Dr. Carol Macnee was born July 26, 1949 to Alan and Lois (Livermore) Macnee in Boston, Massachusetts. Her parents preceded her in death. She is survived by her son Zach Mural and brothers Bruce, David and Tim.

Macnee earned degrees in nursing from the University of Michigan and the University of Virginia. At the time of her death she was the Research Director and Professor at the University of Wyoming, Fay W. Whitney School of Nursing. She held a similar position at the East Tennessee State University as well as other positions at East Tennessee State University, the University of Kentucky, the University of Michigan and the University of Georgia Health Services.

Macnee received numerous honors including the Excellence in Nursing Award in Research from Sigma Theta Tau, Nurse of the Year from the Tennessee State Nurses Association. She was a nationally respected expert in psychiatric mental health nursing. She had a professional practice as a psychiatric mental health advanced practice nurse in Laramie.

Susan previously was a faculty member at East Tennessee State University, College of Micronesia in the Marshall Islands, and Crouse Irving School of Nursing in Syracuse, N.Y. She also served as a consultant to a variety of pharmaceutical companies and as a consultant and presenter for numerous professional associations. McCabe received numerous professional awards and honors including the Hendricks Lectureship Award from the International Society of Psychiatric Mental Health Nurses, Excellence in Leadership Award from the American Psychiatric Nurses Association. She was a highly sought after speaker and their health. She was a highly sought after speaker and

Both Macnee and McCabe were mentors to faculty, staff, students and other nurses locally and nationally. Their expertise and dedication will be sorely missed in the nursing profession. They used their creative talents to enhance the lives of many, both personally and professionally. In honor of Dr. Carol Macnee and Dr. Susan McCabe, the University of Wyoming is establishing a scholarship memorial fund. This fund will be used to provide support to students in the Fay W. Whitney School of Nursing. If you would like to give a gift to this fund, please make the check payable to the: University of Wyoming Foundation 1200 E. Ivinson Avenue Laramie, WY 82070

In the note line of the check please write: Macnee/McCabe Memorial Fund Or go to: https://uwsecureweb.uwyo.edu/giveonline/ and click on online gift form. Include Macnee/McCabe Memorial Fund in the gift designation box.

Special thank you to Lois A. Pine and Mary E. Burman for providing the Wyoming Nurses Association the information for the dedication article.

She Was There

When a calming, quiet presence was all that was needed, She was there.

When a silent glance could uplift a patient, She was there.

When a gentle touch, a firm push, or an encouraging word was needed, She was there.

When the situation demanded a swift foot and sharp mind, She was there.

When a gentle touch, a firm push, or an encouraging word was needed, She was there.

In choosing the best one from a family’s “Thank You” box of chocolates, She was there.

To witness humanity–its beauty, in good times and bad, without judgment, She was there.

To embrace the woes of the world, willingly, and offer hope, She was there.

And now, that it is time to be at the Greater One’s side, She is there.

© Duane Jaeger, RN, MSN
How do you describe standing in a sea of people that number 2 million? That is 1.5 times the size of the population in Wyoming and how many American citizens gathered on the mall of the US Capitol to witness the swearing in of our forty-fourth President. People started moving by the metro at 4:30am on Tuesday morning. It had been calculated by officials that it would take 8 hours to move one million people. Many streets were closed due to security so a good pair of walking shoes was in order. Temperatures were freezing and with the dampness added to the chill.

I had visited a medical center about a mile from the Capitol to accompany a relative who lived in the DC area with a health problem a few days before. The nursing staff told me that they had over 4000 body bags ready. All staff on duty for that Tuesday had to stay 24 hours, bring their own sleeping bags and food. It was amazing that there was not one arrest. Here in America we can have a very orderly festive change of power without gunfire or civil unrest. You can get a ticket for free from your elected Congressional delegation. You just have to ask on a first come basis. Plan ahead where you are going to stay and get to the Nation’s Capitol.

It is important to have a nursing presence since health care reform is something this administration is planning to focus on. The nursing community has come together whether you are a staff nurse, educator or student to address the issues we are concerned about. I am including the “Commitment to Quality Health Reform: A Consensus Statement from the Nursing Community” that has been presented to the Obama Administration. Here is the Executive Summary.

1. There is a continuing nursing shortage of Professional Registered Nurses who are the largest group of health care providers. They are critical to the delivery of high quality of care from live-saving, preventative and palliative care across all settings.

2. Advanced Practice Nurses can increase access to cost-effective, comprehensive and high quality care in a patient and community-centered environment.

3. Patient-centered, community-based care models are cost effective and improve quality health outcomes.

4. There needs to be increased research and clinical focus on wellness and health promotion. This will produce long term cost savings that can be reinvested in achieving healthier populations.

5. Transparent reporting of clinical measures and health outcomes by all providers gives the public information to evaluate quality and cost of healthcare services. This identifies an evidence base and set direction for improvements.

6. The use of nationwide interoperable Health Information Technology system that protects rights of individuals will improve safety, reliability, and cost-effective coordinated care.

As the Health Care Reform debate begins Michael Hash of Health Policy Alternatives of Washington DC presented the ANA Congress on Nursing Practice and Economics this forecast on February 23, 2009: Challenges of Health Care Reform will be: Focus on economy will drain time, attention and resources, polarization of lawmakers and voters, deficit constraints may limit options, health care reform is linked to entitlement reform, and entrenched interests with their money will shape messages and influence outcomes.

Opportunities for Health Care Reform will be: willingness of the President to expand political capital on it, health reform is part of the economy overhaul, lessons learned from the Clinton failure of health reform, build on areas of consensus, and use this momentum for leverage and compromise with the stakeholders.

