As I was driving home from Cheyenne after Legislative Days I took the time to reflect on the events that occurred during the past two days. As Senator Barasso stated “watching this event grow has been exciting from days in the Hathaway Building basement, the church to the Hitching Post.” We had over 195 nurses and student nurses attend this year. I looked at the faces of the attendees and thought “nursing in alive and well in Wyoming.”

Thank you to Sue Howard and Toni DeKlever for their hard work on the legislative committee and keeping us all informed. The internet and email certainly keeps us connected and quickly. I will not take your time to review the legislation that is happening now as you will have a report from our lobbyist, however I will say that the legislators do respect the nurse’s opinions and they do listen to what we say. As one legislator said “nurses make a difference in so many ways.”

Eleven of the Labor Health and Social Services Joint Committee (LHSS) attended our panel discussion and lunch. That has to be a record! They shared about themselves and what legislation was important to them this session. This is a budget session so it is short and sometimes “boring” but so essential to the workings of our state government. When you see your legislators at home remember to say “THANKS” for the time they give and let them know who you are. They like to know your opinions on healthcare and other issues.

What an honor to have Rebecca Patton, ANA President here for the two days. Becky took the time to be at our legislative days, not just for her talk on Wednesday a.m. but she sat and participated and listened to our legislators, our speakers and our students. When you think about Becky’s hectic schedule you know what a “gift” that was to Wyoming nurses. At the legislative reception, Becky met and talked with many of our legislators, CEOs, and CNO’s. Becky brought ANA to the nurses of Wyoming.

The WNA practice committee has reviewed the nursing satisfaction survey that many of you participated in this past year. The number one dissatisfier identified was “Paperwork.” Nurses are buried under paperwork, documentation, computer charting . . . New regulations from CMS, JCAHO, and the state are occurring every day and the response is to get “it down on paper.” How else do we know that we are doing it? Remember the statement “if it isn’t documented, it wasn’t done.” That was what my instructors said in the 70’s—well it has gotten worse. Many hospitals have computer charting which helps tremendously with data collection and quality issues, however, some need some streamlining, getting rid of redundancy and really looking at the process. One of the WNA board members, Robin Roling is an informatics specialist and she is helping WNA to come up with speakers and information that will help Wyoming hospitals and Wyoming nurses to look at the practice of “documentation.” Stay tuned for more information on this!

WNA has changed how it is doing business, with the assistance of our Executive Director, Tobi Lyon we are streamlining our process and really thinking strategically. At the retreat in October we developed our strategic plan with goals, strategies to meet the goals, who was responsible and timelines to accomplish the strategies. The majority of our board meeting was spent in reports from the action groups and board discussion of where to go next. WNA will publish the strategic plan so if an action item (strategy) interests you and you want to become involved, feel free to volunteer.

I shared that WNA and nursing is alive and well in Wyoming, the projections of the nursing shortage have not decreased, however, when the majority of the students stood when asked by Wendy Curran, Governors Health Policy expert, if they intended to stay in Wyoming, it was a good sign for the future health care of Wyoming. We will be plagued with shortages, problems and concerns and the nurses in Wyoming will take these as opportunities and strive to make things better. WNA has reached an unprecedented membership of 339 members. Small in the overall scheme of things when you know that we have 5,000 plus licensed nurses in Wyoming but mighty in getting things done for health care and our patients. Our legislative agenda for the future includes workforce issues, school nurses, nursing competency and education. WNA has listened to the nurses through the survey results; we will use that information for nurses. WNA is here to serve and represent the nurses in Wyoming.

Again, I ask you to join WNA as a member, volunteer on committees, run for an office, and get involved in the profession of nursing. WNA needs you!
On January 8, 2008, District 2 had a very successful Meet and Greet with the Representatives and Senators that have districts in Natrona County. It was held at the Fire Rock Restaurant in Casper. We had 5 representatives and 3 Senators attend. Senator Scott was out of town at a national health care conference for legislators, two representatives were involved in appropriations and one was in ill health. It was a chance for nurses to talk individually and collectively about health care issues. Toni Decklever our WNA lobbyist drove up from Cheyenne for the event. It gave Toni a chance to discuss some of the up coming bills. We had a lively discussion. Representative Brehitel asked us how we felt about the Direct Entry Midwife bill. All nurses said they respected Nurse Midwives but did not want to see midwives delivering babies who could enter the field by observation and apprenticeship. That bill did not make it out of committee and we thank the Labor, Health and Social Services Committee for their vote. There were about 30 nurses from the Casper area in attendance.

Election season is heating up and it is time to get out and be informed of where the Candidates stand on health care. Go to www.nursingworld.org and click on election and be informed of where the Candidates stand on health care. I would like to just leave you with loud and clear. We have an open election. In other words no incumbent is running. The last time this occurred was in 1928. These are historic times and nurses can make their voices heard and be heard.

The end of April, I am heading to Vietnam for my fifth trip. The Masters program in Nursing got final approval from the government and Ministry of Health. So look for a report on this progress when I get back.
Hope this finds everyone surviving the winter in Wyoming. Here is an update on the progress of the RN and LPN Refresher Courses. WNA received Wyoming State Board of Nursing approval for the course at the end of January 2008. I am putting the final touches on the course and we will be going live (online) the end of February 2008. I have had 5-6 inquiries about the course and RN’s waiting patiently for the course to start. At present I have 3 RNs taking the older form of the course. Once this course is on line the old form of the course will be dissolved. WNA will begin working on the LPN refresher course and hopefully have it ready to offer in the next year or so. The RN refresher course will have a link from the WNA home page to the online site offering the course. Registration will be available as soon as the course is live.

Anyone teaching in an LPN program in the state of Wyoming is encouraged to contact me so that we can discuss the LPN refresher course and assist in book recommendations for the course. You can contact me at (307) 389-3177, or e-mail me at lmeloche@uwyo.edu.

If you have suggestions for CEU offerings or would like to offer a CEU Please contact me and we will work with you in getting the course on-line and CEU numbers attached to the course.
The legislative report will provide members with more information about legislation. Hope to see even more nurses next year!

2008 Legislative Session

Toni Decklever, RN, MA
WNA Lobbyist

Wyoming remains one of the few states having a true part-time citizen legislature. This group of 60 Representatives and 30 Senators travel to the state capitol in Cheyenne to spend 20 days in the even years to formulate the state budget, and 40 days in the odd years for a general session.

2008 was a budget session. The primary work of the legislature was to develop a two-year budget, but they also heard many other bills—184 in the House and 97 in the Senate to be exact. Some of this legislation was familiar because it had been worked and researched during the summer and fall. Many bills were developed within days of the beginning of the session. If a bill was not part of the budget, the title would be read to the members of the House or Senate, and they would vote on whether it would continue through the process. This is called “introduction.” In order for a bill to be assigned to a committee for further discussion and consideration, it must receive a 2/3 vote at introduction.

There were several healthcare bills that were followed throughout the session. Much of this legislation was a direct result of studies and referrals through the Health Care Commission. Representation from WNA has been present at all of the Commission meetings and all of the Labor, Health and Social Service (LHSS) Committee meetings. This presence and participation has given nursing a chance to voice opinion and establish relationships with our representatives and commission members.

