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GEORGIA NURSING



The official publication of the Georgia Nurses Association (GNA)

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

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Quarterly circulation approximately 108,000 to all RNs and Student Nurses in Georgia.

Georgia is Awarded RWJF Grant to Enhance Efforts to Transform Health Care Through Nursing

By Aimee Manion, PhD, RN, CMSRN
GNA Director of Leadership Development & GNLC Co-Lead

On March 20, the Robert Wood Johnson Foundation (RWJF) announced that the Georgia Action Coalition is one of only 20 states to be part of a new \$3 million initiative, the *Future of Nursing State Implementation Program (SIP)*. The program is designed to help states prepare the nursing profession to address our nation's most pressing health care challenges – access, quality and cost.

The SIP bolsters efforts already underway in 50 states and the District of Columbia – the Future of Nursing: *Campaign for Action* (www.campaignforaction.org) – to transform health care through nursing and meet the challenges stemming from an aging and more diverse population. A joint initiative of AARP and the Robert Wood Johnson Foundation, the *Campaign for Action* is working to implement the Institute of Medicine's (IOM) evidence-based recommendations on the future of nursing.

"This grant is designed to spur progress in Georgia, which already is doing impressive work to transform nursing education, practice and leadership," said Susan B. Hassmiller, PhD, RN,

Georgia Awarded RWJF Grant continued on page 5



The Georgia Nursing Leadership Coalition (GNLC) is pictured with Sue Hassmiller, PhD, RN, FAAN Senior Adviser for Nursing and Risa Lavizzo-Mourey, MD, MBA President and CEO of the Robert Wood Johnson Foundation during their visit to Washington, DC earlier this year.

Celebrate National Nurses Week 2013

Nurses: Delivering Quality & Innovation in Patient Care



The Georgia Nurses Association (GNA) would like to congratulate and thank all registered nurses during National Nurses Week 2013, which takes place May 6-12. GNA would like to thank you for making a difference in the lives of so many patients in Georgia!

The purpose of Nurses Week is to raise awareness of the value of nursing and help educate the public about the role nurses play in meeting the health care needs of the American people. This year's National Nurses Week theme – *Nurses: Delivering Quality and Innovation in Patient Care* – reflects the registered nurse's increasingly prominent role in today's ever-changing health care system.

In honor of the dedication, commitment and tireless effort of the 3.1 million registered nurses nationwide to promote and maintain the health of this nation, GNA and the American Nurses

Celebrate National Nurses Week continued on page 3

PRESIDENT'S MESSAGE

How Do You Measure Quality?

By Sheila Warren, MHA, MSN, RN

We hear a lot about quality today. Where can you get a "quality education"? Where can you get "quality food"? Where can you get "quality clothing"? Each of these items comes with their own quality measurements. Everyone wants to get the most and best for their money and when the consumer is seeking health



Sheila Warren

care, quality is still the ultimate goal. But unlike the other items which can be touched, tasted and tried, how is the consumer going to compare their health care experience? How is quality care measured? Who measures it and who sets the parameters of what is quality vs. substandard care? How is this communicated to the average consumer?

I was reading an article the other day about a patient that presented to the ER with a temperature and "feeling achy." The diagnosis was pneumonia and the patient was sent home with antibiotics. The patient, not feeling any better after a couple of days, went back to the ER. They were given more antibiotics and again sent home. Eventually, the patient did see a physician who diagnosed an

President's Message continued on page 4

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GNA
3032 Briarcliff Road, Atlanta, GA 30329
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CEO CORNER

More Than An Intersection of Common Goals

By Deborah Hackman CAE

In both academic and work settings these days you hear calls for "collaboration." Beyond innovation and due to the fact that most of us are resource starved, collaboration is referred to as a necessary requirement. Wikipedia refers to collaboration as a recursive process where two or more people or organizations work together to realize shared goals. Collaboration, however, is more than the intersection of common goals. Stellar collaboration is the deep, collective determination to reach an identical objective achieved by sharing knowledge, listening (most important), valuing the views of others, transparent mutual respect and building consensus. While leadership is required, the tricky part lies in the decentralized power and the egalitarian nature of the collaboration process. Who's in charge?

This recently completed legislative session was the most complex in my recent memory. There were a lot of moving parts and legislative initiatives. Nursing leaders set out to be collaborative and were determined to stay on course to reach the agreed upon objectives. To keep **all of nursing speaking with one voice** was central to moving through the system complexities and egos involved. It required transparency, openness and a bit of vulnerability. But, whenever you are speaking truth to power, it requires nerves of steel and the willpower to stay the strategic course. Patient safety is a core competency for the profession and that drives our value system above all else. This session was like a masterful chess game with layer upon layer of "if this, then that" strategy sessions – all aimed at the intersection of common goals. We had the deep determination necessary and on many fronts we succeeded. So, let's pause for a moment and give nursing a well-deserved pat on the back!

However, we still have some learning to do as it relates to "speaking with one consistent voice" and how to avoid the pitfalls of decentralized power, but I am confident we can get there.



Debbie Hackman



While keeping the eye on the ball for nursing this session, I also had the opportunity for some introspection and observance of other professions as they worked through their own complexities; it was obvious that while collaboration within their professions was an advantage they valued, they did one thing very different than nursing. These professions carefully chose one quarterback to be the main messenger – the one who called all the plays on the field. They entrusted their one quarterback to know which play to call and when. Those professions really benefited from that one very important strategic differential. My hope is that one day nursing can reach that deep level of determination, trust and willpower. It is my belief that focusing on that one key element will make a world of difference in nursing's capacity to influence.

In the end, by showing professional respect for the role of others, we continue to earn their respect. And by valuing long-term relationships rooted in trust, we enabled the Georgia Nurses Association to stay true to our value system throughout a very tumultuous course. After this legislative session ended, we were contacted by a number of key legislators and by other highly regarded professional organizations including GONL, GHA and MAG, as well as professions outside of health care, asking us to meet with them and find ways of working together. It is a very encouraging sign that the Georgia Nurses Association's efforts to collaborate and influence at the highest of levels of state government, for the largest profession in the state, have been seen, heard and validated. Leaders in this state want GNA's solution-based voice – **your voice** – one consistent voice of nursing – at the table. So, I hope you'll stay tuned – there is still much to be accomplished.

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our commitment to excellence.

Celebrate National Nurses Week continued from page 1

Association are proud to recognize professional RNs everywhere for the quality work they provide seven days a week, 365 days a year.

Each year for Nurses Week, GNA recognizes the difference our members make daily to advance the nursing profession as a whole. We hope that all of you will join us in saluting RNs in the state of Georgia and across the nation. In addition, we hope you'll celebrate National Nurses Week in some way. For more information on National Nurses Week 2013, including a list of ways to celebrate, visit http://www.georgianurses.org/nurses_week.htm.

