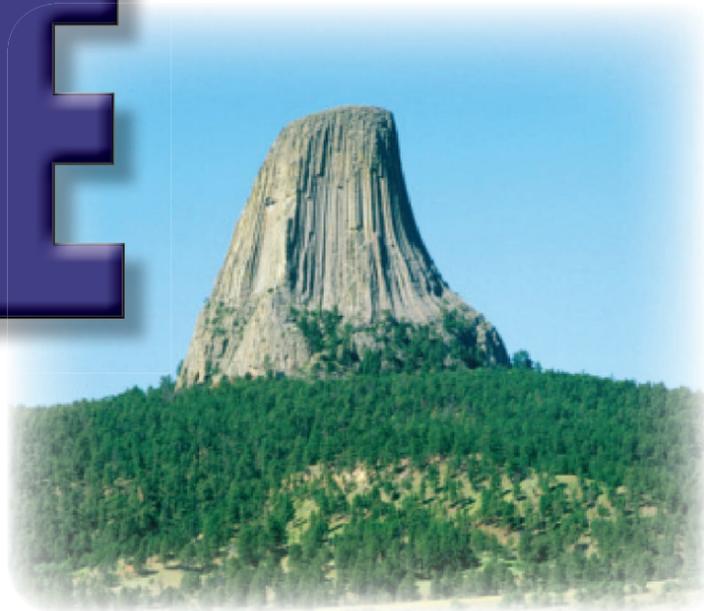


WYOMING NURSE

The Official Publication of The Wyoming Nurses Association



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September, October, November 2008

PRESIDENT'S MESSAGE

As I prepare to turn over the presidency of WNA I felt it important to share with the nurses of Wyoming what the goals of WNA have meant and will mean to nursing in Wyoming. One of the goals of mine as I led a great board of nurses for WNA was to organize and guide the professional organization in a way that could demonstrate that WNA does work actively for you. So when a nurse says *Why should I join WNA* any board member and hopefully members can say this *is why...*

1) *Promote the development of nursing leaders in Wyoming!* What does that mean? To me it is clearly that WNA must "grow" leaders to move our organization and the profession of nursing forward. We do this with the President-elect process. It is time for me to pass the presidency on to a very capable and knowledgeable nurse, Susan Howard, RN, MSN. Sue with her passion will guide the organization. While being President of WNA takes time and commitment, the past four years (two as president-elect and two as president) seems to have flown by. Representing WNA and Wyoming nurses in Washington DC at ANA House of Delegates, constituent assembly, and the Center for American Nurses council meetings has been an opportunity of learning and networking. I would like to take this time to thank the nurses of Wyoming for giving me this gift.

The WNA board is made up of a strong representation of nursing in Wyoming. Leaders who believe in the profession and desire to make a difference. I want to thank them for their dedication and time commitment to WNA.

2) *Be the leader in legislation and health policy:* WNA legislative agenda is developed every year at the annual meeting where members can share what is on their minds and what they feel is important to nursing in Wyoming. This year WNA has been looking at school nursing, continued competency/education of nurses, smoke free Wyoming, and of course will stay tuned for any legislation that affects safe delivery of patient care. The legislative committee is active and will notify you through email if a bill is in the process that we should comment on or lobby for or against. Citizen lobbying is very important in Wyoming—our legislators need to know what we think and why we are for or against a piece of legislation. WNA have set the dates for our legislative days and is actively planning for another successful trip to the capital. Toni Deklever, RN, MS has agreed to be our lobbyist for another year. Thank you Toni, WNA does appreciate your energy and enthusiasm. You represent us well.

3) *Advance the professional development of nurses:* The summit and WNA annual meeting is planned and underway with exciting speakers and networking events. Plan to attend and be part of the "voice of Wyoming nurses." Nurses shared through a survey in 2007 that their main dissatisfier in the workplace was documentation, two speakers—Jill Fuller will speak about transforming care at the bedside and Terri Hall will speak on electronic health care records. They will share ways that they have addressed documentation concerns. I look forward to seeing you at the summit and annual convention. Remember to mark your calendars for all "centennial" to be celebrated in Cheyenne in 2010, Sept 16–18. We want that convention to be a "real historical celebration of nursing in Wyoming. I've heard a rumor that even Florence N. will be visiting the great state of Wyoming.

Another way that WNA has contributed to the development of nurses is the nurse refresher course. This past year Laura Meloche, continuing education chair has revised and updated our course and it is now online to provide greater accessibility and quicker response time for the participants. This was a lot of work and I want to thank Laura for making this possible.

4) *Influence workforce initiatives:* WNA has participated

as a member state for the Center for American Nurses since 2003. Our current bylaws include representation at the center council and membership opportunities. However this year major changes occurred at ANA House of Delegates.

The Center will now be independent of ANA so WNA must determine will we continue with a memorandum of understanding to offer this membership initiative of workforce advocacy to our members. At the annual meeting we will discuss this and make a decision. The Center acts as a resource to the individual nurse providing information and experts on workforce issues. A new benefit is a new online journal called "nurse first" that will be available. If members vote to continue this partnership then WNA must market this resource to our members. If asked, I wonder how many nurses know what the Center is and what the Center does for them?

The second piece on workforce initiatives that I would like to touch upon is WNA's participation in the Partners in Care (PIN) project with Robert Wood Johnson. WNA and many nursing and healthcare provider groups in Wyoming formed a consortium with the Wyoming Community Foundation and were successful in a grant to form a nursing center and provide small grants to look at best practices in Wyoming nursing, one that will be specifically for long term care. The goal is to look at what works well and how it affects nursing retention and quality patient/resident care. This initiative is just in the infancy stages—stay tuned for much more information.

5) *Evaluate organizational effectiveness:* During my presidency and Linda Mink's Presidency, while I was president-elect, WNA made some hard choices about what worked for the organization. One of those choices was to develop a virtual office. WNA is totally virtual—we have a mail box and we do most of our business through the internet. Tobi Lyon our executive director has really assisted the organization with membership and communication. Our membership has grown to 339 members. This continues to be a goal—to increase membership. Our second goal is to have a current webpage and email distribution list. Please make sure that WNA has your current email address for information. I remember years ago being on the WNA board and every week we received the mailings, it is so much nicer and more current now to receive it by the internet (electronically); Sure saves on the trees.

Remember the old slogan "She's come a long way baby;" WNA has come a long way over my 33 years of membership. It will be fun in 2010 to review what each President felt was important during their reign. We are working hard on the history of WNA so if you have any tidbits you want to share or include please email them to me so I can compile it. I also need help in finding all the past presidents and having a list back. I can name the ones since I have been involved but I really do need help for the other sixty plus years.

I want to take this opportunity to thank you for allowing me to serve the nurses of Wyoming and the Wyoming Nurses Association for the past four years as President-elect and President. What a great group of nurses we have and the future of nurses in Wyoming looks very bright!