This is a list of the bills that were followed and supported by WNA, along with the outcome of the bill.

HB 31 Medical Safety event Reporting
Passed and signed by the Governor on 3-3-08
This bill allows the Department Of Health to define safety events for purposes of mandatory reporting, rulemaking authority and repealing the current list of reportable safety events and replacing it with standard taxonomy accepted by health care industry.

HB 82 Trauma Care Services
Passed on 3-6-08
This bill allows for extending payment program to hospitals for unreimbursed trauma care. Acute care hospitals or ambulance services shall be reimbursed on a per incident basis, subject to several considerations. The research showed that hospitals lose about 24 million dollars a year to unpaid/unreimbursed trauma care.
2.5 million appropriation

SF 24 Health Ins. Clinical Trials
Passed on 3-5-08
Requires insurance companies to provide coverage in health insurance policies and certificates for routine care related to the insured’s participation in a clinical trial or study. Prior to this legislation, insurance companies could deny ALL costs incurred by someone who was being treated for cancer through a clinical trial. This legislation covers Phase 2, 3, and 4 for cancer clinical trials only.

SF 36 Public health emergency volunteers
Passed on 3-3-08
Provides immunity from liability for volunteer health care providers without active licenses, and providing for temporary health care provider licensure during a public health emergency.

Several bills died at some point in the process and it is possible that they might be resurrected in some form for the 2009 session. Interim committees will meet during the summer and fall to discuss items for next year. Workman’s Compensation is going to be studied rather thoroughly along with other health care reform issues. Nurses in schools and staffing in long term care facilities are a couple of issues that nurses would like to see studied and possibly addressed as future legislation.

I have learned many things and met many people this session. Probably the one item that is absolutely the most evident is the importance of the work during the interim. The session is so busy, it is difficult to get more than a few minutes with any one legislator. They are bombarded with phone calls, e-mails and face-to-face interactions. If they know your issue prior to coming to Cheyenne, it makes the interactions they do have more as a reminder, rather than an educational lesson.

I often hear the statement, “I do not want to get involved in politics, because I can’t make a difference anyway.” This could not be further from the truth. You do make a difference. Make a phone call, talk to someone, join a committee, or attend a meeting. Whether you are involved or not, laws that are made affect you—at the state and national level. As Kelly Politte, RN from Casper College, so correctly put it, “You don’t have to do the work, you just have to care that the work is being done.”

If you would like more information or have any questions, please drop me a line—tonisrn@gmail.com
Government Relations
Are You Talking to Your Elected Officials?

Although ANA staff in Washington tracks legislation and lobbies Members of Congress, they do not have the political power that you do. You don’t have to be in Washington, DC to have your voice heard by Congress. There are many ways you can turn on your political power and be heard by your elected officials.

As a constituent and a nurse, your opinions are often valued more by your elected officials. It is critical that nurses speak-up about quality patient care, adequate staffing, safe workplaces, and the multitude of concerns you and your colleagues face every day. Who better to advocate to Congress about the need for quality health care than those who are on the front lines?

Your letters, phone calls, and visits to members of Congress truly make the difference. There are many ways to make your voice heard.

Visit your members of Congress. Members of Congress are often available for meetings with constituents when they are at home in their district. To set up a meeting with your member of Congress, contact the district office and speak with the scheduler. Attending the town meetings that members of Congress often hold during congressional recess is another great way to learn where your member of Congress stands on the issues important to you.


Send e-mail and write letters. Sending personalized emails and faxes is really the best way to make sure your voice will be heard in time to make a difference. You can now send e-mail directly to your members of Congress through ANA’s Government affairs website, www.anapoliticalpower.org.

Be sure to visit ANA’s Government Affairs website, www.anapoliticalpower.org, to read up on the latest issues and find more tips on how to get involved and be heard.

ANA Tools to Help your Voice be Heard

ANA has developed a number of tools to help keep you up to date on the latest happenings in the nation’s Capitol. Whether you are looking for more information on a particular bill, want to learn how to be more politically active or want to summary of the hottest political races, ANA has you covered.

www.ANApoliticalpower.org

ANA’s Government Affairs website, www.anapoliticalpower.org is your first stop to find information on federal legislation affecting nursing and to get involved and amplify your voice. You have the ability to read-up on the latest issues ANA is fighting for in Congress, to track your Member of Congress’s support for nursing and to take direct action to contact and lobby your Member of Congress. While visiting the site, feel free to make a donation to ANA-PAC and let your voice be heard even louder!

Capitol Update

Subscribe to Capitol Update, the American Nurses Association’s free online legislative and political newsletter. As a Capitol Update subscriber you will get the latest news on the status of nursing issues in Congress and in the Agencies delivered directly to your in-box once a month. To signup, please visit www.capitolupdate.org/join

Nurse Strategic Action Team (N-STAT)

N-STAT is the grassroots power and strength behind ANA’s lobbyists on Capitol Hill. You provide the grassroots power to show Representatives and Senators how nurses feel on the issues that impact you and your patients every day. N-STAT makes it easy for you to unite with your colleagues across the nation and let lawmakers know how you feel by keeping you up to speed on key bills as they move through Congress and letting you know when your e-mails, phone calls, and letters will make the most impact.

Nurse Political Action Leader (N-PAL)

N-PAL’s are ANA’s liaisons to federal legislators and legislative staff in assigned legislative districts. ANA and the Constituent Member Associations (CMAs) collaborate to appoint an N-PAL for each Congressional District and for each Senator. N-PAL’s have a number of duties and responsibilities including communicating with the legislator or legislative staff via visits, letters, phone calls, and e-mail and reporting any meetings or contacts with the legislator or legislative staff to the ANA. While any member of a CMA who has an interest in and commitment to nursing and public policy is eligible, CMA members with a personal connection with their legislator are especially encouraged to apply. For an N-PAL application, please contact ANA’s Government Affairs staff at gova@ana.gov.
### Becoming a Politically Active Nurse

**“Never doubt that a small group of thoughtful, committed people can change the world; indeed, it is the only thing that ever has!”—Margaret Meade**

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<tr>
<th>Levels of Involvement</th>
<th>What can I do?</th>
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<tbody>
<tr>
<td><strong>Nurse Citizen—</strong></td>
<td>Register to vote</td>
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<tr>
<td>Brings the perspective of health care to the voting booth, and speak out when services or working conditions are inadequate.</td>
<td>Vote in every election.</td>
</tr>
<tr>
<td>1. the voting booth,</td>
<td>Keep informed about healthcare services, and vote for candidates or ballot issues that reflect your concerns.</td>
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<tr>
<td>2. public forums that advocate for health &amp; human services, and participate in public forums.</td>
<td>Speak out when services or working conditions are inadequate.</td>
</tr>
<tr>
<td>3. involvement in community activities.</td>
<td>Know your local, state, and federal elected officials.</td>
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- Join politically active nursing organizations (like WNA!).
- Participate in community organizations that need health experts.
- Join a political party.
- Advocate for the profession of nursing.
- Educate others regarding healthcare issues.
- Understand and practice within the guidelines of regulating bodies.
- Vote for candidates or ballot issues that reflect your concerns.
- Examine and track current legislation through government websites.