**GROW
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It's time to plan your trip to Augusta!

See page 6 for information on the 2013 GNA Professional Development Conference & Membership Assembly at the Augusta Marriott. Be sure to book your room at the Marriott at GNA's special conference rate of only \$129 per night!

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West GA Chapter participates in Career Day
 The West Georgia Chapter of GNA participated in a Career Day event at the University of West Georgia in February. Pictured from left to right are: Tina Baker, Shanekia McCallum, Megan Bishop, West Georgia Chapter Chair Cheryl Moore, GNA North Central Regional Coordinator Debbie Davis, Kalimantan McCurley, Daina Gibson, Ann Hale and Elizabeth Baynes.



Herth Keynotes 3rd Annual Conference on Family & Workplace Violence

Kaye A. Herth, PhD, RN, FAAN, GNA member from Gainesville, delivered the keynote address at this year's Family and Workplace Violence Conference speaking on the topic of the "Kaleidoscope of Hope" and strategies for fostering hope with clients who are victims of violence. Co-sponsors of the conference included the Southern Professional Nurses Network Chapter of GNA, Mu Kappa Chapter of Sigma Theta Tau International Nursing Honor Society, Magnolia Coastlands AHEC, and the School of Nursing at Georgia Southern University in partnership with the Georgia Southern University Division of Continuing Education. The 4th Annual Conference is scheduled for January 31, 2014.



(L-R): Kathleen Koon, RN, PhD, Chair, SPNN Chapter, Ursula Pritham RN, PhD, WHNP-BC, FNP-BC, GNA member, and Christie Perry, Executive Director and Advocate Coordinator, Statesboro Regional Sexual Assault Center (SRSAC).

GNA says "Bon Voyage" to Debbie Hatmaker

In February, GNA hosted a farewell reception at Headquarters in Atlanta to recognize the contribution of longtime staff member Dr. Debbie Hatmaker. After more than a decade as the Georgia Nurses Association's Chief Programs Officer, Dr. Hatmaker now serves as Chief Professional Practice Officer with the American Nurses Association (ANA) in Silver Spring, MD.



Debbie Hatmaker, Betty Daniels and Wanda Jones attend a reception in honor of Dr. Hatmaker.



Past GNA President Chris Samuelson, her husband Gil and CEO Debbie Hackman bid a fond farewell to Dr. Hatmaker.

Boyer promoted to VP of Nursing at Memorial Health

GNA member Karen Boyer has been promoted to the position of Vice President of Nursing at Memorial Health System in Savannah. Karen has been at Memorial for many years and understands the dynamic forces of nursing facing Georgia and more specifically Savannah today. She will continue to work alongside fellow GNA member Mary Chatman, who serves as Chief Operating Officer and Chief Nursing Officer at Memorial.



Dunbar inducted into International Nursing Hall of Fame

GNA member and associate dean at Emory University's Nell Hodgson Woodruff School of Nursing, Dr. Sandra Dunbar has been inducted into the International Nurse Researcher Hall of Fame by the Sigma Theta Tau International Honor Society of Nursing.



The Hall of Fame recognizes nurse researchers who have achieved significant and sustained national and/or international recognition for their work; and whose research has impacted the profession and the people it serves. Dunbar's current research focuses on testing integrated self-care approaches for patients with heart failure and diabetes and testing interventions that improve outcomes for caregivers of heart failure patients.

In Memory – Karen Weaver

Associate Professor of Nursing at Clayton State University School of Nursing and longtime GNA member Dr. Karen Weaver died at her home in March, after a year and a half long battle with ovarian cancer. She was surrounded and supported by her loving and devoted family. In April, there was a Celebration of Life ceremony held in her honor at the Clayton State School of Nursing. If you wish to leave condolences and share your memories of Dr. Weaver for the family and faculty, visit <http://www.clayton.edu/health/nursing/karenweaver>.



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President's Message continued from page 1

aggressive form of cancer in the chest area. Did this person receive quality care?

We hear a lot about wait times in ERs, doctor's offices and clinics. Should time to be served be a quality measure? We have a shortage of nurses providing nursing care. Is this a quality measure for the patient? Is quality a paper product or action product?

In nursing, we have several "quality indicators." ANA has developed the Code of Ethics for Nurses as a position on quality. Have you reviewed them lately and do you agree they define quality? The National Database of Nursing Quality Indicators (NDNQI) provides nursing metrics to measure quality? Have you reviewed them and do they measure quality? One can also argue that just because all the I's are dotted and the T's crossed in a document, this may not indicate a quality care product. But should it?

How does the patient/consumer measure quality? Do they care if we give them their medications on time or spend time answering their questions? Do they care if we graduated at the top of our class or if we can recognize when they are in trouble or crisis? What is quality to the patient and are we providing it?

Health care is changing and our "quality indicators" will also have to change with it. As nurses, we need to vigilantly monitor our practice. As technology and processes change, we have to keep quality and how to measure it in the forefront of our profession.

Sheila Warren is the 44th president of the Georgia Nurses Association in 2011. She lives in Hahira, GA.

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Georgia Awarded RWJF Grant continued from page 1

FAAN, RWJF senior adviser for nursing and director of the Future of Nursing: *Campaign for Action*. "The Foundation is committed to helping states build a more highly educated, diverse nursing workforce that will improve health outcomes for patients, families and communities."

The other 19 states to receive the RWJF SIP grant are: Colorado, Connecticut, Florida, Iowa, Idaho, Kansas, Louisiana, Maryland, Michigan, Missouri, Mississippi, Nebraska, New Jersey, Pennsylvania, Rhode Island, Tennessee, Utah, Wisconsin and Wyoming.

Collaborative Statewide Efforts**Result in SIP Grant Award**

In 2010, the Institute of Medicine (IOM) released a transformational report on the Future of Nursing. Georgia answered this "Call to Action" by creating the Georgia Nursing Leadership Coalition (GNLC), of which the Georgia Nurses Association (GNA) is a co-lead.

The GNLC provided a forum for health care leaders across the state to collaborate and develop strategies to implement the eight IOM recommendations. In 2011, GNLC applied for and received recognition from RWJF as an action coalition (AC). The Georgia AC operating under the name GNLC has continued to make strides toward implementing the IOM recommendations.

Though GNLC formed workgroups to address all of the IOM recommendation, four have become the current focal point of GNLC efforts. These recommendations include: removing barriers to practice, doubling the number of doctorate-prepared nurses by 2020, creating an infrastructure for workforce data collection and dissemination and nurse residency programs.