VERONICA TAYLOR, RN, MS
WNA PRESIDENT

ADN to BSN Nursing Community Partnership

SANDRA CONKLIN, RN, MSN
DIRECTOR OF NURSING SERVICES,
WYOMING MEDICAL CENTER

Wyoming Medical Center (WMC) and the University of Wyoming, Fay W. Whitney School of Nursing have recently created a joint venture to support staff nurses who desire to advance their academic preparation. This collaborative is designed to enhance the number of staff nurses who hold Bachelor of Science degrees within the hospital setting. Currently, only 22% of the WMC nursing staff hold a bachelor degree when compared with a national benchmark of 35% from the National Database of Nursing Quality Indicators, held at the University of Kansas. The American Nurses Association, the National League for Nursing along with other nursing interest groups have long advocated for a bachelors of science as a minimum entry level for professional practice. Given the complexities in health care and the rapid expansion of knowledge need to care for patients in day to day practice, WMC is promoting this program as part of their career and professional development for their nurses.

Under the direction of Mary Sue Hager, MS, RN, FNP, Coordinator from the University of Wyoming and Julie Cann Taylor, RN, BSN, Associate Vice President for Nursing at Wyoming Medical Center the first cohort was selected in July of 2008 for the University's on-line program. Interested staff nurses are advised by Ms. Hager on electives and nursing courses needed. Ms Cann Taylor notes that "many of our associate degree nurses are Casper College graduates and already have completed electives which will make their transition to the University easy." It is expected that WMC and their patients will reap the benefits of approximately 30 baccalaureate prepared nurses over the next 3 years through this program. Funding for this program is made available through both the hospital's tuition reimbursement program and a grant awarded to the hospital earlier this summer through the Wyoming Department of Health and Rural Affairs in support of the hospital's pursuit of ANCC Magnet recognition. Ms. Hager states that "educational standards influence the perceptions about nursing as a career choice and this partnership between the hospital and the school of nursing will raise the standard for our profession here in central Wyoming." WMC internally promotes career advancement for their nurses and acknowledges those who receive their baccalaureate degrees monetarily and through their clinical ladder program.

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MESSAGE FROM MARY



MARY L. BEHRENS

Thanks to the Wyoming Nurses Association for nominating me for the Barbara Thoman Curtis Award at ANA. WNA was very sneaky and filled the necessary forms and all the supporting documents without my knowledge. I did learn about it when Sue Howard called me to meet her to sign the application while she was in Casper. It is also an honor to have the person who the award is named after still be alive.

Barbara Thoman Curtis has been a political force in this country and has not missed an ANA convention since 1968. That is pretty important since she receives kidney dialysis, has several bone fractures and rides around in a motorized chair. "She called me from Florida just before the House of Delegates in DC and said "I will not miss this one...I will be there." It was hard to hold back tears when 23 members of my family traveled to Washington, the Wyoming delegation of nurses and other nurses from around the country were there too. There was a letter of Congratulations from Vice President and Lynne Cheney put up on the screen. Senator Enzi and Senator Barrasso were also very supportive. No one ever wins alone but rather one needs the support of other nurses to get the work done. I am humbled and honored to be a proud member of the Wyoming Nurses Association.

Today is primary day in Wyoming and I hope you all vote. If not, there is still the general election coming up in November. It is important to support the candidates that have a positive view about nursing and concern about health care. This is not a democratic or republican issue. In fact ANA will be hosting a health care awareness event at both conventions in Denver and Minneapolis. We have seen close elections in the recent past and also know that every vote counts. There is no good excuse because if you are out of town during an election, you can vote absentee. We have many good causes too-nursing shortage, workplace safety, patient safety and lack of insurance for many. This is not the time to sit back to watch and see. I look forward to great discussions at our Convention and Nursing Summit in September. Congratulations to all the nurses who worked so hard for the Robert Wood Johnson grant on workforce issues. This is another way we can be actively involved in keeping nurses in our state.

Finally here is an opportunity for students to consider: **Health Care Without Harm's Nursing Student Essay Contest (2009)**

In an effort to spread the word to nursing students of the important role nurses can and do play in advocating for environmental health, the Nurses Work Group of Health Care Without Harm (www.noharm.org/us/nurses), along with The Luminary Project (www.theluminaryproject.org), are holding the second annual Nursing Student Essay Contest.

The essay: Nurses have played a key role in the modern environmental health movement through their participation in the Health Care Without Harm Campaign, through activities in their professional associations, and through facilitating changes in their communities and places of work that help improve human health through improving the environment. In an essay between 1000 and 1500 words discuss the nurse's role as an environmental health activist. The essay should discuss *specific activities* that demonstrate the nurses' role as an environmental activist; the essay can discuss, for example, the nurse's role in advocating for clean water, air or food. The essay may consider the nurse's role in advocating for populations that are particularly vulnerable to environmental pollutants, such as the very old, the very young, or the immune-compromised. The topic should be presented in the context of environmental health advocacy in the workplace, the home, or community. The essay must be original, not published elsewhere, and not written as part of one's paid employment. The essays will be judged on quality of writing, originality of thought, how well they adhere to the criteria outlined above and by how clearly they address the issue of the nurse as an environmental health activist. Citations must be in APA format.

Eligibility: The contest is open to all undergraduate nursing students presently enrolled and in good standing in a nursing program in the United States or Canada. This contest does not apply to nursing students who already hold RN licenses. Registered nurses who are interested in environmental health issues are encouraged to participate as Nurse Luminaries in The Luminary Project.

Essay winners: The Guiding Lights, the advisory group of The Luminary Project, will judge the essays. Winners will be announced February 15, 2009. There will be one prizewinner, and two honorable mentions. All winning essays will be posted on The Luminary Project web site and their authors will be given full credit. The writer of the essay that is awarded the first prize will be given the award at CleanMed 2009, to be held in Chicago, IL in May 2009. The winning student essayist will receive funds for travel to Chicago and accommodations for one day.

How to enter: Entries should be submitted electronically to Colleen Funkhouser at cfunkhouser@hcwh.org. They should be submitted by 5 P.M. (EST) Eastern Standard Time on December 15, 2008. All entries should include a cover letter listing the nursing student's name, phone number, nursing school in which enrolled, expected date of graduation, and contact info for one nursing school professor or advisor to verify student status.

WYOMING NURSE

The "WYOMING NURSE" is the official publication of the Wyoming Nurses' Association.

Articles appearing in the publication express the opinions of the authors; they do not necessarily reflect the views of the staff, board, or membership of WNA or those of the national/district associates.

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2008 Wyoming Nursing Summit and Wyoming Nurses Association Convention

Casper, WY - Ramada Plaza Riverside
September 18-20, 2008



*Best Practices—
The ten most common
dissatisfiers*

Wyoming Nurse Leaders Act to Support Health

The Fay W. Whitney School of Nursing and the WNA Board of Directors invites visionary health care leaders to participate in the 5th Annual Wyoming Nursing Summit and the 2008 Wyoming Nurses Association Convention. Participants will address best practices for the ten most common dissatisfiers in the workplace. Attend one or both meetings as nurses share resources, knowledge, and visions to improve the health of Wyoming residents.

Who should attend?

Nurses across the state and all stake-holders across the healthcare continuum should attend, including nursing leaders, CEO's, nurse educators, members and boards of professional organizations, representatives from healthcare agencies, and lawmakers.