**Nurse Activist—**

| Takes a more active role than the nurse citizen. Activeness often arises from an issue that directly affects the nurse’s professional or healthcare values. |

- Participate in WNA.
- Contact a public official through letters, telegrams, or phone calls.
- Register people to vote.
- Contribute money to a political campaign.
- Work in a campaign.
- Lobby decision makers by providing pertinent statistical and anecdotal information.
- Form or join coalitions that support an issue of concern.
- Write letters to the editor of your local newspaper.
- Invite legislators to visit your place of work.
- Hold a media event to publicize an issue.
- Provide or give testimony before the legislature.

**Nurse Politicians—**

| Choose to develop legislation rather than influence it. The public places a high value on nurses. Because of this, nurse politicians tend to be trusted. |

- Run for an elected office.
- Seek appointment to a regulatory agency.
- Be appointed to a Governing board in the public or private sector.
- Use nursing expertise as a front-line policymaker who can enhance healthcare and the profession.

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For more information in becoming politically active in Wyoming, contact the WNA office, Phone 1(800) 795-6381 or Email tlyon@bresnan.net

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### Healthy Nurse News

Are you on what I call a Healthy Nurse 2020 mission? I hope so. Recently, when wishing a Wyoming nurse leader a Happy, Healthy Birthday, she responded “Yes, I’m about to go for a walk...” As an educator, I’m privileged to hear nurses talk about their journeys toward “whole health”. Be whole — that’s their goal. What does that mean? Nurses naturally pay attention to the “whole person”—it’s part of who they are. As developing self-care specialists, I see nurses investing in their spirit, mind, body, relationships, and their environment at home, at work and in the community-world. Leadership is one of our professional standards. Self-leadership and management move us toward wholistic health. Many people are unsuccessful because they try to self-manage health without being a self-leader. Successful leaders find power in their daily habits—beginning with having a purpose and vision. A few years ago I needed a vision for my health—something I could relate to. I started by reflecting on what my overall health vision was for myself and others. I decided on “Wholistic Health for Individuals, Families and Community.” Then I wrote down five personal visions that guide me when I write more specific health outcome and action goals. My vision is for my:  
- spirit to be free to be who I was created to be  
- mind sound  
- body strong  
- relationships positive, and  
- environment prosperous

Now it’s your turn. Do you have visions that guide your health planning? Write or modify your visions to guide you in your journey toward wholistic health. Celebrate this year’s ANA theme by “Making a Difference Every Day” in your health and life, and have “joy in the journey.” For more information, or for a CNE opportunity, visit www.HealthyActionPlans.com.

### References

Wyoming Nurse is Among Those Being Honored

Twelve Honorary Awards to be Bestowed at ANA’s 2008 House of Delegates

SILVER SPRING, MD—Since the early 1900s, the American Nurses Association (ANA) has presented awards to prominent nurses to recognize their outstanding contributions to the nursing profession and the field of health care. On Thursday, June 26, 2008, as part of its 2008 House of Delegates meetings meeting in Washington, DC, ANA will bestow Honorary Awards in 12 categories. They are as follows:

• Mary L. Behrens, FNP, RN, will receive the Barbara Thoman Curtis Award for significant contributions to nursing practice and health policy through political and legislative activity. An active political consultant for 30 years, Behrens has served as Mayor of Casper, Wyoming, Natrona County Commissioner and Natrona County State Representative. Behrens is a political activist and public policy promulgator that promotes the nursing profession in both political and health care arenas. Testifying at state, national and international venues on nursing and healthcare issues, Behrens has worked for years for such issues including: seat belt safety, clean water, energy use, the “Handle With Care” campaign, FIT Testing, and lobbying for better health care for veterans.

• Rachel E. Spector, PhD, MSN, BSN, will receive the Honorary Human Rights Award for outstanding commitment to human rights that exemplifies the essence of nursing’s philosophy about humanity. Spector has steadfastly worked towards the promulgation of “cultural competency” because she believed that “cultural competency reflects the essence of nursing’s philosophy and human rights.”

• Sister Theresa Graf, EdD, RN, FNP, will receive the Honoray Recognition Award for outstanding direct-patient care, well known as “Sister Terry,” she provides health services for poor and uninsured residents of Nassau County in New York. One of her projects, a community health service, caught the attention of a Newsday writer who stated, “Sister Terry and her band of volunteers rely on faith, dedication, and perseverance to offer health care to those the system can’t help.” On Jan. 28, 2001, Newsday debuted a five-page spread in the Sunday Life Section detailing the work of this dedicated professional.

• Lucille Joel, EdD, RN, FAAN, and Marianne Matzo, PhD, APRN, BC-GNP, FAAN, will receive the ANA’s highest honor for recognition of distinguished national or international service to the nursing profession. The list of contributions. Joel has made to nursing is extensive. Her accomplishments are of national and international significance to nursing. She has provided distinguished service to the nursing profession since 1955. A nursing professor, Joel has served as president of the New Jersey State Nurses Association, and the president of the American Nurses Association from 1988-1992. Joel remains actively engaged at all levels of the profession contributing her time and talents to the nurses and the profession in her home state of New Jersey.

• Marianne Matzo, PhD, APRN, BC-GNP, FAAN, will also receive the ANA’s highest honor for recognition of distinguished national or international service to the nursing profession. Matzo has taught internationally in third world areas, taught doctors and nurses in Saint Petersburg, Russia, about palliative care for AIDS patients. Matzo worked with the Medical Academy of Saint Petersburg to institutionalize palliative care education in medical and nursing education. In addition, she has developed palliative care opportunities for the millions of residents living in Rio Grand Valley and South Texas, to offer baccalaureate and master’s nursing programs for the Mexican-American citizens at Pan American College (now University of Texas-Pan American [UTPA]).

• Joy F. Reed, EdD, MS, BSN, will receive the Pearl McVer Public Health Nurse Award for significant contributions to public health nursing. Reed served on the Standards Workgroup for the Exploring Accessing Information initiative under Robert Wood Johnson Foundation and the Center for Disease Control and Prevention in 2005-2006 after serving as the Division of Public Health lead on establishing an accrediting unit for the Department of Health in Washington, DC. ANA will bestow Honorary Awards in 12 categories. They are as follows:

• Rose Marie Martin, BSN, RN, OCN, will receive the Mary Ellen Patton Staff Nurse Leadership Award for significant contributions to the profession. Mrs. Martin has distinguished herself through serving in multiple leadership roles with the Ohio Nurses Association, as a board member and chairperson of the Economic & General Welfare Commission. She also serves on the executive board of the Ohio AFL-CIO, as well as having served as president of her local unit (The Ohio State University Nurses Organization). She helped to write the local unit bylaws and articles of incorporation.

• Gail Stuart, PhD, APRN, BC, FAAN, will also receive the Hildegard Peplau Award & Recognition for contributions to the field of psychiatric nursing. Stuart has devoted 35 years of her professional life to the furtherance of psychiatric nursing theory, research, education and practice. Her work clearly reflects the leadership tradition of Dr. Hildegard Peplau. Stuart has participated in 29 funded research studies, exploring the many aspects of psychiatric nursing, including: patient compliance, medication efficacy, treatment of depression, anxiety and eating disorders, and mental health service delivery.

