my father was my hero. He was a veteran of World War II, the Korean Conflict and the Vietnam War. He was 88 years old when he died last year and had suffered from throat and lung cancer. Never did he complain and just took one day at a time with a positive attitude. Until two months before his death, he was still very active for his age and liked to go to Biloxi, MS, to go to the casinos.

Georgia Nursing: What do you think is GNA’s most important activity?

I think that GNA’s most important activities concern legislation and public policy at the state and federal levels. Most members do not understand the time and effort GNA puts into our legislative activities, advocating for nurses in Georgia. Also, our Director of Legislation/Public Policy Michael McCann is truly great at what he does.

Georgia Nursing: What do you like about being a member of GNA?

I believe one should belong to their professional organization. This is one of the most important things that you can do for your profession. GNA is truly a professional organization with specific goals and benefits for all nurses in Georgia.

Georgia Nursing: What is your favorite movie/TV program?

I enjoy reading, so you’ll typically find me reading as many as three books at one time. Recently, I finished reading The Pagan Stone by Nora Roberts, and I am currently reading the fourth book of the Twilight series, Breaking Dawn, by Stephenie Meyer.

Georgia Nursing: What are your goals in life?

I am reaching the age when I can retire. I hope to work part-time as a nurse practitioner, but also to teach or be a clinical instructor. Not all of my goals are professional, though, because when I retire there are many things I’d like to do. I love to travel and I hope to take an extended trip to Germany and Italy in 2010 to see Oberammergau’s Passion Play. I like volunteering for medical mission, and will be going on a medical mission trip to Peru in June 2009 with others from my church. Another goal of mine is to spend more time with my grandchildren, and volunteer at their schools. Finally, I’d like to continue to work with GNA in various roles even after my retirement from nursing practice.

Georgia Nursing: What has been one of the toughest challenges you’ve faced in the past?

One of the challenges I’ve faced was my decision to change my career and go back to nursing school for my BSN. At that time, I was the oldest in my class, which in itself was challenging. After a few years I decided to obtain my MSN. Working full time and going to school at my age was again very challenging. Again I was the oldest in the class. Obtaining my FNP a few years later again was challenging due to my age, working full time and having to have back surgery. Yes, I was still the oldest in the class. I was determined not to let age or working full time be a factor in obtaining the goals I had set for myself.

Georgia Nursing: When you’re not saving lives and working for your professional association, the Georgia Nurses Association, what do you like to read?

I enjoy reading, so you’ll typically find me reading as many as three books at one time. Recently, I finished reading The Pagan Stone by Nora Roberts, and I am currently reading the fourth book of the Twilight series, Breaking Dawn, by Stephenie Meyer.

Georgia Nursing: What is your favorite movie/TV program?

Anything that’s on HGTV.

This interview was conducted in December 2008 with the permission of Wanda S. Jones for use in Georgia Nursing. Jones is GNA’s Director of Nursing Practice. For questions or to contact Wanda, please call the GNA headquarters at 404-325-5336.
GNA President elected chair of ANA's Constituent Assembly

Georgia Nurses Association (GNA) President Cindy Balkstra, MS, RN, CNS-BC, has been elected to serve as chair of the American Nurses Association's (ANA) Constituent Assembly. ANA's Constituent Assembly is comprised of the presidents, executive directors and CEOs of the state nurses associations that are affiliated with ANA. In her new capacity, President Balkstra will serve a two-year term.

"It’s always an honor when your work is acknowledged by a group of your peers, such as the Constituent Assembly," said President Balkstra. "Our profession has reached a critical juncture in which the decisions we make today have major ramifications on our practice in the future. I hope to put my GNA experience to good work at the national level with ANA."

GNA President Balkstra is a Board-certified pulmonary clinical nurse specialist, currently working as a direct caregiver in acute care (med-surg) and home hospice. In addition to being an ANA member for over 20 years, Balkstra has a strong background of GNA leadership, including past statewide service and local leadership positions in the Savannah, GA area.

"I look forward to facilitating the communications between the state nurses associations, ANA President Becky Patton and the ANA Board of Directors to keep our profession moving forward."

For more information on ANA’s Constituent Assembly, please visit: www.nursingworld.org.

GNA member Dr. Jan Flynn appointed to Georgia Board of Nursing

Dr. Janice K. Flynn, DSN, RN, has been appointed to the Georgia Board of Nursing by Governor Sonny Perdue. Dr. Flynn will serve as the nurse educator representative of the Board. Flynn is interim associate director of the Wellbilt School of Nursing at Kennesaw State University. She has been a nurse educator for over 25 years, including the past 15 years at KSU. Dr. Flynn is a member of the American Nurses Association, Georgia Nurses Association and Sigma Theta Tau. She is a long standing member of the Kennesaw State University Assurance of Learning Council and Consulting Team and is a recipient of the College of Health and Human Services Distinguished Teaching Award. Flynn earned a bachelor’s degree from Northwestern State University of Louisiana, a master’s degree from Emory University and a doctoral degree from the University of Alabama at Birmingham. She has three children.