Wyoming Nurses Association Convention

Friday September 19

Noon Lunch/Vendors—Combined WNA/Summit
1:15 Colorado Center for Nursing Excellence
2:15 Break
2:30 WNA Annual Meeting

Saturday, September 20

8:00 Breakfast & WNA Awards Presentation
9:00 Break
9:15 Speaker, Katheren Koehn, Pathways to Excellence
10:30 Break
10:45 Robin Roling, Another Change? Good Grief
11:45 Wrap-up and Evaluations

Keynote Speakers

**Jill Fuller, RN, PhD, Chief Nursing Officer,
Prairie Lakes Healthcare System, Watertown, SD**

Re-engineered nursing departments and care delivery model to decrease turnover, improve retention, improve staff and patient satisfaction, and lower operating (labor) costs.

Implemented an information management strategic plan that included transition to an electronic health record and redesign of patient care documentation practices. These projects have been presented at regional and national conferences.

Participated in two national projects to address healthcare workforce issues, patient safety, patient centered care, and adding value to services using various methods including "lean" engineering. Associated projects have been presented at national conferences and featured in various publications.

**Terri Hall, MHA, RHIT, CPC, CAC
HIM/RM Program Coordinator
Indian Health Service,
Billings, MT**



Three years EHR experience with implementation of EHR at the Billings Area Indian Health Service Hospitals and Clinics. Has written twenty-one EHR policies and procedures for Indian Health Service.

Helped write the EHR User manuals for HIM, Nursing, and Clinicians. Received the e-HIM award from her State Association in 2007 for her involvement with implementing and training others in EHR. Serves on the privacy and security task force for Health Share Montana, which is the Health Information Exchange (HIE) for the State of Montana.

Voted to sit on the Council for Certification—AHIMA. Has served on the EHR Practice Council for AHIMA as well as serving as the AHIMA EHR Practice Council for two years. Board member for Montana State University, College of Allied Health.

Application for contact hours has been made to CNE-Net, the education division of the North Dakota Nurses Assoc., an accredited approver by the American Nurses Credentialing Center.

Registration Form for 5th WY Nursing Summit & WNA Convention Casper, Wyoming: September 18-20, 2008

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Organization: _____

UW employees, please list department: _____

Registration options

Online: <http://outreach.uwyo.edu/conferences/conflist.asp>
Mail: UW Conferences and Institutes/Nursing Summit Dept. 3972, 1000 E. University Ave., Laramie, WY 82071.

Phone: 1-877-733-3618 or 307-766-3362

- Make Checks payable to UW/Nursing Summit
- VISA/MasterCard/AMEX only
- \$50 administrative processing fee will be assessed for cancellation after 9/12/2008. Please send written confirmation. No refunds for no-shows.

University of Wyoming is committed to making this conference accessible to all individuals. If you have a disability and require accommodations to participate in this activity, or have special dietary needs please check here. The Office of Conferences and Institutes will contact you to discuss your specific needs.

Registration Fee: (Includes materials, reception, & meals.)

Both Events (best value)	\$225	\$ _____
WNA Only: Members	\$175	\$ _____
WNA Only: Non-Members	\$200	\$ _____
Summit Only	\$200	\$ _____
Student: WNA	\$50	\$ _____
Student: Summit	\$50	\$ _____
Guest Awards Breakfast Ticket	\$20	\$ _____
Late Registration (After 9/12/2008)	\$20	\$ _____

Card# _____ Expires: _____

Accommodations: 877-576-8636. Ramada Plaza Riverside (formerly Holiday Inn on the River), 300 W. F St. Casper, WY. 82601. Reserve by Sept 3, 2008 for conference rate, \$72.00. Mention Nursing Summit/WNA.

Summit/WNA Agenda Wyoming Nursing Summit

Thursday, September 18

8:00 Registration
8:45 Welcome
9:00 Keynote Speaker—Jill Fuller, Transforming Care at the Bedside
10:00 Break
10:15 Panel of organization leaders—Updates Regarding Nursing Workforce Issues.
Noon Lunch
1:15 Panel Discussion, continued
2:45 Break
3:00 Legislative Issues—Toni Decklever, Sue Howard
5:00 Reception
6:00 WNA Board of Directors Meeting

Friday September 19

7:30 Networking, Continental Breakfast
8:30 Keynote Speaker—Terri Hall, EHR Technology & Implementation, Your Defined Role
9:30 Posters & Roundtables
10:30 Break with Vendors
11:00 RWJ Nursing Workforce Center—Planning
Noon Lunch/Vendors—Combined WNA/Summit

Questions?

WNA: 800-795-6381 * Summit: 307-766-6821

Message from Sue Howard, President Elect

As I look towards September, and stepping into the role of WNA president I am humbled to think of all the nurse leaders who have held this position in the past. Veronica Taylor, WNA President, has been my friend and my mentor for years. She has promised me that she will still be there to answer all my questions and discuss new ideas! Our organization has many nurse leaders throughout all of Wyoming who make WNA strong and credible.

My consent to serve letter seems like it was written a long time ago, but my hopes and plans for WNA are not changed. We are members of a powerful organization. The Wyoming Nurses Association is the professional organization for registered nurses in Wyoming. As we increase members and as ANA allows more nursing organizations to affiliate with ANA, the voice of nurses becomes more powerful.

Our mission is to promote the profession of nursing, provide a unified voice of nurses, and advocate for a healthier Wyoming. This past year WNA strengthened our relationship with the legislators. Nurses throughout Wyoming need to speak with the candidates, tell them you are a nurse, and ask questions...form relationships on a local and a state level.

The goals of WNA are:

1. Promote leadership roles of nurses for healthcare in Wyoming.
2. Provide leadership in legislation and health policy.
3. Promote the continuing professional development of nurses.
4. Promote quality workplace environment for nurses.
5. Evaluate organizational efficiency.

WNA has committees and projects that promote each of these goals. We need to be active and involved, and through our work and enthusiasm we will increase our numbers and our voice!

The WNA vision is "Nurses United in Caring for Our Profession." The nurses who have been leaders in WNA and in other nursing organizations in Wyoming have volunteered their time and expertise and have demonstrated that we care about our profession. Professional growth and professional curtesy will continue to strengthen us, but individually and as an organization.

The future is ours, WNA is the voice for Wyoming Nurses, and we have a lot of work to do! I am honored to be the new President of WNA; I am honored to work with a great group of nurses. I am honored and proud to say that I am a nurse.

2008 Wyoming Nurses Association Leadership Candidates

Meet your 2008 WNA Leadership Candidates. Ballots have been mailed to all Wyoming Nurses Association Members. The winners will be announced during the annual business meeting held during WNA Convention September 19th in Casper.

PRESIDENT ELECT CANDIDATES



FAITH JONES

Name: Faith M. Jones, MSN, RN
City: Powell
District: #16
School/College of Nursing: Ventura College
Additional Professional Education: BSN from the University of Wyoming and MSN from the University of Phoenix
Area of Practice: Patient Care Administration
Present Position:

Vice President of Patient Care Services at Powell Valley Healthcare, Powell, WY

Professional Organization Activities at District (Region), Council, State, National Level(s) for the past five years, including Student Association office: Sigma Theta Tau, Honor Society for Nursing, member May 2002–present; Appointed to the Northwest College School of Nursing Advisory Board October 2002-2004 and serviced as President of the Board October 2003-October 2004; AONE and WONE member since 1998, elected to the Board of WONE and served as President-elect, President, and Past President from 2005-2007; ANA and WNA member since 2001, appointed to the Board as Practice Committee Chair from 2006 to present and served as District 16 secretary/treasurer 2007

Position Statement: I believe that professional nursing practice is at a critical juncture nationally as well as in Wyoming. As nursing's scientific body of knowledge continues to expand, it is our ethical responsibility to apply these findings not only to patient care but to the nursing profession as a whole.