• Rona Levin, PhD, RN, will receive the Jesse M. Scott Award for demonstration of the interdependent relationships among nursing education, practice and research. Levin is a nationally recognized expert in evidence-based practice (EBP), and is one of the leading authors, innovators, and educators in this area. The first nurse in the U.S. to edit an evidence-based practice book, she has written a book on Effective Strategies For Teaching Evidence-Based Practice, this book is being used by numerous faculty and hospitals across the country to teach nurses how to implement EBP so that a high quality of care can be delivered and patient outcomes improved.

• Pamela Cipriano, PhD, RN, FAAN, will receive the Distinguished Mentor Award for recognition of outstanding leadership and participation in and contributions to the purposes of the American Nurses Association (ANA). Having provided over thirty years of continuous service at both the state and national level to ANA and the American Academy of Nursing, she was appointed to the role of editor-in-chief of the official journal of the ANA, American Nurse Today. Cipriano oversees more than 3,000 University of Virginia (UVa) Health Systems employees, as the chief clinical officer and chief nursing officer, for the UVa Health Systems. She has written multiple articles for nursing textbooks and journals. She also serves as a clinical associate professor at the UVA School of Nursing. Dr. Cipriano recently led the UVa Health System to achieve Magnet Recognition, nursing’s highest honor, bestowed by the American Nurses Credentialing Center. This honor, earned by only three percent of U.S. hospitals, recognizes excellence in nursing care and practice.

• Deborah Hogan, RN, MPH, will receive the Staff Nurse Advocacy Award for excellence in patient advocacy for staff nurses providing direct patient care. As a public health nurse in the state of Florida, Hogan is a “working supervisor,” providing direct patient care and coordinating the immunization program in her county for children and adults. In her role as a nurse, she believes that it is her responsibility to advocate for strengthening the nursing profession, thereby improving the care of the citizens of Florida that she has chosen to protect. Through her outreach program, this utilizes an immunization van to provide access to preventive vaccines for the pediatric population, and the adult program, which protects many of the most fragile citizens from flu and Pneumococcal disease. Not only does she advocate for patients rights, but she also serves as president of the Florida State Nurses Association health care professional’s bargaining unit, advocating in the legislative arena.

• Russell E. Tranbarger, EdD, RN, FAAN, will receive the Luther Christian Award to recognize the contributions that an individual man in nursing has made to the profession of nursing. Tranbarger’s spirit of professional activism has spanned his 40+ years in nursing. The first thirty years he spent as a registered nurse in practice, with ten of those years working as a staff nurse in medical/surgical nursing and the operating room. In 1971, while at North Carolina’s Memorial Hospital, he collaborated with Dean Lucy Conant of the School of Nursing and she appointed him an adjunct faculty member, thus making him the first male registered nurse on the UNC School of Nursing faculty. Tranbarger is a tireless worker on behalf of the ANA through the North Carolina Nurses Association (NCNA), and the American Assembly for Men in Nursing (AAMN). The ANA Honorary Award program is a lasting tribute to those nurses male and female, who continue to serve. The nurses profession remains vital through their roles as mentors, humanitarians, leaders, educators, collaborators, and advocates for professional nurses.
Silver Spring, MD—The American Nurses Association (ANA) has announced the theme of National Nurses Week 2008, “Nurses: Making a Difference Every Day.” National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing.

“This year’s theme embodies what it means to be a registered nurse every day,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “Today’s nurses make the ultimate sacrifice on a daily basis to provide expert care during times of disaster and crisis; we want to honor the men and women who not only chose this challenging and rewarding career, but make a difference in the lives of their patients and in the nursing community.”

During National Nurses Week, ANA reafirms its commitment to improve the quality of health care and the working conditions of nurses. The growing shortage of RNs poses a real threat to the nation’s health care system and working conditions of nurses. The growing shortage of RNs is meeting the expanding health care needs of the public, and ANA is dedicated to fighting for a workplace environment that will encourage current nurses to continue in their careers, and inspire young men and women to consider nursing as a profession.

Annually, National Nurses Week focuses on highlighting the diverse ways in which registered nurses are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

For more information on National Nurses Week, go to http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/NationalNursesWeek.aspx.

**Did you know...?**

- There are nearly 2.9 million registered nurses in the United States. And, 2.4 million of them are actively employed.
- National Nurses Week has a distinctive history.
- The American Nurses Association was founded in 1896.
- Isabel Adams Hampton Robb was the first president of the American Nurses Association.
- According to projections released in February 2004 from the Bureau of Labor Statistics, RNs top the list of the 10 occupations with the largest projected job growth in the years 2002-2012. Although RNs have listed among the top 10 growth occupations in the past, this is the first time in recent history that RNs have ranked first. These 10-year projections are widely used in career guidance, in planning education and training programs, and in studying long-range employment trends. According to the BLS report, more than 2.9 million RNs will be employed in the year 2012, 20,000 from the nearly 2.3 million RNs employed in 2002. However, the total job openings, which include both job growth and the net replacement of nurses, will be more than 1.1 million. This growth, coupled with expected trends of nurses retiring or leaving the profession and fewer new nurses, could lead to a shortage of more than one million nurses by the end of this decade. (For details, see www.bls.gov/emp/outlook.)
- The nation’s registered nurse (RN) workforce is aging significantly and the number of full-time equivalent RNs per capita is forecast to peak around the year 2007 and decline steadily thereafter, according to Peter Buergers of Vanderbilt University’s nursing school. Buergers also predicted that the number of RNs would fall 20 percent below the demand by 2010. (Journal of the American Medical Association, June 14, 2000)
- Schools of nursing were forced to reject more than 147,000 qualified applications to nursing programs at all levels in 2005 – an increase of 18 percent over 2004, according to a report by the National League for Nursing (NLN). The NLN blamed the problem in part on a continuing shortage of nursing educators. Meanwhile, nursing colleges and universities denied 32,617 qualified applicants in 2005, also resulting primarily from a shortage of nurse educators, according to survey data released by the American Association of Colleges of Nursing (AACN). The AACN survey also reveals that enrollment in entry-level baccalaureate nursing programs increased by 13.0 percent from 2004 to 2005. According to AACN, this is the fifth consecutive year of enrollment increases with 14.1, 16.6, 8.1 and 3.7 percent increases in 2004, 2003, 2002 and 2001, respectively. Prior to the five-year upswing, baccalaureate nursing programs experienced six years of declining enrollments from 1995 through 2000.
- There are over 240,400 advanced practice nurses in the United States. Of these, approximately 144,200 are nurse practitioners, 60,000 are clinical nurse specialists, 14,600 are both nurse practitioners and clinical nurse specialists, 13,700 are nurse midwives, and 32,500 are nurse anesthetists.
- The Congressional Nurse Caucus—a bi-partisan initiative, co-chaired by U.S. Reps. Lois Capps (D-CA) and Steven LaTourette (R-OH), with 56 congressional members—was formed in March 2003. The purpose of the caucus is to educate Congress on all aspects of the nursing profession and how nursing issues impact the delivery of safe, quality care. The caucus was formed after consultation with congressional leaders and ANA.
- Research indicates that advanced practice registered nurses can provide 60 to 80 percent of primary care services as well as or better than physicians and at a lesser cost.
- 49 states and the District of Columbia allow advanced practice nurses to prescribe medications.
- The January 5, 2000, edition of the Journal of the American Medical Association (JAMA) reported the results of a study which revealed nurses fared just as well when treating their patients as practitioners they did when treated by physicians.
- The nation’s nurses rank first for their honesty and integrity, with 82 percent of Americans rating them “high” or “very high,” according to a 2005 Gallup Poll. Nurses have consistently rated first every year but one after being added to the list in 1999.
- A study published in the January/February 2006 Journal Health Affairs provides new evidence that if hospitals invest in appropriate Registered Nurse (RN) staffing, thousands of lives and millions of dollars could be saved each year. Specifically, the study shows that adequate and appropriate nurse staffing and hours of nursing care per patient, more than 6,700 patient deaths and four million days of care in hospitals could be saved each year. In addition to the immense societal benefits of adequate nurse staffing, the anticipated financial benefits of savings per avoided patient death or hospitalization may also be significant. (Note: A commentary is available that highlights the fact that people suffer and die when nursing care is inadequate. It is the latest study in a growing body of evidence that clearly demonstrates that nurses make the critical, cost-effective difference in providing safe, high-quality patient care.)
- A study, published Sept. 23, 2003, in the Journal of the American Medical Association (JAMA) and conducted by Linda Aiken of the University of Pennsylvania, determined that the educational level of RNs per capita is forecast to peak around the year 2007 and decline steadily thereafter, according to Peter Buergers of Vanderbilt University’s nursing school. Buergers also predicted that the number of RNs will fall 20 percent below the demand by 2010. (Journal of the American Medical Association, June 14, 2000)