There are already many pieces of reform in the Stimulus package: They include Medicaid for the unemployed, COBRA subsidies, and Health information technology support. In addition there is money for Medical Home, Bundled payment for episodes, Coordinated care for chronic conditions, value-based purchasing and comparative effectiveness analyses (What treatment is more effective). Also in the Stimulus package there is increase in funding for nurse education and training. The question that lays ahead for all of us is the fear of the unknown, health care is big business, and can we build coalitions for change.
It is with a sense of deep sadness and loss that we dedicate this issue of the Wyoming Nurse to two outstanding Wyoming nurses who were lost just before Christmas. Dr. Susan McCabe, EdD, APRN, BC and Dr. Carol Macnee PhD RN were a part of the image of Wyoming Nurses. We will never know how many students lives they impacted through their caring and research. I sincerely hope that these pages recognizing Carol and Susan will inspire all of us to be proud of nursing and to see the potential of what we can each do as a nurse!

Through my term as WNA President I plan to use these columns to discuss aspects of the image of the nursing profession. For this issue I want to look at the ‘internal image’ of nursing, what does nursing look like to nurses? There are nurses who are discouraged or ‘burnt out.’ What are we, as nurses, doing to ‘treat’ these problems? Each of us needs to evaluate the “internal” image of nursing. What image does our profession present to nurses? When nurses are passionate about their work the ‘internal’ image of nursing will be a more positive image and there will be fewer discouraged nurses. The Wyoming Nurses Association has several exciting projects in development that will help all nurses in Wyoming to become inspired. I am proud to report to you on the progress of the goals of the Wyoming Nurse’s Association:

1. Promote leadership roles of nurses for healthcare in Wyoming. WNA has been granted a $10,000.00 grant to develop a Nursing Leadership program that will share “best practices” in Wyoming Nursing. This project will be rewarding for the presenters and the participants. We sincerely hope that the project will be self-sustaining in the coming years.

2. Provide leadership in legislation and health policy: In spite of terrible weather and closed roads, WNA had a successful Legislative Days on Jan 26 and 27 in Cheyenne. Over 130 nurses and students participated in a very positive event. Congratulations to Faith Jones, our Legislative Chair for an exciting 2 days. Toni Decklever, the WNA lobbyist has provided an article in this issue updating the most recent legislative action. Wyoming Nurses definitely showed their “Passion in Action!” Keep it up through the rest of this session. Also, be sure to thank your legislators for all the work they do.

3. Promote the continuing professional development of nurses. WNA provided CEUS for Legislative Days and we have several people enrolled in the on-line RN refresher course. Thanks to the work of Laura Meloche the program is running well. Laura is also working on the LPN refresher course organizing soon. I am excited to remind all of you about another continuing education opportunity; the Nurses Summit and the Wyoming Nurses Association convention September 17 through 19 in Cody, Wyoming.

4. Promote quality workplace environment for nurses. This January 11 projects were funded through the Wyoming Community Foundation and the Robert Wood Johnson Grant. All of these projects are directed towards Nursing Workplace Improvement. One of the directives of this RFP is to present information about these projects at the Nurses Summit and WNA Convention in the fall. It is important the Nurses be recognized for their work, especially our outstanding nurses. Please nominate your coworkers and other nurses you are aware of for the annuili nurse’s awards, both in your districts for nurse’s week and for that state nurses awards. You may never know how much this simple gesture can inspire a nurse to keep doing a great job.

5. Evaluate organizational efficiency. My thanks and congratulations to the committee that conducted our internal audit. And thanks to Tobi Lyon our E. D. for the great record keeping system she has implemented. We are also in the process of launching our new web page. This will make our organization easier to access and we will be able to do on-line registration for our events! The WNA Board of directors voted to invite student nurse leaders to our face-to-face board meetings. I am happy to report we had 3 nursing students from around the state who were active participants in the Board meeting In Cheyenne on Jan 25. We are also working on the “Grab a Grad” project this spring. Please, invite a graduate nurse to join their professional organization. Speak to them about why membership is important. Then give the gift of membership in WNA as a graduation gift. That will really ‘Grab a Grad!’ For each of these goals there are active Wyoming Nurses working to achieve them. Exciting things are happening right here in our state. I am proud to be a Wyoming Nurse; I hope you will find something in these activities that inspires you!

Sue Howard, MSN, RN, BC
WNA President

[Image of President’s Message]

New Mailing Address & Email!

Please update your records with our new mailing address and email!

Tobi Lyon
Wyoming Nurses Association
PMB 101
2816 Dogwood Avenue
Gillette, WY 82718
PHONE: 1-800-795-6381
E-Mail Address: tobilyon@wynurse.org
Wyoming Nurses Association (WNA) is pleased to announce that the Nursing Workforce Project of Wyoming (NWFW), funded by Northeast Health Foundation and Robert Woods Johnson, the Wyoming Community Foundation, Fay W. Whitney School of Nursing and multiple partnerships in healthcare in Wyoming, has awarded WNA a ten thousand dollar grant to implement the Wyoming Nursing Leadership Institute. The Wyoming Nursing Leadership Institute (WNLNI) is an educational concept evolving from many years of discussing leadership educational needs of Wyoming nurses. In 2004, the second Wyoming Nursing Summit looked at the shortage of nurses and what the future would hold. One of the predominate themes from those discussions was nursing leadership education and the effects of leadership on retention of nurses. "Research has identified positive relationship between leadership behavior and staff nurse job satisfaction and organizational commitment" (Shirvey, 2006). Shirvey’s review of the literature addressed nurse managers stress and coping in today’s health care work environment. Chief Nurse Executives and middle managers/supervisors play a critical role in retaining, motivating, and developing nursing staff (Wagner, 2006, p.25). Over the years research has shown that an "employee’s relationship with his or her immediate supervisor is a primary determinant of the employee’s satisfaction level and how long the employee remains with an employer" (Wagner, 2006, p.25). It is frequently said that the employee does not leave the organization when they leave because of the manager/supervisor. The Wyoming Department of Employment through the recent nursing survey has verified that a major dissatisfier of Wyoming nurses is issues with nursing management.