In 2012, the GNLC co-leads submitted a Future of Nursing State Implementation Program (SIP) grant application to RWJF for funding to support implementation of two these recommendations: doubling the number of doctorate-prepared nurses by 2020 and creating an infrastructure for data collection and dissemination. A vital part of this grant opens two part-time positions: Program Coordinator for the Nursing Workforce Data Center and a Data Manager. These positions will be essential to maximizing our

efforts towards meeting the implementation goals within the two-year grant timeline. GNLC is currently accepting applications for the Nursing Workforce Center Project Coordinator position and encouraging doctorate-prepared nurses with an interest in workforce data collection and project management to apply for this important role.

The combined efforts of the GNLC, Georgia Nurse Association (GNA) and others, along with the commitment of individual nurses and guidance from RWJF have led to positive progression towards executing the IOM recommendations. As a part of continued guidance, RWJF sponsors national summits geared toward providing a forum for action coalition leaders and other stakeholders to network and exchange information related to practice changes, best practices and health care reform. Dr. Lisa Eichelberger, Dr. Aimee Manion, Dr. Linda McCauley, Dr. Roy Simpson and Jane Dubow represented GNLC at the 2013 Campaign for Action National Summit in Washington, DC. At the culmination of the Summit, GNLC representatives returned to Georgia with an expanded professional network and renewed determination toward improving access to care and creating a healthy future for all Georgians.

**Aimee Manion****GNF takes leadership role in SIP Grant Effort**

**By Georgia Barkers, EdD, MBA, MHA, BSN, RN-BC
President, Georgia Nurses Foundation**

The Georgia Nurses Foundation (GNF) has actively partnered with GNLC to ensure the successful award of the RWJF SIP grant. Beginning in the summer of 2012, GNF led a successful fundraising campaign in collaboration with GNLC that resulted in more than \$45,000 in donations. This funding will be used to support efforts to implement two of the eight IOM recommendations here in Georgia.

We are excited and grateful RWJF has selected the Georgia Action Coalition as one of the states to be awarded this grant. GNF's role in the process will be to house the grant funds awarded and distribute, manage and supervise any reporting on the SIP grant during the two-year cycle. In addition to GNF's other ongoing work, such as the special nurse license plate initiative, it is truly an exciting time for the Foundation.

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GNA CONFERENCE & MEMBERSHIP ASSEMBLY



GNA 2013 Professional Development Conference – Time to Make Plans for Augusta This Fall! October 23-25, 2013

Our planning for the 2013 Georgia Nurses Association Professional Development Conference and Membership Assembly in Augusta, GA, is well underway, and we have a great program in store for all Conference attendees. For 2013, GNA has selected the Conference theme – *Grow, Inspire, Lead, Succeed* – and we hope you'll join us for this year's event, which will feature thought-provoking speakers and energizing opportunities to engage with your fellow nursing professionals.

We are thrilled to announce that nationally recognized management consultant and author of *The Missing Piece in Leadership*, **Doug Krug**, will be our keynote speaker for the 2013 Professional Development Conference.

With more than 30 years of leadership development experience with top corporations and government agencies, Doug knows the true obstacle to progress is the soft, mental side of leadership. For 15 years, Doug served as part of the MBA program at Johns Hopkins University, as well as serving on faculties throughout federal government, including Veterans Affairs, FBI, Secret Service, DEA, NASA, Labor, CDC, IRA and Interior. He brings common sense back to leadership in a



Doug Krug

simple, straightforward way that unlocks and releases tremendous untapped potential in people.

Doug's robust opening topic, "How to Create the Future You Want" will kick off your 2013 Conference experience, and he will be featured during two sessions as part of your comprehensive learning experience.

According to Krug, we can expect:

- A complete shift in relationships between members of your team, including higher levels of trust and cooperation;
- An improvement in our ability to influence results through others; being equipped with a proven system to tap into even higher levels of innovation and creativity towards a more successful future; and
- Communicating more openly with each other and resolving issues in a supportive and responsible manner.

For more information, be sure to visit Doug Krug's web site at <http://elsolutions.com>.

The 2013 Conference will also feature a variety of educational topics to round out the program, including:

- Creating and Maintaining a Positive Work Environment
- Patient Centered Care – Making it Work
- Pain Management – Pediatric to Geriatric
- Care Coordination – Bringing the White Paper into the Real World
- IOM Recommendation Implementation in Georgia
- Beyond the Glass Ceiling
- Fatigue in the Workplace
- Top 10 Reasons You May Lose your License
- Nurse Residency

Of course, we know our members want to have fun and this year's Thursday Evening Banquet will be

like none before it, as we celebrate Halloween with a costume party and karaoke event! Wear your favorite costumes and join us for the fun! Who knows, Elvis may even drop by! New this year – you'll have increased networking opportunities at the GNA Café. This special lounge area will be a place for attendees to congregate, network and relax over coffee and snacks.



Our 2013 site hotel – the Augusta Marriott – is located in the heart of downtown Augusta, just steps away from the beautiful Riverwalk area. We have arranged a special room rate for attendees, and you'll have two room options at the GNA Conference rate of \$129 per night (plus tax/fees). To reserve your room at the Marriott online, go to <http://www.georgianurses.org/conference.htm> and follow the links to reserve a room in either the Main Tower or the Marriott Suites Tower. If you'd like to make a reservation by phone or need more information about the Augusta Marriott, call 1-800-868-5354 or 706-722-8900.

If your organization is interested in exhibiting/sponsoring at the 2013 Conference, please download and review our exhibitor/sponsor prospectus at <http://www.georgianurses.org/conference.htm> or contact Crystal Amos at crystal@gtconsultantsinc.com.

Stay tuned for more Conference information via GNA's Members Only E-News! We can't wait to see all of you in Augusta this fall.

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GNA CONFERENCE & MEMBERSHIP ASSEMBLY



**2013 Georgia Nurses Association
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October 23-25, 2013
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ONLINE REGISTRATION COMING JUNE 2013!

Members and Students*	Early Bird Registration (on or before Aug. 31)	Pre-Registration (Sept. 1-Oct. 14)	Onsite (Oct 23-25)
Registration includes 2 breakfasts, 2 lunches, snack breaks, CE sessions (1/2 day Wednesday and full day Thursday with Featured Speaker Keynote and closing session on Friday) and Exhibitor Hall	\$249.00	\$289.00	\$299.00
Thursday Banquet (Costumes & Karaoke)**	\$ 65.00	\$65.00	\$65.00
Thursday Banquet Guest**	\$65.00	\$65.00	\$65.00
Friday Membership Assembly only (includes closing luncheon)	\$32.00	\$32.00	\$32.00

Non-Members	Early Bird Registration (on or before Aug. 31)	Pre-Registration (Sept 1-Oct. 14)	Onsite (Oct.23-25)
Registration includes 2 breakfasts, 2 lunches, snack breaks, CE sessions (1/2 day Wednesday and full day Thursday with Featured Speaker Keynote and closing session on Friday) and Exhibitor Hall	\$419.00	\$459.00	\$469.00
Thursday Banquet (Costumes & Karaoke)**	\$65.00	\$65.00	\$75.00

*Students will receive the member discount. Student rate will only apply to full-time students in nursing undergraduate programs. A student ID must be presented at the time of badge pick-up.