In past years, membership in our association has grown. Now, we need to tap into the wisdom and creativity of our members to further define our professional practice and its impact on patient outcomes.

The citizens of Wyoming have become more dependent on nursing care. The inevitable nursing shortage cannot sway their expectations for excellence. I believe that through our collaboration and engagement we can develop a model of care that will ensure positive patient outcomes, increased nursing satisfaction, and healthy work environments while maintaining access to care.

I have demonstrated the ability to bring various constituents together. As a dual member of WNA and the Wyoming Organization of Nurse Executives (WONE), I provided an avenue for open dialog between the two Boards. Additionally, I facilitated inclusion of the WONE Board to the Wyoming Hospital Association Board Meetings on a regular basis. These actions are the first steps at developing a stronger nursing presence in Wyoming.

As we continue to move forward, our journey will encounter some uncomfortable moments however; I believe I have the courage and leadership ability to navigate our association through these times. I look forward to the opportunity to serve.

TREASURER CANDIDATES



CYNDY RANKIN

Name: Cyndy Rankin, RN, CRRN, NHA
City: Sheridan
District: #3
School/College of Nursing: Laramie County Community College
Additional Professional Education: Bachelor of Science in Business Administration from University of Phoenix; CRRN
Area of Practice: Long Term Care and Rehab

Present Position: Nursing Home Administrator, Westview Health Care Center, Sheridan, WY

Professional Organization Activities at District (Region), Council, State, National Level(s) for the past five years, including Student Association office: Quality Healthcare Foundation Association member for past 7 yrs.; WNA/ANA 3 yrs.; Advisory Board President—Laramie County Community College Nursing Program 2007; Stakeholder for QIO 4 yrs., member of NADONA since 2005

Position Statement: Wyoming nurses are faced with a shortage in their workforce, just as in many states today. This is our number one challenge at this time. Because of the increased demands of more and more paperwork compliance, fewer physicians in practice and less time for our patients it is difficult to find and keep great nurses. I see discouragement and burn out occurring frequently. And now with the economy in decline it may be more difficult to begin or continue education.

It is my belief that the Wyoming Nursing Association should continue to work toward better work conditions for the nurses in the state of Wyoming and elsewhere; promote cooperation and appreciation for all levels and specialties of nursing; and actively encourage men and women to choose nursing as a career.

I have to be honest and say that the position of Treasurer does not directly contribute to any of these goals; however, by participating in the organization at a State level as well as participating at the District level is important. Being present and active will contribute to keeping the organization moving forward and toward our goals. I can share my experiences with other members of the WNA and network with them so that ideas may be formed. I currently function in an Administrator's role so I am accustomed to being responsible for a budget and reporting on its status.

Thank you for your consideration!



THE VICE PRESIDENT
WASHINGTON

June 26, 2008

Dear Mary,

I understand you are being honored by the American Nurses Association with the 2008 Barbara Thoman Curtis Award. It brings me great pleasure to join your colleagues as they pay tribute to you for your hard work and dedication.

From your years spent as mayor of Casper, to your time serving and educating your patients and public, your life has been one selflessly devoted to others. As President Bush recently stated, "The strength of America comes from its compassionate and loving citizens, and they reflect the true spirit of America." You are indeed a fine example of the strength of character of the American spirit. The citizens of Wyoming are proud to call you one of our own, and proud to have you recognized with this national award.

Lynne joins me in sending you our congratulations and warmest personal regards. We send you our best wishes for a successful event.

Sincerely,

Mrs. Mary Behrens
In Care of the American Nurses Association
8515 Georgia Avenue
Silver Spring, Maryland 20910-3403

WNA Member Mary L. Behrens, RN, FNP, Recipient of the 2008 Barbara Thoman Curtis Award

For significant contributions to nursing practice and health policy through political and legislative activity



WNA DELEGATES WITH MARY BEHRENS. PICTURED LEFT TO RIGHT, SUE HOWARD, MARY BEHRENS, LINDA SIMMONS, ROBIN ROLING, AND VERONICA TAYLOR.



MARY WITH BARBARA THOMAN CURTIS

On Thursday, June 26, 2008, as part of its 2008 Biennial House of Delegates meeting in Washington, DC, the American Nurses Association (ANA) bestowed Honorary Awards in 13 categories.

"These nurses truly epitomize the best of the nursing profession. Their commitment to advancing the profession, through education, through research, and through advocacy for their colleagues and their patients serves as an inspiration to nurses everywhere," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

Mary L. Behrens, RN, FNP, an active political force in Wyoming since 1983, has stayed the course in demonstrating political activity that promotes the nursing profession in both political and health care arenas. She has served as Mayor of Casper, WY, Natrona County Commissioner and Natrona County State representative.

At state, national and international venues, she has lobbied extensively on nursing and health care issues, including seat belt safety, clean water, energy use, the "Handle With Care" campaign and mandatory overtime issues for nurses, just to name a few. She remains active in the state Republican Party, often serving at the local and state level as a delegate.

Behrens has served and held positions for ANA at the national level as second and first vice president for the ANA Board of Directors, chair of the Organizational Affiliates committee, a member of the By-laws and Pension committees, and a member of the Tri-Council. Behrens has demonstrated her commitment to ANA, her district and her state association in many capacities, including serving as district president, Wyoming Nurses Association (WNA) state legislative chair and WNA president. As a member of the ANA PAC, she has been the driving force in getting the WNA involved in lobbying on the national level.

Since the early 1900s, the American Nurses Association (ANA) has presented awards to prominent nurses in recognition of their outstanding contributions to the nursing profession and to the field of health care.

Congratulations Mary!

DISTRICT NEWS

District #1 Cheyenne

CHRIS KERCHER, PRESIDENT

District #1 has completed their elections. Leona Bolin and Phyllis O'Connor are new board members at large. Paula Belknap is our new secretary. We thank Karen Marcy, outgoing secretary and board members Paula Belknap and Laurie Wright and Heather Cooper for all of their work over the last two years.

District #1 will have their first board meeting of the year on September 23, first general meeting October 28.

We are looking forward to a good year.

Mark your calendars for the...



2009 WYOMING NURSES LEGISLATIVE DAYS

**January 25-27, 2009
Hitching Post, Cheyenne**

WNA NEWS

Wyoming Nurses Association to Celebrate Its Centennial in 2010

In 2010, the Wyoming Nurses Association (WNA) will be 100 years old. WNA is planning to have a great celebration to be held in Cheyenne, September 16th-18th. We would like each "district" to write their own history, including photos, stories, etc. We are planning to publish a book highlighting the wonderful history of nursing in this vast and great state. If any of you have any information that you would like to share with us we would be grateful. If you would like to help with the planning of this event please let us know.