GNA CEO Deborah Hackman receives CAE renewal

Georgia Nurses Association (GNA) Chief Executive Officer Deborah Hackman’s Certified Association Executive (CAE) credential has recently been renewed by the CAE Commission of the American Society of Association Executives (ASAE). The CAE is the highest professional credential in the association industry.

“I want to thank the GNA Board of Directors for acknowledging the value to GNA, GNF and to our members of succeeding in this endeavor,” said CEO Hackman. “It’s a privilege to receive national recognition and accreditation again from ASAE.”

The CAE credential is an honor that is neither easily earned nor maintained. To earn this credential, candidates must submit an application satisfying professional experience and education requirements. Successful applicants must then pass a challenging examination on all aspects of association management. Candidates for CAE must commit to significant study in preparation for the exam, and only those who achieve the designated score will earn the credential.

CAEs have demonstrated a high level of knowledge, ethical fitness and leadership in the field of association management. Less than five percent of all association professionals have achieved this mark of excellence. CEO Hackman’s CAE credential has been officially renewed for three years through 2011. CEO Hackman was also recently elected to serve a four-year officer’s role on the Board of Trustees of the Georgia Society of Association Executives (GSAE) Foundation. She will serve as Treasurer (2009), President-elect (2010), President (2011) and Immediate Past President (2012). Prior to accepting this role on the GSAE Foundation Board of Trustees, Debbie recently completed a two-year term as a member of the GSAE Board of Directors.

Emory Names Linda McCauley

Dean of Nursing School

Linda A. McCauley, PhD, FAAN, RN, a renowned environmental health researcher and member of the Institute of Medicine, has been appointed dean of Emory University’s Nell Hodgson Woodruff School of Nursing. McCauley will begin her tenure at Emory on May 1, 2009.

McCauley currently is associate dean for research and the Nightingale Professor in Nursing at the University of Pennsylvania School of Nursing. She is a national leader in the area of pesticide exposure and its impact on vulnerable populations, particularly children and workers.

"Dr. McCauley’s passion for her field will help the Nell Hodgson Woodruff School of Nursing continue to attract some of the most outstanding faculty and promising nursing students in the nation," says Fred Sanfilippo, MD, PhD, chief executive officer of the Woodruff Health Sciences Center.

McCauley’s appointment follows an extensive national search led by James Curran, MD, MPH, dean of Emory’s Rollins School of Public Health, and Susan Grant, RN, chief nursing officer for Emory Healthcare. Dr. McCauley received a bachelor of nursing degree from the University of North Carolina, and in 1979 she received a Masters in nursing from Emory. In 1988, she earned a doctorate degree in environmental health and epidemiology from the University of Cincinnati.

She is a member of the American Public Health Association, American Association of Occupational Health Nurses, International Society for Environmental Epidemiology, American College of Occupational and Environmental Medicine, Sigma Theta Tau Honorary Nursing Society, American Nurses Association and the American Academy of Nursing.

Please submit news about the accomplishments of GNA members today! Send your news briefs and releases to jeremy.arieh@georgianurses.org.
Georgia Nurses Foundation

Honor A Nurse

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

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

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

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

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

I would like to Honor a Nurse:

Honoree: Name: ____________________________
Email: _____________________________________
Address: ___________________________________
State/City: _____________ Zip: _____________
From: Donor: ________________________________
Email: _____________________________________
Address: ___________________________________
State/City: _____________ Zip: _____________
Amount of Gift: ________________________________
MasterCard/Visa #: ____________________________
Exp Date: ________________________________
Name on Card: ________________________________

My company will match my gift? ______YES (Please list employer and address below) ______NO
Employer: ___________________________________
Address: ___________________________________

Through philanthropy, the Georgia Nurses Foundation fosters nursing’s role in the improvement of the health, well-being, and quality of life of Georgia’s citizens. This mission of GNF is fulfilled through service, education and research. The Georgia Nurses Foundation is a 501(c)(3) charitable organization; donations are deductible as charitable contributions.