**Space is limited. Banquet tickets will be sold on a first-come, first-served basis.

GNA Cancellation Policy: Substitutions are welcome. Cancellations and requests for refunds must be made in writing by **October 2, 2013**. Refunds will be processed less a \$75 processing and handling fee. No refunds will be made after October 2, 2013, or for no-shows. Refunds will be issued approximately 30 days after the GNA Conference. GNA is not responsible for any charges or cancellation fees incurred for travel or hotel arrangements.

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GNA CONFERENCE & MEMBERSHIP ASSEMBLY

GNA/GNF Call for Award Nominations

The Georgia Nurses Association (GNA) is currently seeking nominations for the **Staff Nurse Award**, **Media Award**, **Emerging Leader Award** and **Excellence in the Care of Older Adults Award**. In addition, the Georgia Nurses Foundation (GNF) seeks nominations for the **Innovations in Nursing Practice Award**. These awards recognize nurses in various disciplines for their accomplishments. The deadline for submission of nominations is **July 1, 2013**.

The **Staff Nurse Award** recognizes a professional nurse who demonstrates excellence in providing direct patient care. Past recipients include: Sylvia Crawford, Charlene Ashe, Mary Beth Holland, Yvonne Smalley-Young, Ella Flournoy, Jeffrey Jaudon, Dorethea Peters, Lillie R. Farmer, Telsa Graham, Denise Lockamy and Loretta Smith.

The **Media Award** recognizes those individuals or organizations that have acknowledged and addressed nursing issues in their medium.

The **Emerging Leader Award** is a new award recognizing a nurse and emerging leader who has demonstrated leadership to the profession.

The **Excellence in the Care of Older Adults Award** is new award to recognize a nurse who has demonstrated humility and dedication to the care of older adults.

The **Innovations in Nursing Practice Award** was established to recognize nursing pioneers who through their creative thoughts and actions have made a difference for nurses and nursing in Georgia. This award has been dedicated to Mary N. Long, Past President of the Georgia Nurses Association and the Georgia Nurses Foundation. Past recipients include: Mary N. Long, Carol Rittenhouse, Shelby Lacy, Catherine Futch, Anicia Biglow and Senator Nadine Thomas.

GNA members are encouraged to submit their nominations by the **July 1, 2013** deadline. For more information, including eligibility and nomination forms, visit <http://www.georgianurses.org/callforawards.htm>.

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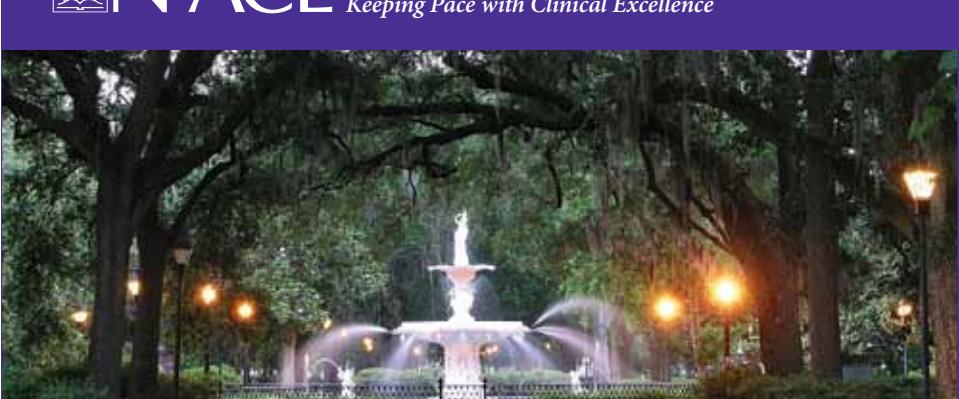
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LEGISLATIVE/PUBLIC POLICY

Nearly 1,000 Nurses Attend 2013 GNA Legislative Day at the Capitol

GNA's annual Legislative Day event at the Capitol had record attendance again this year, as nearly 1,000 registered nurses, nurse faculty and nursing students from across the state were there. This year's event took place on January 24 at the Capitol. The morning speaking program featured remarks from Governor Nathan Deal, Senator Buddy Carter (Chair of the Senate Public Safety Committee) and Representative Sharon Cooper (Chair of the House Health & Human Services Committee). Attendees also took a group photo with Governor Deal and met with their state senators and representatives, bringing the priorities of the nursing profession to their attention. The 2013 Legislative Day garnered significant media coverage from CBS-Atlanta, WSBTV, 11 Alive Atlanta and several other print outlets.

Thank You!

GNA would like to thank the sponsors of our 2013 Legislative Day – Peach State Health Plan and Chamberlain College of Nursing. We'd also like to express our appreciation for the many Legislative Day volunteers who helped to make this year's event a great success.



Nearly 1,000 nurses attended GNA's 2013 Legislative Day event on January 24 at the State Capitol.



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Board of Nursing President and GNA member Barry Cranfill and Director of Legislation & Public Policy Judy Malachowski.



GNA members Richard Lamphier and Edward Adams served as volunteers during GNA's 2013 Legislative Day Event.

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LEGISLATIVE/PUBLIC POLICY

2013 GNA Legislative Day at the Capitol



Rep. Sharon Cooper (R-Marietta) speaks to attendees. Rep. Cooper is chair of the House Health & Human Services Committee.



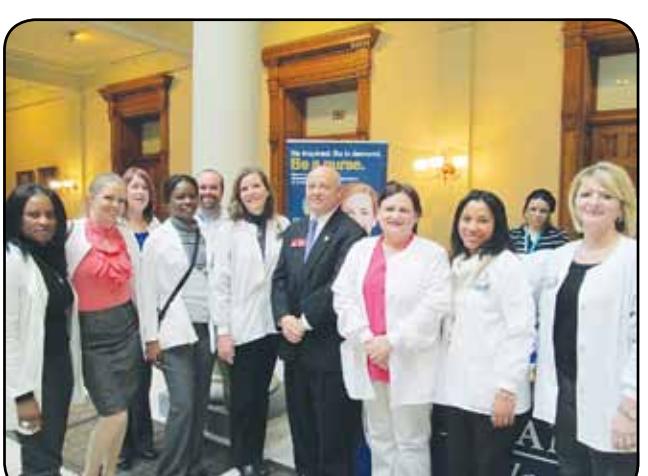
Ray Williams of Peachstate Health Plan greets Legislative Day attendees. Peachstate has graciously sponsored GNA's Legislative Day event for several years now.



GNA leadership joins Gov. Deal and Sen. Buddy Carter in a group photo. Gov. Deal presented GNA leaders with a proclamation declaring it to be Nurses' Day at the Capitol.