Thank you, Cheryl Cawiezell (Centennial Committee-Chair).

My e-mail is: cherylwrasper@bresnan.net. My phone number is: 307-237-2510.

Welcome New WNA/ANA Members

District 1

Julian Good, Cheyenne
Raina Good, Cheyenne

District 2

Nitiporn Machart, Casper
Chrysta Politte, Bar Nunn

District 10

Gerri Bannister, Gillette

District 16

Kelli Martin, Cody

District 17

Diana Martin, Evanston

District 50

Cynthia Cavezza, Jackson

ANA President Meets with RNC on Health Reform Priorities Urges Nurses to make their voices heard

SILVER SPRING, MD—American Nurses Association President Rebecca M. Patton, MSN, RN, CNOR, along with other ANA representatives, had an opportunity to share ideas on health care reform with the Republican Platform Committee at a meeting Thursday, July 10. The meeting was part of the Republican Platform Committee's effort to gather input from across the country as they work to establish their platform. Their new web based initiative, launched July 11th, creates a forum where "voters from all walks of life can provide ideas, submit comments and actively participate in the development of the 2008 Republican Party Platform." It is a significant opportunity for nurses to make their voices heard on their vital role in health system reform.

"Registered nurses (RNs) are the patient's advocate and a part of almost every health care service delivered today. We have the education and the expertise to contribute significantly to the national debate regarding health system reform. ANA supports the ultimate goal of guaranteed access to high quality, affordable health care for all. That ultimate goal is not a partisan issue; it is fundamental need for everyone in the U.S. ANA will continue to work with policy-makers, industry leaders, providers, and consumers to build an affordable, high-quality health care system that meets the needs of everyone," said President Rebecca M. Patton, MSN, RN, CNOR.

Among ANA's recommendations:

- As the single largest group of health care professionals in the U.S., number approximately 2.9 million, registered nurses should be represented within the various policy tables at which future health reform decisions are discussed and decided.
- The recruitment, retention, and education of the healthcare workforce are essential to comprehensive

health care reform as a cross cutting issue that significantly impacts access, cost and quality.

- Safe Staffing is not only an essential quality and patient safety measure, but also a necessary workplace condition to increase RN retention in the workforce.
- RNs, and the full spectrum of qualified health care professionals, should be recognized, included and reimbursed as providers of care within a reformed health care system.
- Any health reform plan should include an increased investment in community-based primary care, and an increased effort to eliminate health care disparities.
- ANA strongly cautions against relying entirely on the competitive market place to achieve fairness, quality and cost-savings in the health care delivery system. The "playing field" is not level between the average consumer and the large profit-driven insurance and drug companies.

ANA calls on nurses to make their voices heard and have a role in developing policy for the Republican Platform Committee. Please visit: www.GOPPlatform2008.com.

For more information on ANA's Health System Reform Policy please visit: <http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HSR/ANAsHealthSystemReformAgenda.aspx>.



WNA DELEGATES WITH PRESIDENT PATTON. PICTURED LEFT TO RIGHT, SUE HOWARD, REBECCA PATTON, LINDA SIMMONS, ROBIN ROLING, AND VERONICA TAYLOR.

American Nurses Association Re-Elects Patton

ANA delegates elect officers, board members and other leaders at House of Delegates meeting

SILVER SPRING, MD—Delegates of the American Nurses Association (ANA) elected Rebecca M. Patton, MSN, RN, CNOR, of Lakewood, OH, to serve a second consecutive two-year term as president of the nation's leading professional nursing organization representing the major health policy, practice and workplace issues of registered nurses (RNs) in the United States. A slate of 30 candidates vied for leadership positions during ANA's 2008 elections. Patton and other nurse leaders were elected during the ANA House of Delegates biennial meeting which occurred on June 25-27, in Washington, DC.

A nurse since 1980, Patton has extensive inpatient and outpatient experience and has been responsible for the start up and ongoing operations of ambulatory surgery centers, and of an inpatient acute and a skilled nursing facility. Currently, Patton is on leave from her position as the director of Perioperative Services for EMH Regional Healthcare System in Elyria, OH. Previously, she served as director of Nursing, director of Surgical Services and director of Ambulatory Operations for hospitals in the University Hospitals Health System.

Patton has a Bachelors of Science in nursing from Kent State University and a Masters of Nursing from Case Western Reserve University. She has held numerous ANA positions including treasurer (1998-2002), Board of Directors member (1994-1998), and delegate to the ANA House of Delegates (2003-2005). In addition she has served in several Ohio Nurses Association (ONA) positions, including ONA first vice president (1990-1992), ONA delegate (2005-2006), ONA finance committee member (2003-2005), and on an Association of PeriOperative Registered Nurses task force on competencies (1999-2000.)

Elected to serve two-year terms as officers of the board were Debbie Hatmaker, PhD, RN, SANE-A, chief programs officer, Georgia Nurses Association, resident of Bishop, GA, elected as first vice president; Coleene "Kim" Armstrong, BSN, RNC, staff nurse, Tacoma General Hospital, resident of Olalla, WA, elected second vice president; Susan Foley Pierce, PhD, RN, acting dean at the University of North Carolina Wilmington, resident of Oak Island, NC, elected secretary; and Marilyn Sullivan, DSN, RN, LNC, CPE, staff nurse, Northshore Regional Medical Center, resident of Slidell, LA, elected treasurer. Both Hatmaker and Foley Pierce were elected to serve a second consecutive term.

The director-at-large board members elected include Florence Jones-Clarke, MS, RN, clinical instructor, Virginia State University, resident of Colonial Heights, VA; Karen Daley, MS, MPH, RN, FAAN, PhD candidate, Boston College, resident of Stoughton, MA; and Carrie Houser James, MSN, RN, CNA,BC, CCE, health educator, Brooks Health Center, resident of Orangeburg, SC.

The director-at-large staff nurse members include Linda Gural, RN, CCRN, staff nurse/intensive care unit, Community Medical Center, resident of Toms River, NJ; and Julie Shuff, RN, CCRN, staff nurse, Bay Area Hospital, resident of Coos Bay, OR.

The five nurses elected to the Congress of Nursing Practice and Economics include Merilyn Douglass, ARNP-C, ADM, family nurse practitioner, St. Catherine Hospital, resident of Garden City, KS; Sara McCumber, RN, CNP, CNS, nurse practitioner/care coordinator, Duluth Clinic-Elder Care, resident of Superior, WI; Mary Callan, MS, RN, FNP, BC, family nurse practitioner, Highland Family Medicine, resident of Webster, NY; Thomas Stenvig, PhD, MPH, RN, CNAA,BC, associate professor, South Dakota State University College of Nursing, resident of Nunda, SD; and Linda Olson, PhD, RN, CNAA,BC, dean and professor of nursing, North Park University, resident of Chicago, IL.

Four nurses were elected to the Nominating Committee: Ernest Grant, MSN, RN, nursing education clinician – burn outreach, UNC HealthCare, resident of Chapel Hill, NC; Alice Wyatt, MSN, APRN-BC, nurse practitioner, Kulbersh Women's Center, resident of West Columbia, SC; Barbara Vogel, BSN, RN-BC, GNP, nursing supervisor, Monroe Community Hospital, resident of Rochester, NY; and Desma Reno, MSN, RN, CS, assistant professor of nursing, Southeast Missouri State University, resident of Jackson, MO.