Many nursing managers are promoted into positions of authority because they are very skilled and competent nurses. These managers are often placed into positions with little or no orientation. It is important to realize that all managers and chief nursing officers need a certain level of didactic knowledge and education to perform in their position. Recently the Wyoming Hospital Association (WHA) through their group of Critical Access Hospitals has obtained a grant to assist with this didactic knowledge content necessary to be a manager in a teleconferencing format. The second part of being a manager is assimilating an experience to lead at a higher level, a values-based leadership. Shirvey’s review of the literature addressed nurse managers stress and coping in today’s health care work environment. Chief Nurse Executives and middle managers/supervisors play a critical role in retaining, motivating, and developing nursing staff (Wagner, 2006, p.25). Over the years research has shown that an "employee’s relationship with his or her immediate supervisor is a primary determinant of the employee’s satisfaction level and how long the employee remains with an employer" (Wagner, 2006, p.25). It is frequently said that the employee does not leave the organization when they leave because of the manager/supervisor. The Wyoming Department of Employment through the recent nursing survey has verified that a major dissatisfier of Wyoming nurses is issues with nursing management.

Many nursing managers are promoted into positions of authority because they are very skilled and competent nurses. The project will go a step beyond the didactic management content that the Wyoming Hospital Association (WHA)/Critical Access Group grant is providing for Wyoming nurse managers. It will do this by integrating knowledge of current issues affecting health care in Wyoming and projects to implement these advanced concepts. WNA will utilize existing partnerships developed from the Summit to create the programs for the institute. The institute will require support from employers, host sites, and over night travel four times in a nine month timeframe. The four sessions will be hosted at various sites around the state of Wyoming.

Content will include such topics as: 1) Regulatory issues; 2) Educational issues; 3) Professional development and continuing education issues; 4) Financial concerns; 5) Quality issues; 6) Nursing leadership issues; 7) Best practices and workplace excellence; and 8) Leadership competencies. The planning committee is actively selecting host sites, topics, and speakers and developing the institute. All acute care, long term care, and public health agencies will be receiving a brochure explaining the institute and the application process. There will be a fee associated with the institute. If you are a leader in nursing in Wyoming this will be a creative way to develop your leadership skills, enhance a network of nursing leaders in the state, and provide a mentor to facilitate your growth in this journey of nursing leadership.

Wyoming Nursing Leadership Institute - plan on attending, the application process will begin Summer of 2009!!

Mark Your Calendars and Plan to Attend!

WNA 2009 Annual Convention
“Caring for the Caregiver”
September 17-19, 2009
Holiday Inn
Cheyenne, WY

WNA 2010 Annual Convention
September 16-18, 2010
Little American
Cody, WY
Hospital Improvement Activities in Wyoming Part 2

by Faith M. Jones, MSN, RN, NEA-BC

As a follow up to the article which was published in the Winter Edition of the Wyoming Nurse (Vol 21 no. 4), I would like to take the opportunity to share with all of you the progress that Campbell County Memorial Hospital (CCMH) and Powell Valley Healthcare (PVHC) have made thus far utilizing their small grant. Remember, these grants were made possible by WNA membership’s efforts to get this legislation passed.

Veronica Taylor, MS, RN is the coordinator for CCMH’s project, Partners in Care. She has provided the following information regarding their progress:

CCMH medical/surgical floor nurses have been working hard on their Partners in Care project to change the culture of nursing care. Team members have made sight visits to South Dakota and Colorado to see how TCAB (Transitional Care At the Bedside) hospitals have initiated successful change strategies. The important part of these changes is to include the patients and staff as partners in care, encouraging relationship based care. Some of the interventions CCMH staff have initiated are:

- An assignment white board that utilizes magnetic numbers and markers to show what nurse has which patients;
- Patient individual white boards which nursing staff use to individualize the plan of care daily with patient input;
- Signage to allow patient privacy during baths and nursing cares “bath time–do not disturb” and “privacy”, “care in progress–Please check with nurse”, and patient sleeping; and
- Walleroos with computers and hand held computers placed between two patient rooms.

Other projects that are being initiated are more formalized rounding of staff to patients; looking at assignments being made prior to shift report; and looking at the process of “walking report” at the patient’s bedside. The nurses have a future project in the planning stages that encompasses improving the patient admissions process.

CCMH has also joined the VHA return to care network which provides support and networking to assist staff with ideas and suggestions. An exciting motivational speaker is coming to Gillette to give our team and nurses a “boost”. Donna Wright will be speaking about the “engaged nurse” with the goal of motivating staff to enhance teamwork, appreciate the value of each member of the team, and “put the care back into caring.” Each staff nurse will be charged to generate a personal plan to improve the department culture and the role of the staff member. She will be in Gillette at the Health Science building on March 31 and April 1st with three presentations.

It is exciting to see what nurses can accomplish when they have the desire and the tools to make changes. CCMH nurses are successfully effecting change on med/surg with more to come.

Powell Valley Healthcare’s project centers around professional nursing development through the use of a career ladder with a focus on education and participating in the NDNQI initiatives. The two areas we have focused on thus far have been increasing RNs to return to school. We began the grant period with 10% of nursing staff enrolled to pursue their BSN and we are currently at 12%. Although our BSN rate has remained the same, 3% of our BSN have begun their MSN journey.

The second area of focus we have undertaken is computerizing our nursing documentation which is the first step to being able to participate in the NDNQI data abstraction. Our Medical Surgical unit was the first to become computerized and although as will all change, there were struggles, the process is now going much smoother. Our OB unit is currently in the built and training process.

In addition to CCMH and PVHC, Memorial Hospital of Sheridan County, and North Big Horn Hospital received $50,000.00 for specific projects to achieve improvements in nursing. Cheyenne Regional Medical Center and Wyoming Medical Center each received $250,000.00 to work towards achieving Magnet Status.