GNA CEO Debbie Hackman addresses attendees during the morning program.



Rep. Ed Rynders (R-Albany) is pictured with a group of Legislative Day attendees.



Several GNA members volunteered to assist staff onsite during the event.



State Senator Buddy Carter (R-Pooler) speaks during the morning program.



Governor Nathan Deal speaks to attendees.

LEGISLATIVE/PUBLIC POLICY



By Jeremy Arieh, Director of Marketing & Communications

In the waning hours of Thursday, March 28, the Georgia General Assembly adjourned Sine Die to conclude the 2013 Legislative Session. While this session will be remembered by many for the ethics legislation that passed or the gun legislation that failed, it's likely that nurses will remember the 2013 session as the beginning of a long discussion on how to better equip the Georgia Board of Nursing (and other Boards) with much-needed resources to keep Georgia's patients safe. GNA was actively involved in the 2013 session, advocating on all policy issues that could affect Georgia RNs. GNA members were also very active in 2013, responding two Action Alerts and contacting legislators in grassroots lobbying efforts. We'd like to thank you for making this important outreach.

Adequate Funding for the Profession and Patient Safety

Throughout the session, GNA sought to educate legislators and registered nurses on the current state of funding at the Professional Licensing Boards (PLB). Due to budget cuts and changes in the law regarding professional licensure, Secretary of State Brian Kemp attempted to restructure the Professional Licensing Boards division in 2012 as a cost-cutting measure. The proposal was shelved after GNA and several other professions, such as accountants, electricians and barbers, expressed their opposition to the change. In 2013, it became apparent early on the PLB was unlikely to see any new funding in the state budget.

In February, GNA and GBON members met with Governor Deal's office, Secretary Kemp, Rep. Sharon Cooper, Sen. Renee Unterman, Sen. Buddy Carter, Rep. Ed Rynders (House Appropriations Vice Chair) and others to express mounting concern related to inadequate funding for the operation of the Board of Nursing and the implementation of laws to protect patients in Georgia, including proposed mandatory reporting legislation (Senate Bill 13 and House Bill 50) and bills to require continuing competency for nurses (Senate Bill 10 and House Bill 315).

With nearly 115,000 RNs and 35,000 LPNs, nurses comprise the largest population of licensed professionals in the state. The average net revenue of licensure fees collected through the Secretary of State for RNs and LPNs totals over \$5.1 million per year, while the amount allocated for the direct and indirect costs of the Board of Nursing's operation is less than 50% of those revenues. The remainder of this funding is being siphoned off and used in other areas of the state budget. In conversations at the Capitol, GNA articulated the concern that lawmakers are ignoring current state law (O.C.G.A 43-1-7) in the budgeting process.

Current statute O.C.G.A. 43-1-7 (2010) states: "Each professional licensing board is authorized to charge an examination fee, license fee, license renewal fee, or similar fee and may establish the amount of the fee to be charged. Each fee so established shall be reasonable and shall be determined in such a manner that the total amount of fees charged by the professional licensing board shall approximate the total of the direct and indirect costs to the state of the operation of the board. Fees may be refunded for good cause, as determined by the division director."

To ensure patient safety and a streamlined, efficient licensure process in our state, the Board of Nursing must be adequately funded. In response to GNA and others, House Resolution 549 passed creating the House Study Committee on Professional Licensing Boards. Moving forward, GNA will continue to explore all options to ensure adequate GBON funding. We will actively participate in this summer's PLB Study Committee and look forward to reporting on the committee's progress in future issues of *Georgia Nursing*.

Senate Bill 94 – APRNs ordering radiographic imaging tests

After passing the Senate, legislation to allow APRNs to order radiographic imaging tests (SB 94) was tabled in House Health & Human Services, which killed the bill for the year. Current statute allows APRNs to order

2013 GNA Legislative Wrap Up Advocacy efforts on GBON funding to continue

radiologic imaging tests "in life-threatening situations only." According to GNA's org affiliate CAPRN of GA, Georgia is the only state with such a restriction, which was imposed when APRNs gained prescriptive authority in 2006. GNA will continue to advocate for the removal of this barrier to APRN practice next session.

Continuing Competency/ Mandatory Reporting

On Day 39, HB 315, sponsored by Rep. Sharon Cooper (R-Marietta, chair, House HHS), received final passage in the House. For over a year, GNA has worked with the GBON and other external stakeholders to ensure the passage of continuing competency and mandatory reporting laws that promote patient safety, but would not be onerous upon RNs seeking licensure renewal.

Upon signature by the Governor, HB 315 will do the following:

- Implement continuing competency requirements for RNs and LPNs, beginning with 2016 license renewal.
- Create an "inactive" licensure status for RNs who request it. This status would mainly be utilized by retired RNs who wish to maintain their licenses.
- Implement mandatory reporting of any nurse (RN or LPN) who violates Georgia's Nurse Practice Act. This portion of the bill can only become effective when specific funding is appropriated by the Legislature to the GBON for the purpose of mandatory reporting.

Combining LPN/RN Boards

Legislation to combine the LPN and RN Boards of Nursing passed on the final day of the session. The change was proposed by the Professional Licensing Boards as a move toward further efficiency. The GNA Board of Directors voted to support this legislation as a move to further streamline BON operations (House Bill 332).

2013 Bills of Interest

HB 50 Nurses; mandatory reporting; require

By Rep. Sharon Cooper (R-Marietta)

A bill to require that violations of the Nurse Practice Act are reported to the Board of Nursing.

HB 50 passed the House 152-16 with language making its enactment contingent upon funding from the General Assembly. The bill was combined with HB 315, which received final passage.

HB 132 Georgia Board of Pharmacy and Georgia Board of Dentistry; administratively attached to Department of Community Health; provide

By Rep. Lee Hawkins (R-Gainesville)

Legislation that pulls the Boards of Pharmacy and Dentistry from the Secretary of State's office and attaches them administratively to the Department of Community Health.

HB 132 passed the Senate by a vote of 45-8 and now awaits signature from the Governor. Sen. Renee Unterman attempted to amend the bill in subcommittee to add the Board of Nursing to HB 132, but the amendment was defeated.

HB 178 Georgia Pain Management Clinic Act; enact

By Rep. Tom Weldon (R-Ringgold)

Legislation intending to further regulate pain management clinics as well as the health care professionals who practice in these settings.

HB 178 passed the Senate by a vote of 44-5 and awaits signature from the Governor.

HB 315 Nurses; continuing competency requirements as requirement for license renewal; provide

By Rep. Sharon Cooper (R-Marietta)

A bill to require RNs to demonstrate continuing competency at the time of license renewal, beginning in 2016. The bill will also require that violations of the Nurse Practice Act are reported to the Board of Nursing, but this provision is contingent upon funds being appropriated by the General Assembly.