ANA's House of Delegates Pass Bylaws Amendments Opening Up Additional Membership Options and Strengthening the Nursing Profession

Washington, D.C., July 2, 2008—Over 600 nurse delegates attending the American Nurses Association's (ANA) 2008 House of Delegates passed a series of historic bylaws including establishing a designated seat on the ANA Board of Directors for a recent graduate of a nursing program.

"We've always believed that there is strength in numbers when it comes to RNs having a positive impact in the workplace, in patient care and in public health policy—whether it's pursuing safe staffing levels or consumer access to high quality health care. On behalf of our nation's 2.9 million RNs, I urge all nurses to keep looking ahead so that together we can reach our shared goals of achieving desirable workplaces, an even stronger profession, and high-quality, safe, affordable health care for the public we serve," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

"The bylaws amendments are designed to create the preferred future for the association, while strengthening and providing additional choices for constituent member associations (CMAs) at the state-level. With the leadership demonstrated by our delegates at our House, it is clear that ANA will continue to build upon its rich, 100-plus year history of advocating for the rights of all nurses, whether they choose to engage in collective bargaining or whether they choose to advocate individually for a better workplace," said Linda J. Stierle, MSN, RN, CNAA, BC, Chief Executive Officer, ANA.

The bylaws amendments passed are:

- **Affiliates:** ANA has the freedom to enter into relationships with workforce advocacy groups and with labor organizations as affiliates; these affiliates could potentially include both the United American Nurses (UAN) and the Center for American Nurses (the Center.) These new affiliate opportunities will

expand the association's relationships to nurses in every type of nursing organization.

- **Associate Organizational Members (AOMs):** This amendment provides broader opportunities for connections with ANA and deletes the unnecessary reference to AOMs in ANA's bylaws. CMAs can stay affiliated with the independent and autonomous organizations, the UAN and the Center, and will be able to engage in those relationships directly.
- **Multi-State Associations:** ANA's delegates supported state CMAs retaining their voting status on a state basis if they chose the existing bylaws option of combining into a multi-state CMA. This amendment goes into effect at the close of the 2008 House of Delegates, which occurred on June 27, 2008.
- **Electronic Media:** Acknowledging the changing technology and the potential for cost-efficient, appropriately handled electronic voting, ANA's delegates voted to permit electronic balloting for CMAs holding their secret ballot elections for delegates to the HOD. This amendment specifies that electronic balloting is permitted only if it preserves the integrity of the vote and takes effect at the close of the 2008 House of Delegates, which occurred on June 27, 2008.
- **Board of Directors:** Ensuring that there are avenues through which newer RNs may assume leadership roles, ANA's delegates established a designated seat on the ANA Board of Directors for a recent graduate

of nursing program. This Board seat, which goes into effect at the close of the 2010 House of Delegates, is reserved for someone who has graduated within five years of taking office.

- **The Congress on Nursing Practice and Economics (CNPE):** In order to keep the CNPE at a reasonable number, while offering seats to nursing colleagues from affiliate groups, ANA's delegates voted for a majority of CNPE members to be elected by the House of Delegates and the remainder appointed by the Board from affiliate organizations. Additionally, in unifying the profession, Labor and Workforce Affiliates and individual national organizations will each have a position on the Congress. The new configuration on the CNPE goes into effect with the close of the 2010 HOD.
- **CMA:** Responding to some CMAs' request that they have more flexibility to meet their own needs and that ANA not be so prescriptive about state structure, ANA's delegates voted to add language that states that CMAs have articles of incorporation and constitution and bylaws that govern its individual members that are "harmonious with ANA bylaws."

ANA Board of Directors Endorses a Set of Standards for APRN Regulation to Improve Access to Safe, Quality Care by Advanced Practice Nurses

SILVER SPRING, MD—At its June Board meeting in Washington, DC., the American Nurses Association (ANA) Board of Directors endorsed a seminal document beneficial not only to the 240,000 Advanced Practice Registered Nurses (APRNs) in the United States, but to the entire nursing profession and to the public they serve.

“A *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* will, for the first time, when implemented, standardize each aspect of the regulatory process for APRNs, resulting in increased mobility, and will establish independent practice as the norm rather than the exception. This will support APRNs caring for patients in a safe environment to the full potential of their nursing knowledge and skill,” said ANA President Rebecca M. Patton, MSN, RN, CNOR.

The APRNs community is comprised of four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), certified clinical nurse specialist (CNS), and certified nurse practitioner (CNP). Additionally, APRNs focus

on at least one of six population foci: psych/mental health, women’s health, adult-gerontology, pediatrics, neonatal, or family.

Substantial challenges to educational expectations and certification requirements for APRNs, and the proliferation of nursing specializations have sparked debates on appropriate credentials, scope of practice, and state-by-state regulation of nursing scope of practice. To that end, the consensus model for APRN regulation focuses on the regulation and credentialing of nurses.

All graduate level APRN education will be required to include a broad-based education in the role, and in the population to be served, and will, in addition, include three separate graduate-level courses in advanced pathophysiology, advanced health assessment and advanced pharmacology as well as a minimum of 500 hours of appropriate clinical experiences. As a result of implementation of the new model, all developing graduate level APRN education programs or tracks will go through a pre-approval, pre-accreditation or accreditation process prior to admitting any students to that program or track. APRN educational programs must be housed within graduate programs that are nationally accredited and they must ensure that their programs adequately prepare their graduates to meet eligibility for national certification which leads to state licensure.

The “*Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*,” was developed by members of the APRN Consensus Work Group, facilitated by American Association of Colleges of Nursing and the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee during four years of discussions and collaborative efforts in this groundbreaking effort to create a unified vision; this vision which defines APRN roles, practice and populations served. The goal is for full implementation of the new model by 2015.

The American Nurses Association (ANA) has been an active participant in both the APRN Consensus Work Group and the subsequently formed Joint Dialogue Group. In addition to ANA, members of the Joint Dialogue Group are the: American Academy of Nurse Practitioners Certification Program, National Association of Clinical Nurse Specialists, American Association of Colleges of Nursing, American Association of Nurse Anesthetists, American College of Nurse-Midwives, American Organization of Nurse Executives, National Organization of Nurse Practitioner Faculties, National Council of State Boards of Nursing, National Council of State Boards of Nursing APRN Advisory Committee, National League for Nursing Accrediting Commission and nursing compact administrators.

The American Nurses Association Hosts Senators Hillary Clinton and Barack Obama at its House of Delegates

SILVER SPRING, MD—The American Nurses Association was pleased to host Senator Hillary Clinton (D-NY) and Senator Barack Obama (D-IL) at its biennial House of Delegates Thursday, June 26-Friday June 27, 2008. Senator Obama spoke to the ANA’s House of Delegates by telephone.

“In this election year, America’s 2.9 million nurses need to make their voices heard to make health care a priority. It came as no surprise to me that nearly 700 voting ANA delegates stood on their feet with loud applause for the persuasive and compelling speeches made by Senator Clinton and Senator Obama. America’s nurses have strong advocates in these leaders and applauds both Senators for their historic campaigns,” said ANA President Rebecca M. Patton, MSN, RN, CNOR.