**Facts**

- The link between adequate and appropriate nurse staffing and positive patient outcomes has been shown in several ANA publications and studies, including ANA’s Nurse Staffing and Patient Outcomes in Inpatient Hospital Settings. This report, published in May 2000, found that shorter lengths of stay are strongly related to higher RN staffing per acuity-adjusted day and that patient morbidity indicators for preventable conditions are inversely
related to RN skill mix.

- A 2001 ANA Staffing Survey revealed that America’s RNs feel that deteriorating working conditions have led to a decline in the quality of nursing care. Specifically, 75 percent of nurses surveyed felt the quality of nursing care at the facility in which they work has declined over the past two years, while 56 percent of nurses surveyed believe that the time they have available for patient care has decreased. In addition, over 40 percent said they would not feel comfortable having a family member or someone close to them be cared for in the facility in which they work, and over 54 percent would not recommend the profession to their children or their friends. These statistics reveal a disturbing trend.

- America’s registered nurses report that health and safety concerns play a major role in their decisions to remain in the profession, according to findings from a Health and Safety Survey released in 2001. In the survey, over 70 percent (70.5 percent) of nurses cited the acute and chronic effects of stress and overwork as one of their top three health and safety concerns. Yet nurses continue to be pushed harder—with more than two-thirds reporting that they work some type of unplanned overtime every month.

- The American Nurses Credentialing Center Magnet Nursing Services Recognition Program offers guidelines designed to shift hospital administrators’ focus from expensive, short-sighted recruitment efforts to meaningful retention strategies. Hospitals that have been designated as “magnets” have been found in studies to attract and retain professional nurses who experienced a high degree of professional and personal satisfaction through their practice. “Magnet” criteria can be used by nurses and administrators to assess their own facilities for improvements. For details regarding this program, see www.nursecredentialing.org/magnet

ANA Terminates Affiliation Agreements with UAN and the Center

Rebecca Patton, ANA President
Linda Stierle, ANA CEO

On Friday, December 28, 2007, based upon action taken at the Board of Directors meeting in early December, ANA notified both of its Associate Organizational Members, (AOMs) the United American Nurses (UAN) and the Center for American Nurses (the Center) that ANA was giving notice of termination of the affiliation agreements with the two organizations, effective at the end of the term, June 30, 2008. The association expressed its willingness to have discussions about pursuing different types of business relationships with the UAN and the Center. The December 28th notice date coincides with the six month notice required to be given to the UAN, and ANA is committed to treating the two AOMs equivalently.

In taking its action, the ANA Board of Directors reaffirms its avid support for and belief in ANA’s diverse membership having the freedom to choose collective bargaining or other approaches to workforce advocacy. ANA is fully committed to offering its members participation in both labor and workforce advocacy programs. To that end, absent the affiliation agreements between ANA and the AOMs, the CMA may receive a grant from ANA for their own labor or workforce advocacy programs. This money could be put toward the payment of dues to UAN or the Center, as the state association deems appropriate. Further information about the grants will be made available after consideration by the ANA Board or Directors. Fundamentally, however, ANA will continue its long and distinguished practice of serving as a national multi-purpose nursing organization on behalf of nurses who choose to work in collective bargaining environments and nurses who choose to engage on an individual level in workforce advocacy.

In taking this action, the Board recognizes that the ANA and Constituent Member Associations (CMAs) would be better served and strengthened if the relationships between the CMAs and the UAN and the CMAs and the Center were made directly by the state associations, without unnecesary references to AOMs in ANA’s bylaws or policies. Further, the ANA Board has trust and confidence in the CMAs being best positioned to evaluate the value of their relationships with the UAN or the Center. This action will not affect the direct relationship between the CMAs and the UAN or the Center. The Board believes that both ANA’s membership and the profession of nursing will benefit by the relationships being established among the organizations that are directly involved. Many CMAs have a high level of affinity for the UAN and the Center, and we expect that to continue.

The ANA Board will continue to explore all avenues that would provide a connection for ANA members with collective bargaining or with workforce advocacy programs.
Learning to Ask for Help

DIANE E. SCOTT, RN, MSN

As Carrie House James, MSN, RN, CNA, President of the Center for American Nurses, so aptly states, “Once a nurse, always a nurse.” As a professional nurse, your role frequently extends past the end of the workday as family, friends and neighbors often seek your nursing wisdom and assistance with a variety of personal matters. Like most nurses, you are very willing to help them, regardless of the setting and situation.

As a professional nurse, you have given help to others in a multitude of roles: caregiver, advocate, mentor and teacher. Yet it is being in the role of receiving help with which many nurses struggle. Nurses are not accustomed to nor do they enjoy being in the position of needing assistance or guidance.

The etiology for this reluctance may have been initiated in your first role as a staff nurse. As a staff nurse, you were probably instructed that the “ultimate” responsibility for patient care rested on your shoulders. If a physician forgot to order a medication, you addressed the oversight; if a nursing assistant did not perform AM care, you made certain the tasks were completed. Over time, the reluctance for delegation and the hesitancy for asking for help were ingrained as you became the person who always handles everything without ever enlisting the support of others.

The Benefits of Asking for Help

There are distinct advantages in learning to ask for help. Dr. Susan Gaddis, author of the Center for American Nurses Nursing That Works series, How to ask for help and increase your chances at getting it, writes of the benefits of asking for help including:

- Saving time and money. When you ask for help, you create a synergy that leads to the reduction in the amount of time needed to complete any task. When you ask for help and guidance, you can often avoid costly mistakes saving you and your healthcare organization time and money.
- Avoiding being viewed as the martyr. Being perceived as the person who never enlists the assistance of others may have a negative impact on how you are viewed, as most co-workers value collaboration and teamwork.
- Increasing your chances at getting help. Dr. Susan Gaddis, author of the Center for American Nurses, so aptly states, “Once a nurse, always a nurse.” As a professional nurse, your role frequently extends past the end of the workday as family, friends and neighbors often seek your nursing wisdom and assistance with a variety of personal matters. Like most nurses, you are very willing to help them, regardless of the setting and situation.
- Developing others. By asking for help, you empower and mentor future leaders and help to develop their strengths. In addition, you make them feel valued for their talents, knowledge and abilities.