HB 315 received final passage in the House by a vote of 136-37 and awaits signature from the Governor.

HB 332 Georgia Board of Nursing; reconstitute; provisions

By Rep. Bruce Williamson (R-Monroe)

Legislation to combine the LPN and RN Boards of Nursing.

HB 332 passed the Senate by a vote of 54-0 and awaits signature from the Governor.

HB 372 HOPE; grant at technical colleges or university institutions; revise eligibility

By Rep. Christian Coomer (R-Cartersville)

A bill allowing more technical college students access to HOPE grants by lowering GPA requirements to 2.0.

HB 372 passed the Senate by a vote of 52-0 and awaits signature from the Governor.

HB 546 Public Health, Department of; pilot program to assess need for and effectiveness of using protocol technicians in areas which do not have access to a hospital; establish

By Rep. James Beverly (D-Macon)

A bill creating a pilot program within the Department of Public Health to create a new category of health professional – a "protocol technician."

House Health & Human Services Committee

HR 549 House Study Committee on Professional Licensing Boards; create

By Rep. Ed Rynders (R-Albany)

A resolution creating a House Study Committee on Professional Licensing Boards.

HR 549 passed the House by a vote of 166-4.

SB 10 Registered Professional Nurses; provide

continuing competency requirements as a requirement for license renewal

By Sen. Buddy Carter (R-Pooler)

A bill to require RNs to demonstrate continuing competency at the time of license renewal, beginning in 2016.

House Health & Human Services Committee

SB 13 Nurses; require mandatory reporting

By Sen. Buddy Carter (R-Pooler)

A bill to require that violations of the Nurse Practice Act are reported to the Board of Nursing.

House Health & Human Services Committee

SB 24 "Hospital Medicaid Financing Program Act"; enact

By Sen. Charlie Bethel (R-Dalton)

Legislation to authorize the Georgia Department of Community Health to levy a provider payment upon hospitals.

SB 24 was signed by the Governor on February 13.

SB 85 Physicians; authorize the administration of vaccines by pharmacists or nurses; vaccine protocol agreements

By Sen. Charlie Bethel (R-Dalton)

Legislation defining the vaccine protocol agreements a physician may enter into with a nurse/pharmacist. The legislation also adds to the list of vaccines a pharmacist and/or registered nurse may deliver under a vaccine protocol agreement.

House Health & Human Services Committee

SB 94 Advance Practice Registered Nurses; delegation of authority to order radiographic imaging tests; revise prov.

By Sen. Fran Millar (R-Atlanta)

A bill to allow APRNs to order radiographic imaging tests.

SB 94 was tabled in the House Health & Human Services Committee after a substitute bill was introduced during a hearing on March 20. The bill will likely be revisited in 2014.

To review GNA's 2013 Legislative Platform or 2013 Legislative Priorities, visit http://www.georgianurses.org/current_session.htm.

To review any of the bills listed above, go to <http://www.legis.ga.gov/> and type in the bill type and number.

NURSING PRACTICE

GNA Joins Georgia Health Literacy Alliance Effort

By Rebecca Wheeler, RN, PhD and Judi Kanne, RN, BSN

The Georgia Nurses Association (GNA) has joined forces with representatives of academia, state government, pharmaceutical organizations, health care providers and others in an effort to improve the health literacy of citizens across the state.

GNA President-Elect Rebecca Wheeler, RN, PhD, and member Judi Kanne, RN, BSN are representing GNA as part of the newly formed Georgia Health Literacy Alliance. From discharge materials that correspond with each patient's language and literacy level to lifesaving public health information for communities — nurses are at the forefront of how to prioritize and provide patient care information.

"We are pleased to be working with so many disciplines in the Alliance," explains Wheeler.

Founded in 2012, the Georgia Health Literacy Alliance's goal is to help all Georgians find, understand, evaluate, communicate and use relevant health information to make wellness and health care decisions. The link between limited health literacy and poor health is well documented. In 2004, the Agency for Healthcare Research and Quality (AHRQ) and Institute of Medicine (IOM) published reports with comprehensive reviews of the literature on health literacy and health outcomes. Both reports concluded that limited health literacy is negatively associated with the use of preventive services.

Too many people struggle to understand the words they hear from health practitioners. They also find it hard to understand written instructions from physicians and insurance companies. Health literacy, however, involves much more than an individual's ability to read. According to the IOM's 2004 report *Health Literacy: A Prescription to End Confusion*, it is a complex issue involving individual factors,

health care professionals and societal factors. An individual's culture, education and language will influence how health information is understood, as will the health care providers' communication skills. How the media, government and marketplace provide health information is equally important, and perhaps the most difficult to address.

Nationally, health literacy is gaining in importance. *The Affordable Care Act* (2010) has provisions addressing the clear communication of health information and cultural competencies. The *Plain Writing Act* (2010) requires all documents from the federal government be written in ways "that the public can understand and use." Also in 2010, the U.S. Department of Health and Human Services initiated the *National Action Plan to Improve Health Literacy*, a collaboration of public and private sector organizations that will develop plans for health literacy research and action.

Individual states are also ramping up their efforts to improve health literacy. Many states have established coalitions that are working to determine what they can do to address this issue. Some, like Florida, have advanced to specific action; their coalition provides grants to projects promoting health literacy and develops and distributes health curricula for adult education students. These are all issues the Georgia Health Literacy Alliance plans to address in future meetings.

In January, the group met at Morehouse School of Medicine. Planning to date includes developing flyers and posters to alert attention to health literacy needs around the state. February's meeting took place at Georgia Health Care Association's facility in Stockbridge. The group will meet again soon, so look for updates on the Alliance's work in future issues of *Georgia Nursing*.