New GNA Members

September New Members
Belin Assemo, Clarkston, GA
Melva Baker, Roswell, GA
Lesa Beach, Albany, GA
Angela Biggers, Atlanta, GA
William Blumenkamp, Lawrenceville, GA
Melanie Blount, Woodstock, GA
Karen Bobinski, Fayetteville, GA
Betsy Brakovick, Roswell, GA
Mary Bryant, Lawrenceville, GA
Whitney Bryant, Martinez, GA
Kimberly Calhoun, Athens, GA
Verne Davidson, Dublin, GA
Mary Decker, Tybee Island, GA
Shannon Dobson, Canton, GA
Ronald Elliott, Jr., Loganville, GA
Jennifer Foster, Atlanta, GA
Donna Hall, Savannah, GA
Toschia Jackson-Walker, Atlanta, GA
Mary Johnson, Westminster, SC
Karen Jones, Cumming, GA
Laura Knaat, APO, AE
Liana McKea-Gilchrist, Marietta, GA
Amelia Pettigrew, Watkinsville, GA
Phyllis Silverius, Augusta, GA
Doria Stewart, Buford, GA
Jennifer Webber, Evans, GA
Jansen Wiggins, Marietta, GA

October New Members
Carolynne Atiya, Rome, GA
Angi Aurora, Dacula, GA
Keny Barboul, Stone Mountain, GA
Elizabeth Barranco, Warrenville, SC
Nerissa Beeker, Douglasville, GA
Melissa Bennett, Dacula, GA
Cynthia Bivins, Alpharetta, GA
Khadene Campbell, Macon, GA
Janet Cellar, Atlanta, GA
Mary Chandler, Roswell, GA
Kathleen Cooper, Buford, GA
Elizabeth Cranfill, Richmond Hill, GA
Lois Crisp, Fayetteville, GA
Carol Crimshaw, Martinez, GA
Shihana Cutrer, Riverdale, GA
Kelly Deckers, Atlanta, GA
Jani Dennis, Leesburg, GA
Patricia Dillon, Savannah, GA
Angela Dunn, Augusta, GA
Allison Elsey, North Augusta, SC
Sara Florschutz, Augusta, GA
Catherine Futch, Smyrna, GA
Kimberly Gordon, Valdosta, GA
Lousta Grandoll, Auburn, GA
Koreen Hall, Marietta, GA
Sarah Hancock, Augusta, GA
Stacey Ireland, Valdosta, GA
Ashley Kesler, Colbert, GA
Sally Lee, Rocky Face, GA
Tiffany Mizell, Oglethorpe, GA
Chalynn, Perkins, Cumming, GA
Sara Jarmi, Alpharetta, GA
Vanice Roberts, Ellenwood, GA
Sonia Rochester, Fayetteville, GA
Jodie Rodriguez, Alpharetta, GA
Tammy Sires, Lake Park, GA
Sandra Vasell, Dacula, GA
Pamela Weber, Alpharetta, GA
Anne Webster, Atlanta, GA
Valory Weldon, Clarkdale, GA
Cheryl Wilson, Dalton, GA

November New Members
Charlotte Bedoley, Hahira, GA
Chantel Brooks, Lilburn, GA
Tanya Burse, Waycross, GA
James Chadwick, Loganville, GA
Sabrina Clivens, Lilburn, GA
Karen Cooksey, Alpharetta, GA
Kethia Crayton, Columbus, GA
Kimberly Foster, Douglasville, GA
Bentia Fowler, Stone Mountain, GA
Janet Glover, Lithonia, GA
Jackson Griffin, Hamilton, GA
Daphne Hauck, Blue Ridge, GA
Kevin Jarrett, Snellville, GA
Dexiaviera Jones, Atlanta, GA
Leondria Moore, Atlanta, GA
Maureen Ozim, Conyers, GA
Carla Penley, Griffin, GA
Nancy Shepherd, Midway, GA
Laura Stanley, Louisville, GA
Brandy Sykes, Atlanta, GA
Paula Tillman, Richmond Hill, GA
Tanica Wilson, Evans, GA
Tresa Wilson, Savannah, GA
I want to get involved:
Creating a Chapter

Are you interested in nursing informatics? Hospice? 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.

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Georgia Nurses Association Regions and Chapters

As of August 5, 2008

**Central Region**
- Columbus Chapter of GNA
- Old Capital Center

**East Central Region**
- Athens Area Chapter
- Central Savannah River Area Chapter

**North Region**
- Consauga Chapter
- North Georgia Chapter of GNA
- Northwest GNA RNs

**North Central Region**
- Atlanta Metro Chapter of GNA
- Atlanta New Graduates Chapter
- Northwest Metro Chapter
- Southern Crescent Chapter of GNA
- West Georgia Chapter of GNA

**Southeast Region**
- First City Chapter
- Professional Nurses’ Network Chapter
- Southern T/LC’ers
- Southern Coast Chapter

**Southwest Region**
- Nursing Collaborative of South Georgia
- Southwest Georgia Chapter of GNA
- Southwest Georgia Chapter of GNA