Passively Asking for Help

In the past, you may have met resistance when you requested assistance from others. Perhaps it was not the request that led to their hesitancy; it was the manner in which it was requested. If you initiate the request for help by using a passive statement, it may result in immediate untoward negative feelings toward the request that follows. For example:

By learning how to ask for assistance without beginning your statement in a passive or negative tone, you will have better results in gaining the other person’s engagement. In addition, if they know what your contributions will be towards the collective process, you increase the likelihood that others will collaborate with you. For example:

“This while I am passing medications in room 1309, could you please get Mr. Smith ready for his x-ray?”

Direct verses Indirect Asking

Dr. Gaddis writes that, depending on the situation, there are two ways to ask for help: directly or indirectly. A direct approach works best when you know exactly what you need and are short of time. An indirect approach can be used when a person has knowledge of what needs to be done and allows them the opportunity to have input with the direction of their contributions.

Listed below are examples of phrases to use when asking for help:

**Direct Phrases for Asking for Help**
- I need your assistance with…
- I need your expertise with regard to…
- I’d like to get your input on…
- I’d really appreciate your insights regarding…
- It would really help me if you would…
- Could you please help me by…
- Here’s how you can best help me right now…
- Here’s what I need for you to do…
- I need you to contribute by…
- Please show me how to…
- I’d like to get your support by having you do the following…
- It would be helpful if you show me how to…

**Indirect Phrases for Asking for Help**
- Could you please help me with…
- What aspect of this would you like to handle?
- What part of this would you like to take on?
- What ideas do you have with regard to…
- What contribution would you like to make?
- What do you have in mind with regard to helping me?
- Based on your experience, how does this all fit together and what part of this would you like to take on?
- What are some of the ways you’d like to help?

Showing Appreciation for their Help

After you have received the assistance, make a conscious habit for acknowledging the contribution the other person has made. Be sure to tell them the results of their action and how it helped you or the organization.
The Center: When should a nurse contact an attorney?

Ms. Wright: While representing oneself is a nurse’s right in our justice system, it is difficult to maintain one’s composure, remain objective, and act in one’s own best interest at all times when proceeding as your own representative. Many times, a nurse will only seek legal representation after there has been irrevocable action against their licenses to practice or after the disciplinary investigation has gone off course.

When a nurse is reported to the State Board of Nursing or if an investigator calls them, it behooves them to consult with a nurse attorney who practices administrative law in their state before they provide the Board with any information via a phone interview, written statement or meet with an investigator.

The Center: What about the cost of an attorney?

Ms. Wright: As an attorney licensed in Ohio, Kentucky, and Indiana, I can advise nurses on the financial, emotional, employment and professional ramifications of their responses. Although the investigator’s conversations may be described as “routine” and may be rather short in length, a nurse still needs to be cautious of every response and can reserve the right to representation prior to answering any questions.

If a nurse has spoken with the state board without speaking to an attorney, it is very important that the nurse seeks legal advice prior to signing any agreements or orders. A nurse needs to fully understand the terms and provisions in any agreement or order prior to signing the document. A nurse can hire legal representation at any point in the investigative and adjudicative process or even before the actual complaint is filed with the Board of Nursing if the nurse knows or suspects a compliant will be filed.

The Center: What is the cost of an attorney?

Ms. Wright: A nursing license is how a nurse supports her family; it is her livelihood. Making an informed decision in any matter that impacts a nurse’s livelihood and State Board of Nursing disciplinary investigations and adjudications can impact a nurse’s license as well as her career.

While professional legal advice is not free, the financial, emotional, employment and professional ramifications of being investigated and facing action against a license overwhelmingly supports the expense of retaining an attorney. In many cases, a one-time phone call or in-person consultation at the cost of a few hundred dollars can help determine the need for further consultative services. What many nurses do not realize, is that their own professional liability insurance may pay for legal counsel in many cases.

The Center: How can nurses prevent liability?

Ms. Wright: One significant means to manage exposure to liability for healthcare professionals is to purchase professional liability insurance. While many nurses are under the assumption that their hospital’s malpractice policy provides adequate protection, I cannot emphasize enough that an employer’s liability policies are meant to protect the facility.

By owning a professional liability insurance policy, a nurse is protected in the event they are named as a defendant in medical malpractice and in the event a complaint is filed against their license with the Board of Nursing. When purchasing a policy, make sure that it covers attorney fees and costs in State Board of Nursing disciplinary investigations. Nurses should consider purchasing an insurance policy for an insurer that writes policies for nurses and other licensed healthcare professionals as this typically may include coverage for professional liability, licensure defense, and deposition representation.

The Center: When should a nurse contact an attorney?

Ms. Wright: Contact your state nurses association for a referral to a nursing licensure attorney (www.nursingworld.org), or contact The American Association of Nurse Attorneys (www.naana.org). This Nursing That Works article is not intended to take the place of any professional legal advice. For more information, please contact your State Board of Nursing, state nurse’s association, or contact a licensed attorney in the state in which you are licensed.

LaTonia Denise Wright, R.N., B.S.N., J.D. is licensed to practice law in Ohio, Kentucky, and Indiana and is a Registered Nurse in Ohio. The majority of her law practice involves defending nurses in licensure matters. She currently practices as an RN with Interim HealthCare in Cincinnati, Ohio on a per diem basis. Her blog about the law, legalities, and legal issues in nursing is www.absolutenurses.typepad.com.

The next issue of Nursing That Works will present an interview with an Executive Director of a State Board of Nursing.
New Trends in Foreign Nurse Recruitment

BY DIANE E. SCOTT, RN, MSN

The Center for American Nurses

The Center: What are the reasons that foreign educated nurses want to come work in the United States?

Ms. Fritz: With the increased accessibility to the internet and other media from the United States, foreign-educated nurses are more much more exposed to the potential personal and financial benefits and mechanisms to become a nurse in the United States. Many of the foreign-educated nurses obtain a U.S. nursing license to fulfill multiple professional and personal goals. Numerous foreign-educated nurses desire the opportunity to work in clean, safe, high-tech hospitals.

The economic advantage for nurses working in the United States usually goes beyond their personal financial gain; it carries through to their extended families back in the countries of origin. It has been my experience that most foreign-educated nurses will send up to 33% of their salary back to their home country to support their parents, siblings, and other family members. The governments of the foreign countries welcome the influx of financial gain; it carries through to their extended families back in the countries of origin.

The Center: Are there ethical issues involved with recruiting foreign-educated nurses?

Ms. Fritz: Yes, there can be ethical concerns for both the nurse and the nursing profession.

Professional nursing organizations appropriately caution us to not deplete resources in specific countries where there are already serious shortages. For example, in the U.S., we have 8-10 RNs per 1000 population. In South Africa, there are only 1 to 1000. But as a general position, the International Council for Nursing states: “Nurses have a right to migrate and denounce unethical recruitment.”