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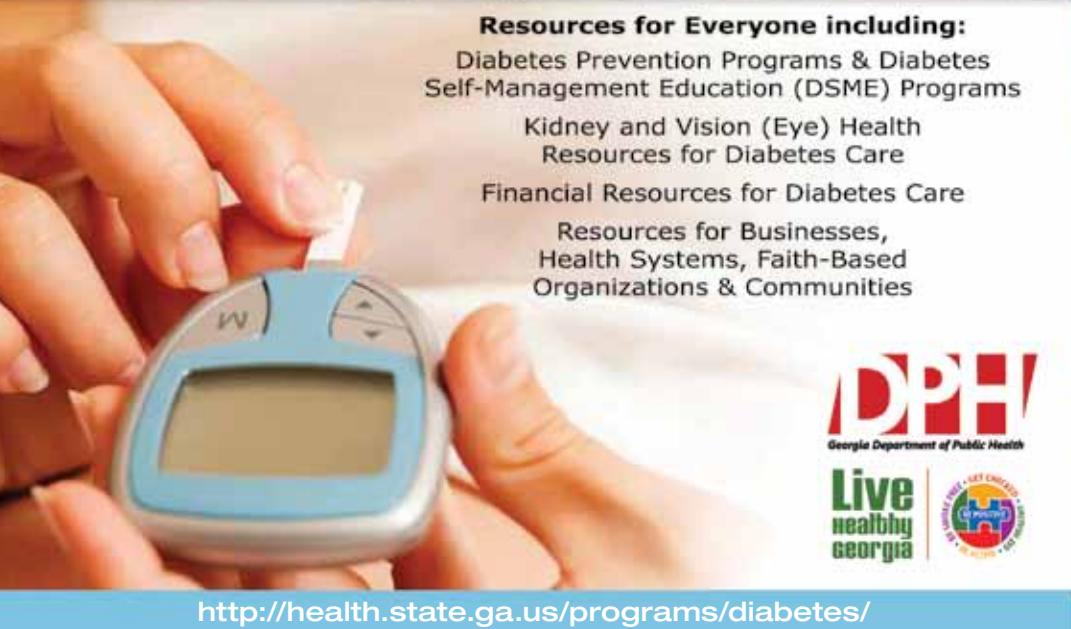
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APRN CORNER

Primary Care Workforce Shortages: Nurse Practitioner Scope-of-Practice Laws and Payment Policies

NIHCR Research Brief No. 13

By Tracy Yee, Ellyn R. Boukus, Dori A. Cross, Divya R. Samuel

Amid concerns about primary care provider shortages, especially in light of health reform coverage expansions in 2014, some believe that revising state laws governing nurse practitioners' (NP) scope of practice is a way to increase primary care capacity. State laws vary widely in the level of physician oversight required for nurse practitioners, with some states allowing NPs to practice independently, while others limit NPs' authority to diagnose, treat and prescribe medications to patients without supervision.

In six states with a wide range of scope-of-practice laws—Arizona, Arkansas, Indiana, Maryland, Massachusetts and Michigan—the laws in and of themselves do not appear to restrict what services NPs can provide to patients, according to a new qualitative study by the Center for Studying Health System Change (HSC). However, scope-of-practice laws do appear to have a substantial indirect impact because requirements for physician supervision affect practice opportunities for NPs and may influence payer policies for nurse practitioners. Such policies include whether NPs are recognized as primary care providers and included by health plans in provider networks and whether NPs can bill and be paid directly. States with more restrictive scope-of-practice laws (such as Georgia) are associated with more challenging environments for NPs to bill public and private payers, order certain tests, and establish independent primary care practices. To ensure effective use of NPs in primary care settings, policy makers may want to consider regulatory changes beyond revising scope-of-practice laws, such as explicitly granting NPs authority as primary care providers under Medicaid or encouraging health plans to pay nurse practitioners directly.

This article is available at the National Institute for Health Care Reform web site by visiting www.nihcr.org.



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APRNs Serve 30% of Medicare FFS Beneficiaries

By Peter McMenamin, PhD
Senior Policy Fellow, American Nurses Association

In previous postings on the ANA NurseSpace Blog *One Strong Voice* (www.ananursespace.org), I have provided information on the participation of APRNs in directly billing Medicare Part B carriers for services provided to their Medicare patients. This included information on total approved charges; primary care incentive payments awarded to NPs and CNSs; bonuses for high-quality and electronic prescribing awarded to APRNs in each of the four roles; and also Medicaid incentive payments to NPs and CNMs for electronic health record installation and use. Recently, I received some new Medicare data not previously published with respect to counts of individual patients who received services from those APRNs.

These important data show the increasing involvement of APRNs in caring for patients. Not only are there increases in the numbers of APRNs directly billing Medicare Part B, those nurses are providing services to an increasing number of patients in the program, representing increasing percentages of patients. In 2011, 100,585 APRNs directly billed Part B carriers for \$2.4 billion in approved charges for services provided to 10,385,355 Part B fee-for-service beneficiaries. To some observers – given Medicare Part B's \$126 billion total budget – the APRN share may merely be Medicare dust, but it ain't peanuts. Thirty percent of patients in traditional (fee-for-service) Medicare received one or more services from an advanced practice registered nurse.

Thousands of Medicare patients in each of the 50 states are acquainted with an APRN as a source of Part B services. In most states it is hundreds of thousands. APRNs are a substantial and growing clinical presence in the Medicare program. Despite hurdles to APRNs being able to practice to the full extent of their education and experience there is an increasing patient acceptance and satisfaction with receiving Part B services from an advanced practice registered nurse. APRNs may only be nine percent of all Medicare Part B providers, but they treat more than three times that percentage of all fee-for-service patients.

The Data

The Medicare terms of art for these new data are "persons served" and "persons served per thousand." These concepts have actually been employed by Medicare since the beginning of the program, and they involve counting (a) the number of unique patients who have had one or more claims for service approved by Medicare carriers and/or intermediaries, and (b) total Medicare eligibles that could have used such services. To compute these data one used to have to wait until well after the end of a calendar year to identify all of the unique beneficiaries ever enrolled in Part B and all of the unique beneficiaries with respect to a particular set of services. Thus, while counts of services and approved charges were computed within months following the end of a year, the reported persons served data often lagged by several years. Better computer services have vastly shortened those lags.

Persons served can be computed across all services or for particular services such as the services of a particular type of provider. For example, since early in the program approximately 20 percent of Medicare beneficiaries have been hospitalized in any one year. This percentage includes some eligibles who were hospitalized two or more times. In calendar year 2010, the official hospital statistic for "persons served per thousand" was 211, i.e., 21.1 percent of Medicare eligible were hospitalized at least once. Across all Part B services, persons served per thousand elderly in 2010 was 988. (At nearly 99 percent very few Part B eligibles did not have a claim for service that year. In 1975 the figure was 536; in 1966 it was approximately 360.)

The table below shows the 2009 to 2011 values for participating APRNs, persons served and persons served per fee-for-service eligible. (Approximately 25 percent of Medicare eligibles are enrolled in Medicare Advantage plans and thus are not considered eligible for treatment under fee-for-service Medicare.) Over that time frame the total number of APRNs directly billing Part B carriers increased from about 82,000 to 100,000; persons served increased from 9 million to 10.4 million; and the persons served percentage increased from 26 percent to 28 percent to 30 percent. Increases in participation, persons served, and the persons served percentage can be observed for all of the years for each of the APRN roles.