Keep watching the Wyoming nurse for further updates. In each issue I will provide you with updates in an effort to share improvement activities across the state.

New WNA Website

Wyoming Nurses Association has just launched a brand new website! You will find the new site packed with features to make being a member of WNA even better, such as:

- Event calendar with online registration and payment
- New member applications and payment online
- Membership renewal
- Email based Listserv
- Job Bank
- Searchable membership directory

The web address is www.wyonurse.org

We are confident that the new website will make WNA an even stronger professional resource. In addition to the website, we always welcome volunteers to work on various committees, such as programs, newsletter, and membership.

Check out our new site and be sure to give us some feedback.
After a short breather following the 2008 session, committees started meeting and working on legislation that was discussed and decided upon during this 2009 session. The Wyoming legislature convened on January 13 to begin their 40 day general session.

Nursing representatives from different groups have also been meeting and developing projects that work towards the improvement of the profession. Some of these projects are local, while others have more of a statewide impact. Nurses also support other healthcare groups and projects because they often have a direct connection with patient care or the workplace.

The Labor Health and Social Services Committee had drafted several pieces of legislation and then other bills surfaced through sponsorship of either a Representative or a Senator. The following is a report of the outcome of each of these bills.

SF18–Mental Injury–Workman's Comp
This included amendments to the current law and provides coverage for person's suffering from mental injuries with or without the presence of physical injuries.
Though this bill moved through the Senate, it was referred to the House Labor Health Committee and was not heard before the deadline—so therefore is defeated.

SF24–Healthcare Access Demonstration Project
This bill was asking for money to fund a project where uninsured people would receive preventative medical assistance and screenings.

SF100–State School Nurse Consultant Position at the Department of Education.
This bill asked for an additional position at the Dept. of Ed and salary/benefits would be taken out of the Education Foundation fund. This bill passed out of the Senate LHSS committee, but was a “do not pass” from the Appropriations Committee. The School Nurses were disappointed, but said they learned a lot about the process. They will continue to work with the Dept. of Ed to get this position possibly added next year.

SF23–Accelerated Nursing Degree–Senator Massie sponsored a bill that would provide funds for 10-12 students in the Accelerated Nursing program to receive financial aid using surplus WyIN funds.
This bill moved through the Senate process and was debated on the House floor. The bill was defeated by a 28-29 vote.

SmokeFree Wyoming
This bill stated that smoking would not be allowed in any public building in our state including restaurant and bars.
This legislation was severely amended in the House of Representatives. It passed the House, but the coalition that was supporting a comprehensive Smoke Free law pushed to have the bill killed in the Senate. It was not referred to a committee on the Senate side, so did not continue to move through the process.

SF100–State School Nurse Consultant Position at the Department of Education.
This bill made it through the entire process and was signed by the Speaker of the House on February 27th.

Senator Lubnau sponsored a bill that would allow nurses that received WyIN funds the option of paying off the loan by working at a community college or practicing in a clinical area in the state. Currently the only pay off option is to work at a community college. This bill passed out of committee, but was never heard on the house floor–so it subsequently died.

WNA is also supported SF39–Child Health Insurance Program. Sen. Massie sponsored this bill and it was moving through the system until it got to the House floor. After almost 2 hours of debate, it was defeated 23-32-5 (5 excused).

A midwifery bill surfaced early in the session. WNA, WMS, WHA along with several healthcare professionals testified against the bill. The original bill was killed, but a new bill was drafted to establish a Midwifery Licensing Board for Wyoming. This board would develop rules, regulations, education requirements, etc. for people who had taken and graduated from an approved midwifery program. Though WNA did not oppose this bill, but there was some hesitation on whether to lobby heavily in support of this program. The bill died in the House Labor Health Committee on a 3-6 vote.

There was also a bill that would have extended the Health Care Commission, but that bill was not heard in a Senate Committee, so the Commission will sunset this June.

Overall, it was very disappointing to see the several positive bills not make it through the process. Over 500 bills were introduced and as of March 1, 2009, more than half of them had met their demise.

The 2010 Session will be a budget session and will only take place for 20 days. Some of the bills that did not make it this session may become an interim committee topic or be brought up again next year.

Even if you are unable to attend meetings and conferences, your voice does make a difference. I encourage your input and feedback and can be reached at tonisrn@gmail.com.
2009 Nurses Day at the Legislature “Passion in Action”

On January 26th and 27th, 2009 the voices of Wyoming nurses were heard in Cheyenne and all across the state of Wyoming! The Wyoming Nurses Association hosted a successful event even despite the winter storm that was occurring simultaneous across the state of Wyoming.

WNA is proud to say that we had over 185 nurses and student nurses register for this event even though they all were not able to travel to Cheyenne due to road closures. Schools of nursing from all around the state were present with students and faculty. The guest speakers included Marguerite Herman from the Board of Nursing; Jan Drury from the American Heart Association; Robin Roling and Linda Simmons who are WNA elected ANA delegates; Toni Decklever, WNA lobbyist; and Faith Jones, WNA President Elect and Legislative Chair.

WNA keynote and guest speaker on Tuesday was Janet Haebler, from the American Nurses Association (ANA) who serves as the Association Director of State Government Affairs. It was a great opportunity to get to visit with her one on one, and she demonstrated that Wyoming might be a small state; however Wyoming still plays a key role on the national level when it comes to nursing! Attendees heard from a wind variety of panel members regarding a discussion centered around how RN’s from across Wyoming have gotten politically involved in various levels and how each and every nurse can get involved.

Attendees had the opportunity to have lunch on Monday with 12 out of 14 members of the Joint LHSS committee. During the luncheon LHSS members address the nurses. Then later on Monday evening WNA hosted a legislative reception where the nurse attendees were able to ask questions to the legislators and have their undivided attention.

Thank you to all you registered and traveled to Cheyenne for this special event.
Rock Springs
District 6 News

Wyoming Nurses District #6 was well represented at Legislative Days. In addition to members, many students from Western Wyoming Community College also attended.