**Membership**

**Georgia Nurses Association Regions and Chapters**

**Central Region**
- Margaret Zimmerman, Regional Coordinator
  - Wanda Jones, Chair
  - Margie Johnson, Chair

**East Central Region**
- Patti Cook, Regional Coordinator
  - Becky Bray, Chair
  - Sandy Turner, Chair

**North Region**
- Bernice Whaley, Regional Coordinator
  - Beverly Sutton, Chair
  - Katie Morales, Chair
  - Vera Brock, Chair

**North Central Region**
- Susan Prather, Regional Coordinator
  - Carla Keplinger-Williams, Chair
  - Doreen Wagner, Chair
  - Lisa Eichelberger, Chair
  - Bonnie Bar, Chair

**Southeast Region**
- Carol Simonson, Regional Coordinator
  - Sally Walsh, Chair
  - Kathleen Koon, Chair
  - Elizabeth Lara, Chair
  - Laura Grantham, Co-chair

**Southwest Region**
- Douglas Taylor, Regional Coordinator
  - Sheila Warren, Chair
  - Pamela Amos, Co-chair
  - Larrecia Gill, Co-chair

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**North Region**
- Consauga Chapter of GNA
- NW GNA RNs Chapter of GNA
- North Georgia Chapter of GNA (virtual)

**North Central Region**
- Atlanta Metro Chapter of GNA
- Atlanta New Graduates Chapter of GNA
- Northwest Metro Chapter of GNA
- Southern Crescent Chapter of GNA
- West Georgia Chapter of GNA

**Central Region**
- Old Capital Chapter of GNA

**Southwest Region**
- Nursing Collaborative of South Georgia Chapter of GNA
- Southwest Georgia Chapter of GNA

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**East Central Region**
- Athens Area Chapter of GNA
- Central Savannah River Area Chapter of GNA

**Southeast Region**
- First City Chapter of GNA
- Professional Nurses’ Network Chapter of GNA
- Southeastern T/LC’ers Chapter of GNA
- Southern Coast Chapter of GNA
Growth and Development Funds available to all GNA Chapters

Since its inception, GNA's Growth and Development Fund has helped support programs from ten of GNA’s Chapters and awarded over twenty awards. The Fund helps support programs within the chapters to maintain and increase membership and development of the individual chapters.

The fund has been used for programs such as guest speakers, National Nurses’ Week advocacy, chapter newsletters and more. Growth and Development Funds are distributed to GNA Chapters through an application process, and are awarded by the Membership Development Committee, a group of elected peer volunteers in the positions of regional coordinators and the director of membership development.

For more information and application of the fund please visit www.georgianurses.org and click on the Chapter Development tab at the top. The next application due date is March 31, 2009.

GNA/ANA
Benefit Brief

Some of the many services, discounts and opportunities you’ll access as a GNA 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.
- Members-only Listserve subscriptions – Free access to informative GNA and ANA listserve messages, including Capitol updates, news alerts and members-only information.
- GNA Web site – 24/7 access to information on our web site, www.georgianurses.org.
- Members-only access to ANA NurseSpace and web site – By becoming a member, you’ll have access to the members-only areas of ANA’s web site, as well as ANA NurseSpace, the new online networking site for nursing professionals.
- Online Communities of Practice (CoPs) – GNA online CoPs are up and running and available to you as a GNA member. GNA’s Communities of Practice is an online forum for members to collaborate in discussions and share items of interest with other community members.
- Connecting with Leaders in your profession – GNA/ANA members will find numerous opportunities to connect with peers through our Web site, special events, chapter involvement and other services.

Biennial Convention & Membership Assembly – Continuing education, action reports, exhibits, awards and fun!
- 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!
- Annual Legislative/Lobby Day event at the State Capitol – Our successful annual event with legislators at the State Capitol is FREE for members and students.
- Dedicating 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.

Great Member Discounts on Products/Services:
- ANA Wireless Center – Many FREE phones and savings up to $100 on selected wireless phones.
- ANCC Certification – Members save up to $140 on certification through ANCC (full members only).
- Avis and Budget Car Rental – Discounts on auto rental through Avis and Budget.
- 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 – GNA members please enjoy 25% off of your purchase of select models of Crocs.
- Dell Computers – Receive discounts on the purchase of Dell Computers.
- Land’s End Merchandise – Shop for GNA & Land’s End products online and receive a discount on your purchases.
- Marsh Insurance Plans – Marsh Insurance Plans can help you find and compare plans and tailor one to your needs.
- Wyndham Hotel Group – GNA members now save on rooms at over 6000 participating hotels across the U.S. and Canada.
- Members discounts on nursesbooks.org – ANA’s publications arm.