“I’ve served with Senator Obama now for nearly four years in the Senate. I campaigned with him for more than 16 months across our country. I debated with him in more debates than I can remember. I have seen his passion and determination and his grit and his grace. In his own life, he has lived the American Dream. It is so remarkable and I am very proud of the Democratic Party and I am very proud of my country that an African American and a woman were competing to become the president. I will be campaigning with Senator Obama tomorrow. We are going to a place very appropriately called Unity, New Hampshire. It’s not only well named, but in the New Hampshire primary, both of us received exactly 107 votes. It pretty much mirrors the rest of the campaign where it was right down the middle. I hope that you will work with me and work with your colleagues to make sure we elect more Democrats to the House and the Senate and that we elect a Democratic president and that we get our country back on the right track,” said Hillary Clinton.

“I will be campaigning with Hillary Clinton. Rest assured, we will finally win the battle and achieve affordable health care for all Americans. Hillary Clinton will be central to that victory. We are committed to delivering the promise of affordable healthcare to all America. For too long we’ve let the drug companies and the insurance companies dictate health care in this country while they’ve spent billions of dollars lobbying and we have 47 million people uninsured in this country. Over the last eight years, under the Bush administration, we’ve not seen change. Basically, John McCain’s plan is the same as the Bush plan. It provides no relief to those who have no health insurance. I believe in making certain that affordable health care is available to everyone,” said Senator Barack Obama.

ANA’s next House of Delegates will occur in June, 2010. Mark your calendars now and plan to attend.

Pay for Performance: A Nursing Perspective

DIANE E. SCOTT, RN, MSN

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 health care. 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, payment 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 measurements. 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

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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 objects 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. 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 Health Outcomes and Policy Research, University of Pennsylvania. She stated that there is growing evidence about the contributions that nurses have in pay for performance initiatives, yet most managers are not familiar with the research. She also concluded that nurses are not a focus of current initiatives and there are a few examples of specific incentives that reward nurses for higher productivity and quality or cost savings. Her recommendation is to conduct further research on the impact of policy and payment changes on the nursing workforce and quality of care, and educate and motivate health care leaders to act on the basis of evidence in their management decisions (RWJF, 2007).

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"

This project endorsed a set of 15 nursing-sensitive consensus standards to enhance the "evidence and understanding of the relationship between nursing-related system characteristics and patient care processes and outcomes" (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.

References

- Agency for Healthcare Research and Quality. (2006) Final Contract Report: Pay for Performance: A Decision Guide for Purchasers. Retrieved March, 2008. <http://www.ahrq.gov/qual/p4pguide.pdf>
- Alliance for Health Reform. (2006). Pay-for-performance: A promising start. Retrieved March 2008. <http://www.allhealth.org/briefingmaterials/Pay-for-performance-Feb2006-162.pdf>
- Alliance for Health Reform. (2007). Rewarding quality performance: The role of nursing. Retrieved March 2008. http://www.allhealth.org/Publications/Quality_of_care/Rewarding_Quality_Performance_Nursing_51.pdf
- Alliance for Health Reform. (2006). Transcript from: Rewarding Quality Performance: The Multidisciplinary Approach. Retrieved March, 2008. http://www.allhealth.org/briefingmaterials/051206_Transcript_nurses-362.pdf
- Centers for Medicare and Medicaid Services. (2008) Hospital-Acquired Conditions. Retrieved March 2008. http://www.cms.hhs.gov/HospitalAcqCond/06_Hospital-Acquired%20Conditions.asp#TopOfPage
- Eliminating Serious, Costly and Preventable Medical Errors. Retrieved March, 2008. <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1863>
- Hospitals and Health Networks. (2007). Inside the Premier/CMS Pay-for-Performance Project. *Hospitals & Health Networks*, 81 (3), 36-42.
- The Institute of Medicine (2006). Rewarding Provider Performance: Aligning Incentives in Medicare. Retrieved on March, 2008. http://www.nap.edu/catalog.php?record_id=11723#toc
- Leape, L., Berwick, D. (2005). Five years after *To Err is Human*: What have we learned? *JAMA*. 293, 2384-2390.
- Melia, M. (2006). Pay-for-performance: Will it work? *Nursing Management* 37(7), 16-22.
- National Quality Forum. (2007). Tracking NQF-endorsed consensus standards for nursing-sensitive care: A 15-month study. Retrieved March 2008. <http://216.122.138.39/pdf/reports/Nursing70907.pdf>
- The National Committee for Quality Health Care. (2006). CEO Survival Guide to Pay for Performance. Retrieved March 2008. <http://www.leapfroggroup.org/media/file/HospitalCEOGuidetoP4P.pdf>
- Robert Wood Johnson Foundation. (2007). The Economics of Nursing Invitational Conference. Paying for Quality Nursing Care. Retrieved March 2008. <http://www.rwjf.org/files/research/economicsinnursing2007.pdf>
- Walters, C. (2003). Getting the most out of pay increases. Retrieved March 1, 2008 from www.hrworks-inc.com/art-ian032003.html

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 or state nurse's association.

Nurse Licensure Compact in Wyoming: Linking Equality of Care an Opinion Paper

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Compact interstate nursing is a controversial issue in the nursing community. Wyoming, known as the "Equality State," is considering joining the Nurse Licensure Compact (NLC). The Wyoming State Board of Nursing (WSBN) and the Wyoming Nurses Association (WNA) have reservations regarding membership at this time due to concerns in the NLC regarding patient safety, nurse rights, and the logistics of implementing the NLC. This author supports linking to other states through the NLC, but agrees with the WSBN and WNA that there are regulatory issues of safety and equality, inherent in the plan, that needs resolution. This opinion paper describes the NLC, summarizes the argument for and against the NLC, and proposes solutions to controversial items for implementation of the NLC in Wyoming.

The NLC was created in 1996 by the National Council of State Boards of Nursing (NCSBN). Approximately 23 states belong to the NLC. The NLC permits licensed nurses (RNs and LPN/LVNs) to have a nursing license in their home residence state and practice nursing, either physically or electronically, in another state that belongs to the NLC (WSBN, 2007; NCSBN, 2007). The nurse is subject to the laws and regulations of each state of practice. The NLC must be enacted into law by each state government.

Membership in the NLC has several advantages. These include ease of practice between states and a more mobile work force, a greater nursing workforce as nurses can practice in other states without additional licensing, more nurses are available for interstate disasters, and telenursing is facilitated across states lines (WSBN, 2007).

Reservations to the NLC have been expressed by the WSBN and the president of WNA (WSBN, 2007; Taylor, 2007). Some of the controversial issues identified include lack of information on NLC nurses practicing in Wyoming and nonstandard policy and regulations, such as background checks, between the states in the NLC. In addition, both the NLC state and Wyoming must investigate a complaint filed against a nurse in a distant state. State nursing laws are not consistent regarding disciplinary action or the manner in which to communicate disciplinary action. Finally, interstate nursing educational standards and licensure requirements are not uniform.