In addition many of the foreign-educated nurses genuinely want to work in the United States.

The Center: Where do most of the foreign-educated nurses come from?

Ms. Fritz: According to the U.S. Department of Health and Human Services, 50% come from the Philippines, 25% from Canada and 8% from the United Kingdom. 22% come from all other sources. In addition, over half of the foreign-educated nurses were estimated to have baccalaureate or higher degrees.

The Center: What are the advantages of hiring a foreign-educated nurse?

Ms. Fritz: Many (FENs) are highly motivated to be a nurse in the U.S. and usually have dedicated from 2 to 4 years of their lives to reach this goal. In addition, the nurse usually has already demonstrated persistence and adaptability in navigating the immigration and licensure processes.

As U.S. hospitals care for an increasingly diverse patient population, the foreign-educated nurse is also an asset as we work to be culturally competent and provide culturally appropriate care. Finally, the foreign-educated nurse can be a more permanent solution than temporary staffing options. Foreign-educated nurses want to work in the United States, they want the opportunity to be permanent, and they want to be paid a fair salary.

The Center: How would a prospective employer approach the recruitment of foreign-educated nurses?

Ms. Fritz: When choosing a recruitment partner, choose carefully. In the past, there were only about 30 or 40 companies recruiting nurses from overseas, now there are over 200. The Joint Commission has implemented a certification process which is helping to address some of the quality issues in selecting a reliable recruiting partner, so I highly recommend making sure the recruitment company is certified.

It behooves a healthcare organization to know how long the agency has recruited internationally and learn how many nurses they have brought to work in the U.S. It is just as important to learn the satisfaction rate of their client hospitals as well as their ethics in their practices. I also believe it is important for a recruiting organization to “give back” to the countries of origin.

Some large health care systems recruit directly; but most use third-party recruiters because of the complexity of the credentialing, education, licensure, and immigration processes.

The Center: What are the types of FEN recruiters?

Ms. Fritz: With either model, the commitment period for the nurse typically ranges from 2 to 3 years. When choosing a recruiter, there are two general models:

(1.) Direct Placement: 55-60% of recruiters pay up front for recruitment and immigration fees to fill a specific “order” in terms of quantity and specialty. The hospital employs the nurse immediately and assumes the risk of hiring them without previously working with them.

(2.) Lease to Hire: 40-45% of recruiters pay no upfront costs to the recruiting agency; instead, they pay a hourly rate for nurses’ shifts worked for the contract period. The hospital then hires the nurse after having experienced the quality of their work in the hospital for several months.

The Center: What are keys to success in working with these nurses?

Ms. Fritz: One of the most important components of a successful long-term placement of a foreign-educated nurse is the extent to which the recruiting company chooses and prepares the candidates. A simple phone interview and explicit check into next steps to verify success and recruiters should meet potential candidates face-to-face in their country of origin.

The interviewing and preparation phase of the placement should be done with extreme caution and by using various tools to determine the level of critical thinking and nursing skills of the applicant. In the United States completes a survey tool to determine how she makes decisions. I want to find out how she will accommodate unconventional and unique patient situations, physical interactions, and peer relations, and having a well designed tool can help predict how they may react when encountering real patient situations in this culture.

While all foreign-educated nurses must also take the NCLEX exam for licensure, simply passing the test does not always determine critical thinking skills. My team uses patient vignettes in our verbal interviews with the nurses to really get a feel for who the nurse is as a person and how she makes decisions. I want to find out how she will accommodate unconventional and unique patient situations, physical interactions, and peer relations, and having a well designed tool can help predict how they may react when encountering real patient situations in this culture.

The Center: What about orientation to the community?

Ms. Fritz: The greatest challenge for a foreign-educated nurse is clarity of speech. While all are required to pass an English exam, accent reduction is also sometimes needed. Recruiters and hospitals assist the foreign-educated nurse by coaching her to listen to talk radio and audio books. Preceptors and colleagues can also help by monitoring phone calls or having the foreign-educated nurse take formal accent reduction courses.

As for clinical competencies, it is important to choose a recruitment company that assesses and validates education credits, knowing your legal rights, or skillfully think through situations. The face-to-face interviews are also very helpful in determining the extent of her English speaking skills as well.

The Center: How can a FEN be best oriented after she arrives to the United States?

Ms. Fritz: The orientation to the community is important and should include, at minimum, securing and settling in a safe, appropriate, and furnished apartment; organizing transportation; teaching shopping, taxes, and banking; and processing payroll and benefits documents. An experienced recruiter can provide this as well teaching U.S. culture, laws, and manners.

While all foreign-educated nurses must also take the NCLEX exam for licensure, simply passing the test does not always determine critical thinking skills. My team uses patient vignettes in our verbal interviews with the nurses to really get a feel for who the nurse is as a person and how she makes decisions. I want to find out how she will accommodate unconventional and unique patient situations, physical interactions, and peer relations, and having a well designed tool can help predict how they may react when encountering real patient situations in this culture.

The recruitment and integration of the foreign-educated nurse can be a win-win situation for all concerned if the above elements are considered. Foreign-educated nurses benefit from their professional “dreams being fulfilled” and their families receiving funds to improve their lives in the host country. Our diverse employee base is very beneficial by the culturally diverse nurse population. And healthcare organizations gain permanent staff members who remain as flexible, confident, and competent nurses.

*The Center for American Nurses is committed to helping nurses develop both professionally and personally. The Center offers sold evidence-based solutions-powerful tools to employ the nurse immediately and assumes the risk of hiring them without previously working with them.

Ms. Fritz: The answer is yes, there can be ethical concerns for both the nurse and the nursing profession.

Professional nursing organizations appropriately caution us to not deplete resources in specific countries where there are already serious shortages. For example, in the U.S., we have 8-10 RNs per 1000 population. In South Africa, there are only 1 to 1000. But as a general position, the International Council for Nursing states: “Nurses have a right to migrate and denounce unethical recruitment.”

In addition many of the foreign-educated nurses genuinely want to work in the United States.

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Health Care Reform and Patient Safety:
Medical and Legal Challenges & Opportunities
for Medicine and the Law

April 2-3, 2008
Laramie, WY
HILTON GARDEN INN

Registration Deadline
March 21, 2008

Early Registration
February 29, 2008

• Conference Agenda •

Sponsored by
The College of Law
The College of Health Sciences
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Wyoming Health Care Commission

More Information To Come!
Health Care Reform and Patient Safety: Challenges and Opportunities for Medicine and the Law

Laramie, Wyoming
April 2-3, 2008

Preliminary Agenda—Last updated 2/12/2008

Location—Conference Center—Laramie

Sponsors/Coordinators
University of Wyoming College of Law
Wyoming Law Review
University of Wyoming College of Health Sciences

Tuesday, April 1, 2008
6:00 PM–8:00 PM  Welcome Reception
American Heritage Center