A former member of District Nurses Association #6 passed away recently. DNA #6 sent a white flower arrangement and attached the Nightingale Tribute. The Nightingale Tribute honors nurses who have passed away by acknowledging their contribution to the profession and the difference they have made in the lives of their patients. The family expressed their appreciation of the gesture and added, “She loved being a nurse.” DNA #6 will continue the tradition. The Nightingale Tribute is available at www.iowanurses.org/nightingale.pdf

Gillette
District 10 News

Members donated a basket of goodies to the silent action fundraiser at The Black Cat Ball in January. We were pleased that our basket brought in $330 towards the Hospice Hospitality House currently being built for patients and families. We feel this will be a huge asset to our community.

Several members attended Legislative Days; we hear it was a great success with lots of nurses, students and a lot of talking to the Legislators.

District 10’s Veronica Taylor is at it again, spearheading a Robert Wood Johnson project for our nurses in Wyoming.

Laramie
District 12 News

Executive Board of District 12 met on Tuesday February 10 for dinner provided by hostess Laura Meloche. Plans for the remainder of the year were formalized, including the annual meeting and our Nurses Day celebration. Speakers were suggested and are being contacted for programs and the UW Student Nurses Association members will be invited to attend. A memorial service will be part of Nurses Day this year. Nominations are being accepted for President and Treasurer. Each District 12 member is being contacted to invite a guest to our annual meeting.

Kemmer/Evanston
District 17 News

Meet Lynn Rogers, M.S., R.N., and District #17 Treasurer, who have been involved with ANA throughout her thirty-year nursing career, for the most part working in Rock Springs. She has experienced a variety of positions in her professional career, and found her role as a public health nurse the most rewarding. Lynn relocated to Kemmerer several years ago and is employed by South Lincoln Medical Clinic. She enjoys working in the rural clinic setting and is concerned about the real challenges facing rural healthcare, especially those issues related to nursing education, staffing, and rural health funding.

Lynn earned her B.S.N. and M.S. in Nursing from University of Wyoming. She obtained her ANCC certification as Clinical Specialist in Community Health Nursing in 2002. Lynn is a member of ANA, WNA, DNA #17, Sigma Theta Tau, American Association of Ambulatory Care Nurses, American Association of Diabetes Educators, and Wyoming Association of Diabetes Educators.

Lynn’s professional objective is to participate in nursing in the community healthcare system with continual growth of nursing knowledge and application of the nursing process. Lynn said, “Membership in my professional organization has been important in working towards this objective.”
The American Nurses Association on Behalf of the Larger Nursing Community Announces the Release of a First of its Kind Study on the Economic Value of Nursing

SILVER SPRING, MD—The American Nurses Association (ANA) is pleased to announce, on behalf of the larger nursing community, the release of its first of its kind study quantifying the economic value of nursing. The study was conducted by the Lewin Group, supported by grants from Nursing’s Agenda for the Future, the ANA and a coalition of nursing associations dedicated to addressing nursing workforce issues. The research, first proposed in 2003 and published in the current issue of the journal Medical Care, is the result of years of analysis of data on the correlation between patient outcomes and nursing staffing levels. To read the complete article please visit www.lww-medicalcare.com.

“Nurses are a vital component to the health care system,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “This nursing funded study provides a model that shows how nurses affect the delivery of cost-effective, high quality care, and prevent adverse events. This project was the culmination of years of research that could not have been possible without the tireless work and cooperation of The American Association of Critical Care Nurses, the American Association of Colleges of Nursing, the Oncology Nursing Society, the American Organization of Nurse Executives, and the 85 other nursing organizations who contributed to the project. I applaud their outstanding efforts, and commend them on this significant contribution to the nursing profession.”

The research culled findings from 28 different studies that analyzed the relationship between higher RN staffing and several patient outcomes: reduced hospital-based mortality, hospital-acquired pneumonia, unplanned extubation, failure to rescue, nosocomial bloodstream infections, and length of stay. The findings demonstrate that as nursing staffing levels increase, patient risk of complications and hospital length of stay decrease, resulting in medical costs savings, improved national productivity and lives saved.

“Estimates from this study suggest that adding 133,000 RNs to the acute care hospital workforce would save $9,000 lives per year. The productivity value of total deaths averted is equivalent to more than $1.3 billion per year, or about $9,900 per additional RN per year.” The additional nurse staffing would decrease hospital days by 3.6 million. More rapid recovery translates into increased national productivity, conservatively estimated at $231 million per year. “Medical savings is estimated at $6.1 billion, or $46,000 per additional RN per year. Combining medical savings with increased productivity, the partial estimates of economic value averages $57,700 for each of the additional 133,000 RNs.”

The research findings suggest significant policy related issues. First and foremost, healthcare facilities cannot realize the full economic value of professional nursing due to current reimbursement systems. Additionally, the economic value of nursing is “greater for payers than for individual healthcare facilities.”

The ANA is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its 54 constituent member nurses associations, its 25 organizational affiliates serving 330,000 members of national nursing specialty organizations, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

ANA Member Mary Wakefield Named Administrator for HRSA

SILVER SPRING, MD—The American Nurses Association (ANA) commends President Obama on appointing Dr. Mary Wakefield, PhD, RN, FAAN as Administrator of the Health Resources and Services Administration (HRSA). Dr. Wakefield is widely acknowledged as an expert on rural health and nursing workforce issues, and has extensive knowledge of the health care system and policy making process. As HRSA Administrator, Dr. Wakefield will lead the agency in improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

“At a time when the country is in need of bold and innovative health system reform, ANA is confident that Dr. Wakefield will be an invaluable asset to the administration’s health care team,” remarked ANA President Rebecca M. Patton, MSN, RN, CNOR. “We at ANA are thrilled to see such a qualified and respected nurse selected for HRSA Administrator, especially given the Agency’s vital role in delivering much needed care to underserved areas.”