The NLC could, potentially, drain Wyoming's supply of nurses to neighboring states. The WSBN would, potentially, have decreased operating funds from decreased license applications and increased operating costs from the NLC. These are issues that Wyoming nurses need to

carefully consider before joining the NLC. The NLC needs to protect the legal rights of the individual nurse, as well as ensure the safety of patients in the Wyoming health care system from improperly trained or credentialed nurses.

The American Nurses Association (ANA) (2007) proposed that the state of practice, not residence, should decide individual compact licensure. The ANA states, "The state of practice rather than the state or residence holds greater logic for licensure, since licensure is intended to grant the nurse authority to practice while protecting the health and safety of the citizens of the state in which the license is held" (ANA, 2007, 3/11). However, the NCSBN (2004) continues to support state of residence rather than state of practice for individual inclusion in the NLC. Their rationale for this position focuses on ease of locating an individual nurse. This includes nurses who move in and out of the workforce, as well as locating nurses who may practice in more than one state (§ 7).

As an advanced practice registered nurse who practices in both Wyoming and Colorado, I agree with the ANA that the state of practice, rather than residence, should be the determining factor in NLC individual membership. As a Colorado Registered Nurse (in addition to Wyoming registration), I received a letter stating that I could not participate in the Colorado NLC agreement as my residency was in Wyoming. Consequently, I feel that I have paid for a license privilege that I do not equally share with other Colorado RNs.

The ANA (2007), which has not endorsed the NLC for several above mentioned reasons, noted that evaluation of the NLC is limited. An evaluation by the NCSBN (2003) indicated that the state Boards of Nursing in the NLC, nurses, and employers were satisfied, but this was not an outside evaluation; biases must be considered. A CINAHL database search of NLC revealed information articles rather than research studies on NLC.

In proposing solutions to existing problems, this author believes the overriding concern of the NLC should be patient care safety and protection of the legal rights of nurses. As described previously, this author supports state of practice, rather than residence as the state of licensure jurisdiction to protect the rights and privileges of practicing nurses. A nurse with a license who works in a NLC state should be a member of the NLC regardless of the state of residence. Otherwise, the nurse is not fully participating in the licensure benefits of the compact state and has paid for a privilege he or she does not enjoy. As noted, there will be additional costs associated with the NLC. Adjustment costs from the NCSBN to assist smaller populated states, such as Wyoming, with the implementation of the NLC would be useful. A positive enhancement of the NLC could be higher salaries and improved working conditions to keep Wyoming nurses practicing in Wyoming. Nurses and patients must be assured of safety and due process of law.

For patient safety, states need to be aware of the criminal background of their nurses. The NCSBN could standardize patient care and nursing rights by implementing a unified set of education, licensure, reporting, and disciplinary measures for the NLC.

Evidence-based research studies need to be conducted to evaluate strengths and weaknesses in the NLC and promote dialogue regarding the NLC. The nursing community needs to critically examine the pros and cons of the existing NLC agreement. Specific variables to include in these evaluation studies are: potential changes in Wyoming license applications and resulting revenue shifts based on existing records; types of infractions filed against NLC nurses with outcomes; types and outcomes of patient care incidents in NLC states compared to states not in the NLC; impact of the NLC on the nursing shortage—specifically in the areas of recruitment and retention; and the individual nurse's knowledge of the rights and privileges of the NLC.

The goal of the NLC should be improved patient outcomes and nursing satisfaction by providing nurses easier access to the geographical areas where they are needed. However, increasing the mobility of nurses must not be accompanied by challenges to the welfare of patients or nurses. Wyoming, as the equality state, needs to be resolute in promoting a strong NLC that links interstate patient care and nursing rights.

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References

- American Nurses Association. (2007). The nurse interstate licensure compact talking points. Obtained November 16, 2007 from <http://www.nursingworld.org>.
- National Council of State Boards of Nursing. (2003). Multi-state licensure compact impact evaluation. Retrieved November 16, 2007 from: <https://www.ncsbn.org/CompactSurvey>.
- National Council of State Boards of Nursing (2004). Frequently asked questions regarding the National Council of State Boards of Nursing (NCSBN) Nurse Licensure compact (NLC). Obtained 11/16/07 from <https://www.ncsbn.org/NurseLicensureCompact>.
- National Council of State Boards of Nursing. (2007). Background information about the RN and LPN/VN Nurse Licensure Compact (NLC). Retrieved November 16, 2007 from: <https://www.ncsbn.org>.
- Taylor, V. (2006/2007). President's message. *Wyoming Nurse*, 19(4), 1, 3.
- Wyoming State Board of Nursing. (2007). Compact nursing: What is it and what it would mean to you. *Wyoming Nurse Reporter*, 2(4), 6-7.

MEMBERSHIP NEWS

WNA Payment Schedule

Annual Payment Full	*EDPP	Payroll Deduction
WY #01 Cheyenne:		
Member Full - \$265.00	\$22.58	\$22.08
Reduced Full - \$139.50	\$12.13	\$11.63
Special Full - \$76.75	\$6.90	\$6.40
WY #02 Casper:		
Member Full - \$250.50	\$21.38	\$20.88
Reduced Full - \$132.25	\$11.52	\$11.02
Special Full - \$73.13	\$6.59	\$6.09
WY #03 Sheridan:		
Member Full - \$252.50	\$21.54	\$21.04
Reduced Full - \$133.25	\$11.60	\$11.10
Special Full - \$75.75	\$6.81	\$6.31
WY #06 Rock Springs:		
Member Full - \$251.00	\$21.42	\$20.92
Reduced Full - \$132.50	\$11.54	\$11.04
Special Full - \$73.25	\$6.60	\$6.10
WY #10 Gillette:		
WY #14 Lander and Riverton:		
WY#15 Torrington:		
Member Full - \$255.00	\$21.75	\$21.25
Reduced Full - \$134.50	\$11.71	\$11.21
Special Full - \$74.25	\$6.69	\$6.19
WY #12 Laramie:		
Member Full - \$280.00	\$23.83	\$23.33
Reduced Full - \$147.00	\$12.75	\$12.25
Special Full - \$80.50	\$7.21	\$6.71
WY #17 Evanston/Kemmerer:		
Member Full - \$250.00	\$21.33	\$20.83
Reduced Full - \$134.50	\$11.71	\$11.21
Special Full - \$76.75	\$6.90	\$6.40
WY #16 Cody/Powell		
WY #50 Undistricted:		
Member Full - \$245.00	\$20.92	\$20.42
Reduced Full - \$129.50	\$10.13	\$9.63
Special Full - \$71.75	\$5.31	\$4.81
WNA Only State Membership		
Member Full—\$175	\$15.08	\$14.58
* Includes a \$0.50 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		



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 #
*STREET OR PO BOX #	BASIC SCHOOL OF NURSING/	HOME PHONE
*CITY / STATE / ZIP	GRADUATION: MONTH / YEAR	WORK PHONE
EMPLOYER NAME	*R. N. LICENSE #	FAX
EMPLOYER ADDRESS / CITY / STATE / ZIP	E-MAIL	
TITLE / POSITION	MAJOR CLINICAL, PRACTICE, OR TEACHING AREA	RECRUITED BY

MEMBERSHIP CATEGORIES PLEASE CHECK ONE

- 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

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