Wednesday, April 2, 2008
8:00 AM–8:45 AM  Registration & Continental Breakfast
8:45 AM–9:00 AM  Welcome and Introductions (President Tom Buchanan, University of Wyoming)
9:00 AM–9:30 AM  Wyoming, Health Care and the Nation (Governor Dave Freudenthal (possible)
9:30 AM–10:15 AM  Morning Keynote Address
Patient Safety: Past, Present & Future (Dr. Dennis O’Leary)
10:15 AM–10:30 AM  Discussion and Audience Questions (Facilitated by Dean Kelley)
10:30 AM–10:45 AM  Coffee Break
10:45 AM–11:00 AM  Quality and Wyoming:  An Update from WHCC (Fran Cadez or Jack Glode)
11:00 AM–11:30 AM  Private Responses & Strategies: Medical Practices Evolving in a Safety-Focused Era
Allen Kachalia, Brigham & Women’s Physicians Organization
11:30 AM–12:00 Noon  Private Responses & Strategies: Hospitals & the Culture of Safety
Lauree Barreca & Meg Garrett, Johns Hopkins Medicine
12:00 Noon–1:00 PM  Lunch
(someone from VA to speak about disclosure programs at VA, preferably from Lexington, KY; alternatively, don’t have a speaker at lunch. N.B.: No action to be taken in inviting the VA speaker until more is known about participation by Sens. Enzi and/or Barrasso)
1:00 PM–1:30 PM  Private Responses & Strategies: Nursing: On the Front Line of Change
(assuming designee)
1:30 PM–2:00 PM  Private Responses & Strategies: Safety & the Pharmacy
Jim Carter, Wyoming Board of Pharmacy
2:00 PM–2:30 PM  Private Responses & Strategies: The Role of Health Plans
Jeff Gabardi or designee, AHIP
2:30 PM–3:00 PM  Private Responses & Strategies: Litigation, Patient Safety, and the Tort Environment (WTLA Designee)
3:00 PM–3:15 PM  Coffee Break

Continued on page 17
Continued from page 16

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>3:15 PM–3:45 PM</td>
<td>Private Responses &amp; Strategies: Liability Insurers and Risk Management (COPIC CEO or Designee invited)</td>
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<tr>
<td>3:45 PM–4:30 PM</td>
<td>Afternoon Keynote Address Health Care &amp; the American Political Landscape (Richardson, etc.; potentially framed by video-presentations by Sen. Enzi or Sen. Barrasso)</td>
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<tr>
<td>4:30 PM–5:00 PM</td>
<td>Ethical Perspectives &amp; the Changing Face of American Health Care (LaFrance)</td>
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<tr>
<td>5:00 PM–5:45 PM</td>
<td>Moderated Discussion on Private Responses and Strategies (Dean Parkinson or Dean Kelley)</td>
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<tr>
<td>5:45 PM–6:30 PM</td>
<td>Reception (Dinner on your own)</td>
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OR

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<th>Time</th>
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<tr>
<td>4:30 PM–5:15 PM</td>
<td>Moderated Discussion on Private Responses and Strategies (Dean Parkinson or Dean Kelley)</td>
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<tr>
<td>6:00 PM–8:00 PM</td>
<td>Evening Reception, Dinner &amp; Address Ethical Perspectives &amp; the Changing Face of American Health Care (LaFrance)</td>
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Thursday, April 3, 2008

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<tr>
<td>8:15 AM–9:00 AM</td>
<td>Registration &amp; Continental Breakfast</td>
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<tr>
<td>9:00 AM–9:45 AM</td>
<td>Morning Keynote Address Public Decision-Making &amp; an Agenda for Change (Carolyn Clancy)</td>
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<tr>
<td>9:45 AM–10:15 AM</td>
<td>Issues Intersection: Rural Health Care Delivery (Mueller, Sherard)</td>
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<tr>
<td>10:15 AM–10:30 AM</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>10:30 AM–11:00 AM</td>
<td>Issues Intersection: State Health Care Reform (Mark Wallace)</td>
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<tr>
<td>11:00 AM–11:30 AM</td>
<td>Issues Intersection: Consumer Involvement (e.g., Swankin, Skolnik)</td>
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<tr>
<td>11:30 AM–12:00 PM</td>
<td>Issues Intersection: Compensation, Liability &amp; Accountability (Dauer, Barringer)</td>
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<tr>
<td>12:00 PM–1:00 PM</td>
<td>Lunchtime Address (Sen. Enzi?)</td>
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<td>1:00 PM–1:15 PM</td>
<td>Concluding Remarks</td>
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WNA Payment Schedule

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<th>Annual Payment</th>
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<td>Special Full - $71.75</td>
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<td>$4.80</td>
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</table>

* Includes a $6.50 service charge

Electronic direct payment plan

Make Check Payable to: American Nurses Association
Send Check & Application to:
Wyoming Nurses Association
PMB 101
501 S. Douglas Hwy, Ste A
Gillette, WY 82716
Phone: 1-800-795-6381

Payment Options

- FULL ANNUAL PAYMENT BY CHECK
- PAY BY ELECTRONIC DUES PAYMENT PLAN (EDPP)
  Read, sign the authorization, and enclose a check for the first month’s payment (amount shown in bold above); one-twelfth (1/12) of your annual dues will be withdrawn from that checking account monthly, in addition to an annual $6.00 (50¢ per month) service fee (total is amount above).
  AUTHORIZATION: This authorizes ANA to withdraw 1/12 of my annual dues and any additional service fees from the checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written confirmation of termination 20 days prior to the deduction date as designated above. ANA will charge a $5.00 fee for return drafts.
  SIGNATURE FOR EDPP AUTHORIZATION:

- PAY BY CREDIT CARD
  ___ Full annual payment—automatic annual credit card payment (automatic renewal)
  ___ Monthly payment from credit card
  ___ Full annual payment—one year only
  ________________________________
  Visa/MasterCard __________________ Expiration date

Membership Categories

- FULL ANA/WNA MEMBERSHIP
  RN employed full or part time
- REDUCED 50% OF FULL ANA/WNA MEMBERSHIP DUES (NEW GRADUATES)
  RN who is unemployed
  - or - over 62 years of age & earning less than maximum allowed receiving Social Security benefits
  - or - enrolled in baccalaureate, masters or doctoral program, at least 20 credit hours per year
  - or - RN FIRST YEAR, WITHIN SIX (6) MONTHS AFTER GRADUATION
- REDUCED 25% OF FULL ANA/WNA MEMBERSHIP DUES (RETIRED)
  - RN who is over 62 years of age and unemployed
  - or - who is totally disabled
- WNA ONLY MEMBERSHIP
  RN employed full or part time

MEMBERSHIP NEWS

2008 Wyoming Association Membership Application

PMB 101, 501 S. Douglas Hwy, Ste A • Gillette, WY 82716 • Phone: 1-800-795-6381

*LAST NAME / FIRST NAME / MIDDLE INITIAL CREDENTIALS/ SOCIAL SECURITY #

*BASIC SCHOOL OF NURSING/ HOME PHONE

*GRADUATION: MONTH / YEAR WORK PHONE

*EMPLOYER NAME *R. N. LICENSE # FAX

*ADDRESS / CITY / STATE / ZIP E-MAIL

*STREET OR PO BOX # BASIC SCHOOL OF NURSING/ HOME PHONE

*CITY / STATE / ZIP GRADUATION: MONTH / YEAR WORK PHONE

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*TITLE / POSITION MAJOR CLINICAL, PRACTICE, OR TEACHING AREA RECRUITED BY

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