Dr. Wakefield, a long standing ANA member, was most recently the Associate Dean for Rural Health at the University of North Dakota School of Medicine and Health Sciences, where she was a tenured professor and Director for the Center for Rural Health. She has distinguished herself as a dedicated nurse, educator and leader within the nursing profession, as well as the health care public policy arena. She has demonstrated that she can serve as a dynamic catalyst for change at the local, state, and national level.

National Nurses Week (NNW) 2009 Celebrates Nurses’ Building a Healthy America

SILVER SPRING, MD—The American Nurses Association (ANA) has announced the theme of National Nurses Week 2009, “Nurses: Building a Healthy America.” 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 reflects the commitment nurses make every day in building a healthy America for the public we serve,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “ANA has long advocated for meaningful health system reform and in 2008 re-released ANA’s Health System Reform Agenda, an ANA blueprint for reform that focuses on the basic “core” of essential health care services, which is essential in building a healthy America for everyone.”

During National Nurses Week, ANA reaffirms 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 the public’s health, 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, please visit: http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HRSA.aspx.
The Main Event—Physical Activity, ‘Mindful’ Movement and Wellbeing

by Susan Vorce Crocker, PhD, RN

It is exercise alone that supports the spirits, and keeps the mind in vigor. - Cicero

Get Moving!

According to the Dietary Guidelines for American 2005 (USDA/NIH, 2005) the Center for Disease Control and Prevention (CDC) reports that Americans tend to be relatively inactive. In 2002, 25 percent of adult Americans had not participated in any leisure time physical activities in the previous month, and in 2003, 38 percent of students in grades 9 to 12 reported viewing 3 or more hours of television per day. Regular physical activity and physical fitness make central contributions to one’s health, sense of wellbeing, and maintenance of a healthy body weight.

Physical activity is any movement that uses energy. Physical activity includes a wide range of activities from running, jumping, biking, and swimming to jumping rope, dancing, skating and walking, and aids in managing mild to moderate depression and anxiety (CDC, 2007).

The CDC describes physical fitness, as opposed to physical activity, as a complex quality related to the ability to perform physical activity. Maintenance of good physical fitness enables one to meet the physical demands of work and leisure comfortably. People with higher levels of physical fitness are also at lower risk of developing chronic disease. Similarly, a sedentary lifestyle increases risk for weight and obesity and many chronic diseases, including coronary artery disease, continued from page 1 hypertension, type 2 diabetes, osteoporosis, and certain types of cancer. Overall, mortality rates from all causes of death are lower in physically active people than in sedentary people.

Experts tell us that one achieves physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance. In terms of our physical bodies, movement can be defined as an act of changing location or position. Our bodies are made for movement (think about the physiology of our muscles, joints, ligaments, tendons etc.) and like nutrition, physical activity is essential for good health. For example, weight-bearing exercises (like walking, jogging, weight-lifting) help build stronger bones.

Physical activity is not just limited to working out at the gym or playing sports, it can also be walking, gardening or simply cleaning the house. Physical movement and exercise is a critical component for health and well-being. Be creative!

Health Benefits of Physical Activity

Many people exercise to lose weight, tone and strengthen their muscles or simply just to “look fit.” As a nurse, you may know all or many of the significant health benefits of physical activity. Do you intentionally practice any? Regular moderate-level activity can...

- Help build and maintain healthy bones, muscles, and joints
- Lower the risk of developing type 2 diabetes
- Reduce the risk of developing coronary heart disease (CHD)
- Reduce the risk of stroke
- Lower both total blood cholesterol and triglycerides and increases high-density lipoprotein—teins (HDL or the “good” cholesterol)
- Lower the risk of developing high blood pressure
- Help reduce blood pressure in people who already have hypertension
- Reduce the risk of developing colon cancer
- Reduce feelings of depression and anxiety
- Promote psychological well-being and reduce feelings of stress

Major aspects of physical activity include improved: aerobic/cardiovascular (endurance), anaerobic (speed/strength), flexibility, coordination, & health & vitality.

Holistic Considerations of ‘Mindful Movement’

While many types of aerobic and anaerobic exercise promote physical and mental well-being, there are specific “schools” of physical activity with a more distinct mind-body approach.

For example:
- Qigong is a Chinese practice using movement, affinations, ‘breath work’, visualizations, and meditation to improve the flow of “qi” or life force, restore internal harmony, and restore the practitioner’s harmony with nature.
- Tai Chi is a Chinese system of physical exercises that is believed to facilitate the flow of Qi (life force) in the body, promoting good health and vitality. Tai Chi utilizes movements that are Yin Yang opposites: softness and strength, forward and backward, action and calm.
- Yoga is a multidimensional system that includes stretching and strengthening poses, breathing exercises and ethical and meditation practices.

It uses body, breath, and senses to reconnect the person with the universe and move emotions and thoughts into tranquility.

According to the University of Minnesota (McCall, 2008), ‘mindful movement’ is an effective way to reduce stress and its physical consequences. In addition, there are specific physical benefits associated with each of these ‘mindful movement’ practices. Research shows yoga, for example, has health benefits including increased strength and flexibility, better balance and coordination, improved reaction times, better lung function, heightened cardiovascular conditioning, and weight loss. Psychological benefits of these movement practices include relaxation, greater composure, better concentration, and improved mood. Scientific studies have found yoga as a useful adjunct to the care of such conditions as asthma, arthritis, carpal tunnel syndrome, multiple sclerosis, and heart disease.

Shaping your Physical Movement Program

So, where does the rubber meet the road? Practicing what we preach to our patients! Frequently due to time limitation or over zealosity, many people who go to the gym jump onto the tread-mill or stair machine and immediately start exercising at full speed. However, this may increase your risk for muscle injuries or soreness, which can then discourage you from exercising again for several days after which you may lose the motivation to exercise. This vicious cycle may be prevented by warming up and stretching properly as well as choosing an intensity level that’s appropriate for your current fitness level. To get the most out of your exercise program, the Centers for Disease Control recommends including all of the following components:

- Warm-up
- Exercise training activities
- Aerobic (for cardiovascular benefit)
- Weight training (to build strength)
- Stretching (for increased flexibility)
- Cool-down

Summing Up Movement Fundamentals

- Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.
- To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate intensity physical activity, above usual activity, at work or home on most days of the week.
- For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.
- To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate-to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.
- Consider the personal benefits of the ‘mindful movement’ approach and incorporate a program with these aspects into your program.

The Main Event continued on page 11
Fall into Lifelong Learning

by Susan Vorce Crocker, PhD, RN

"Because lifelong learning is increasingly being appreciated as an essential ingredient for ensuring high quality of patient care, it would seem that employees need to be sensitive to and nurture all mechanisms that can facilitate this" (Goeppe, 2002, p. 608)

Lifelong Learning

Lifelong learning is more than just education and training beyond formal schooling. A lifelong learning framework encompasses learning throughout the life cycle, from birth to grave and in different learning environments, formal, non-formal and informal. Lifelong learning provides opportunities for intellectual, social, spiritual, and cultural exploration and development. Frequently lifelong learners are individuals (or groups of folks with diverse backgrounds and shared interests) seeking to develop appreciation and knowledge in new areas. Life long learning involves self leadership and is self directed learning at its best.

Nurses have a responsibility to be self-directed, to grow both personally, and professionally. As nurses assume leadership roles in the health care system, we must strive to contribute to the improvement of nursing as a profession through innovation, evaluation, and participation in continuing nursing education activities that are both professionally and socially relevant. Lifelong learning, along with the employment of critical thinking, is essential to effective nursing practice and to the health and wellbeing of individuals and the profession at large. It includes possible processes of reflecting upon actual outcomes when matched with the interests, strengths, and needs of the learner (Hammond, 2004).

The Critical Thinking Element of Lifelong Learning

Critical thinking consists of mental processes of discernment, analysis and evaluation (Gambrill, 2006). It includes possible processes of reflecting upon actual or elusive things in order to form a solid judgment that does not apply here.

Critical thinkers gather information from all senses, verbal and/or written expressions, reflection, observation, experience and reasoning. Critical thinking has its basis in intellectual criteria that go beyond subject-matter divisions and include: clarity, credibility, accuracy, precision, relevance, depth, breadth, logic, significance and fairness (Critical Thinking Community, 2008). This is just the sort of process that is involved in personal holistic health assessments and in nursing practice at large.

Habits to Cultivate

Pause for a few moments now and critically reflect on your learning styles, needs, opportunities, and patterns. Do you want to improve your mental health, your resiliency, and your capacities? Are you seeking to renew life—explore new knowledge & enjoyments despite the challenges you face each day? What have you yearned for? Do you have a longing to become a master gardener, a sushi chef, a kennel owner, an advanced practitioner, or perhaps simply a more physically fit person? Take an action. Many universities, local school districts, and private organizations have life long learning institutes or programs. Type ‘life long learning’ and your particular interest into your favorite search engine and see what you find. Check out some of the resources listed below. Join a book club. Take a class offered though your local parks & recreation department. You may find that you feel better and have more to offer yourself, your family and friends, and your patients!

References and Resources

Academy of Lifelong Learning, University of Delaware available at http://www.academy.udel.edu/index.html


Lifelong Learning Resources: North Carolina State University available at http://distance.ncsu.edu/virtual_orientation/lifeResources.html

Midwest Center for Life-Long Learning in Public Health: University of Minnesota School of Public Health available at http://cphedu.sp.umn.edu/mlcph/
Healthcare Leadership Offers Valuable, Relevant Training

by Shannon Arledge, CDP Public Affairs

Among the many emergency response courses offered at the Center for Domestic Preparedness in Anniston, Ala., the Healthcare Leadership and Decision-Making (HCL) course has defined its lineup of healthcare training.

The former U.S. Army Noble Hospital was converted into a training site for health and medical education in disasters and mass casualty events, in 1999. Years later, and after several changes in operational responsibility, the full potential of this facility was realized and the official name changed from the Noble Training Center to the Noble Training Facility (NTF). The CDP has operated the NTF since 2007, and completely funds all training—to include travel, meals and lodging for state, local, and tribal emergency responders.

Following the terrorist attacks of September 11, 2001, members of the National Health Professions Preparedness Consortium (Vanderbilt University, University of Alabama at Birmingham, and Louisiana State University) conceived and developed the current HCL course.

“After the terrorist attacks, the members of the healthcare consortium determined that healthcare professionals needed a course to exercise emergency functions following a disaster or mass casualty event,” said Linda Pressley, CDP training specialist. “They learned of the Noble Hospital and went to the Department of Health and Human Services to possibly reuse the facility and develop the HCL course.”

Three pilot courses were delivered in 2002, and eight HCL courses were offered during 2003. Since that time, nearly 3,000 healthcare professionals have become HCL graduates.

“The HCL course is based on teamwork between multiple jurisdictions,” said Pressley, who has 35 years of healthcare experience. “We may have 10 different healthcare teams in one course and many of them have never worked with other professions, much less with someone from another state. Some come from hospitals with 600 beds, and some come from hospitals with 80 beds. To succeed, they must work together and communicate.”

“Since emergency preparedness is relatively new to the healthcare arena, we have [responders] attending the course with various experience in the field,” remarked Tammy Pass, HCL course manager, who has been in nursing for more than 20 years. “Some organizations have excelled in emergency planning and some have minimal knowledge. No matter what their experience is, I feel the ability of exercising in an actual hospital setting for an extended period of time is invaluable.”

The NTF is the only functional hospital in the nation dedicated to training healthcare workers. Instructors come from a variety of backgrounds, including emergency room physicians and nurses, paramedics, pharmacists, and public health professionals.

“How unique, in that we have the only location where a hospital has been transformed into a modern training facility,” added Candice Gilliland, assistant course manager. “We offer the opportunity for participants to experience a mock disaster in a real hospital, under controlled conditions. Realistically, it would not be possible to run drills such as this (involving all the different healthcare entities in the participant's home locations).”

“You can never fully focus on the exercise at home,” said Dr. Mary-Eline Manuel, emergency medicine director from Worcester, Mass. “[At the CDP] you operate inside an actual hospital, which is so amazing. HCL truly opens our eyes to the impact of a [disastrous event] that could occur at our homes,” she stressed. “When you come down here [to Alabama] and experience these fully-functional exercises and realize the broad impact they have, you want to go back and ensure your facility is ready for just about any type of incident.”

According to Pass, the HCL course is unlike any other training she's witnessed since nursing school, and believes it's ideal for everyone in all facets of healthcare who desire a better emergency plan and emergency management. She added that the instructors are among the best in the country and relate real-life stories with years of experience.

“There is a lot of training to be done, not only with the hospitals but with all other services and agencies that may be involved in a mass casualty incident,” added Pass. “Having participated in HCL training, a healthcare responder will leave here with a better idea of how all the pieces should work together to accomplish this goal.”

The 32-hour course lasts four days and includes classroom instruction and realistic scenario-based exercises—complete with the expected chaos, noise, power failures, media briefs, and even victims from a mass casualty event. According to Pressley, the students learn from their mistakes during the first four-hour exercise and use that to their benefit during the final eight-hour exercise.

“HCL graduates leave with a greater sense of satisfaction in their ability to perform in an emergency,” said Pressley. “They leave with the confidence that they can handle and make decisions during a crisis.”

“It's an excellent course,” said Trais Hutcherson, from Memphis, Tenn., who manages his emergency department and coordinates his hospital's disaster preparedness. “It is the most realistic disaster course that I've taken in the country, and it would benefit anyone who could possibly work a disaster response and communicate with a hospital.”

“A responder can expect to gain a lot of knowledge in a very short period,” stressed Gilliland. “Our instructors are recognized experts in their fields and are very enthusiastic about this course. This enthusiasm spreads to the responders and aids in their learning.”

Another advantage to attending CDP's HCL training is the Continuing Education Units (CEUs) available. Physicians and nurses may earn 32 educational units. Altogether, the CDP provides nine healthcare courses. But many of the instructors would say HCL is the “capstone” healthcare course. According to Gilliland, it is a combination of the other courses, but involves a variety of agencies that may take part in a mass casualty event in a real-world incident.

Contact the Center for Domestic Preparedness at 256-235-3600, and visit http://cdp.dhs.gov for information about training opportunities at the CDP.
Rural nurses are required to have a breadth and depth of knowledge unparalleled in other specialty nursing fields. The rural nurse is often required to manage complicated patient conditions using limited equipment or technology while simultaneously coordinating care within a variety of social and cultural networks unique to the rural community. The immense generalist role of the rural nurse often leads to early burnout and high turnover rates when compared with more urban nurse roles (up to 65% in the first year of practice). On the other hand, residency programs have been shown to be an effective means of reducing the turnover of new and transitioning nurses. When a nurse participates in a residency program, they are provided with extended support and training which helps to reduce stress while increasing their confidence and proficiency.

And so, it is with great excitement that Idaho State University (ISU), in partnership with health organizations throughout the Northwest, has developed the Northwest Rural Nurse Residency (NWRNR) program. The NWRNR is a unique program for many reasons, not least of all is that residents and preceptors can receive all of their training ‘at home’ in their own facilities and communities. Using new technologies like web-conferencing, telemedicine and high tech simulation, participants don’t have to travel to an urban center, or even across town to benefit from the 64 hours of seminars and continuing education electives. Additionally, all 104 hours of the supervised clinical experience are completed in the nurse’s ‘home’ facility. Both residents and preceptors receive top-notch training by rural nursing experts from across the country. Program faculty and staff provide a supportive and informative role for preceptors, residents and nurse administrators to help ensure successful completion of the 12-month program. While resident’s benefit from increased training, accelerated skill acquisition and reduced ‘new role’ stress, preceptors are supported with training, mentorship, certification, an honorarium and regional recognition.

Due to the high tech convenience of the NWRNR training, participating facilities are required to have high-speed internet available to both the residents and preceptors as well as systems in place to support nurse education. Preceptors must be experienced rural nurses with at least two years in the facility and a license in good standing. Residents must have less than one year at the facility and be a new graduate, re-entering the profession, or transitioning from an urban setting. The second cohort of NWRNR residents will be starting in early May and space is limited. Applications are accepted on a first-come, first-served basis, so apply today! Be one of the first facilities in your area to boast the employment of rural nurse specialists while enjoying the benefits of lower nurse turnover. Call the ISU Office of Professional Development for an application or more information at (208) 282-2185, email at NurseOPD@isu.edu or visit the NWRNR website at http://www.isu.edu/nursing/opd/nwrnr.shtml
### WNA Payment Schedule

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* Includes a $0.50 service charge

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### Welcome New WNA Members

#### District 1
- Paula Crepin, Wheatland
- Shelley Evans, Cheyenne
- Tracy Garcia, Cheyenne
- Theresa Grassau, Cheyenne
- Norma Randall, Cheyenne
- Erin Rooney, Cheyenne
- Dawn Wold, Cheyenne

#### District 2
- Katherine Murphy, Casper

#### District 6
- Patty O'Lexy, Rock Springs

#### District 10
- Cheryl Bailey, Gillette

#### District 16
- Terry Larsen-Marcotte, Deaver

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### Wyoming Association Membership Application

Access the application at the Wyoming Nurses Association website or by calling 1-800-795-6381.