Variable	YR	NPs	CRNAs	CNSs	CNMs
# APRNs	2011	59,196	36,600	2,564	2,225
	2010	52,062	34,946	2,519	1,931
	2009	46,386	33,151	2,421	1,746
Persons served	2011	5,780,000	4,356,743	226,576	23,016
	2010	5,218,035	4,158,556	217,869	19,168
	2009	4,806,124	3,946,619	204,411	18,910
Persons served %	2011	16.5%	12.5%	0.6%	0.1%
	2010	15.1%	12.1%	0.6%	0.1%
	2009	14.1%	11.6%	0.6%	0.1%

APRNs Serve 30% of Medicare FFS Beneficiaries continued on page 15



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APRN CORNER

APRNs Serve 30% of Medicare FFS Beneficiaries continued from page 14

[The persons served percentage for CNMs should have an asterisk. The data only include total fee-for-service eligibles rather than the gender and age specific data one would want, particularly for the Medicare disabled population.]

The 10.4 million beneficiaries who did receive APRN services in the traditional Medicare program were spread across the country. The number in each State was a function of both the number of beneficiaries and the number of participating APRNs. Florida had the highest number of persons served, at 873,278, followed by Texas at 702,257. Thirty one states each had more than 100,000 Medicare persons served. Hawaii was the state with the smallest number at 7948. The persons served numbers for each state were relatively stable over these years with typical average annual growth rates between 5 to 11 percent.

Across the U.S., 30 percent of Medicare fee-for-service beneficiaries were persons served with respect to APRN services. In fact, one must acknowledge that this is a lower bound estimate of the percentage of Medicare patients who received APRN services. Some fee-for-service beneficiaries receive APRN services in physician practices or clinics where a physician practice identifier or only the practice specific National Provider Identifier (NPI) is used for billing. In such instances those services will not be counted as APRN services, so those encounters would not contribute to the APRN persons served statistics. In addition, it is well known that many Medicare Advantage plans make

substantial use of APRNs. Those patient encounters are simply not recorded at all in the Part B database.

In terms of persons served per thousand, Tennessee was the state with the highest value, at 580. North Dakota was second at 554. Thus, we observe two states where more than half of the fee-for-service beneficiaries received services from an APRN. The states at the high end of the persons served spectrum are more likely to be perceived as relatively rural with more urban states at the low end of the spectrum. This is not a strict rule: relatively rural Delaware, Nevada, Oklahoma, Wyoming and Montana are among the 15 states at the bottom of the spectrum.

To reiterate, thousands of Medicare patients in

every state are acquainted with an APRN as a source of Part B services. In most states, it is hundreds of thousands. In all but five states at least one (FFS) beneficiary in five received covered services from an APRN enrolled as an independent Medicare Part B provider. This is not a fad or passing fancy. Despite hurdles to APRNs being able to practice to the full extent of their education and experience there is an increasing patient acceptance and satisfaction with receiving Part B services from an advanced practice registered nurse. APRNs may only be nine percent of all Medicare Part B providers, but they treat more than three times that percentage of all fee-for-service patients – a share that recent statistics confirms is growing.

GA persons served statistics:

GEORGIA	Year	NPs	CRNAs	CNSs	CNMs	APRNs
# APRNs	2009	1,181	1,170	49	39	2,439
	2010	1,329	1,226	59	40	2,654
	2011	1,524	1,239	66	61	2,890
Persons served	2009	127,452	137,376	6,429	327	271,584
	2010	130,533	132,761	6,461	363	270,118
	2011	143,044	139,555	6,490	382	289,471
Persons served %	2009	12.57%	13.55%	0.63%	0.03%	26.79%
	2010	13.41%	13.64%	0.66%	0.04%	27.74%
	2011	14.45%	14.10%	0.66%	0.04%	29.24%

FINANCE MATTERS

Know Your Financial Vital Signs Before You Look

By Jim Williams
President, Southern Highlands Mortgage



Jim Williams

We have potential customers contact us daily asking the question, how do I qualify for a mortgage? The answer is, "Do you know your financial vital signs"? You see, there is somewhat of a correlation between the vital signs of a patient and the financial vital signs of a borrower. A nurse would not dream of making rounds to check on a patient without a history of the patient's blood pressure, respirations, pulse and temperature. By the same token, a lender will have a particular interest in three areas when reviewing a borrower's request for a mortgage – credit, capacity and collateral.

One of the first steps a lender will take after receiving a loan application is to pull the credit on a borrower. You should be aware of your credit before you look for a house or inquire about a mortgage. For a free copy of your credit report, go to www.annualcreditreport.com. Lender loan programs have differing credit guidelines, so accessing your credit before you start looking for a home is important. The knowledge you obtain by reviewing your credit will provide real value during the home-buying process.

The second financial vital sign is your capacity to pay monthly obligations as a percentage of gross monthly income. Lenders typically refer to this as your debt ratios. Much like a patient's blood pressure, there is an acceptable range for borrower's debt ratios. The first debt ratio is your housing payment as a percentage of your gross income. A second debt ratio includes the housing payment and your monthly

installment loans, as well as credit card payments. The maximum total debt to income range is typically 41-45 percent of gross monthly income with some lenders going as high as 50 percent.

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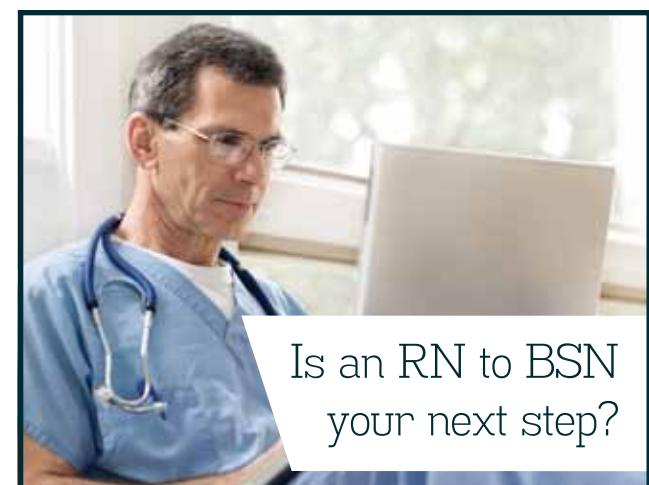
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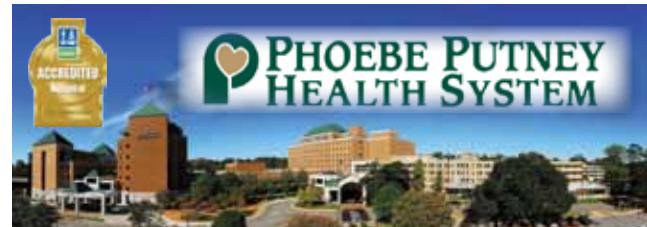
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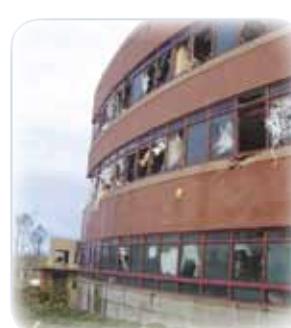


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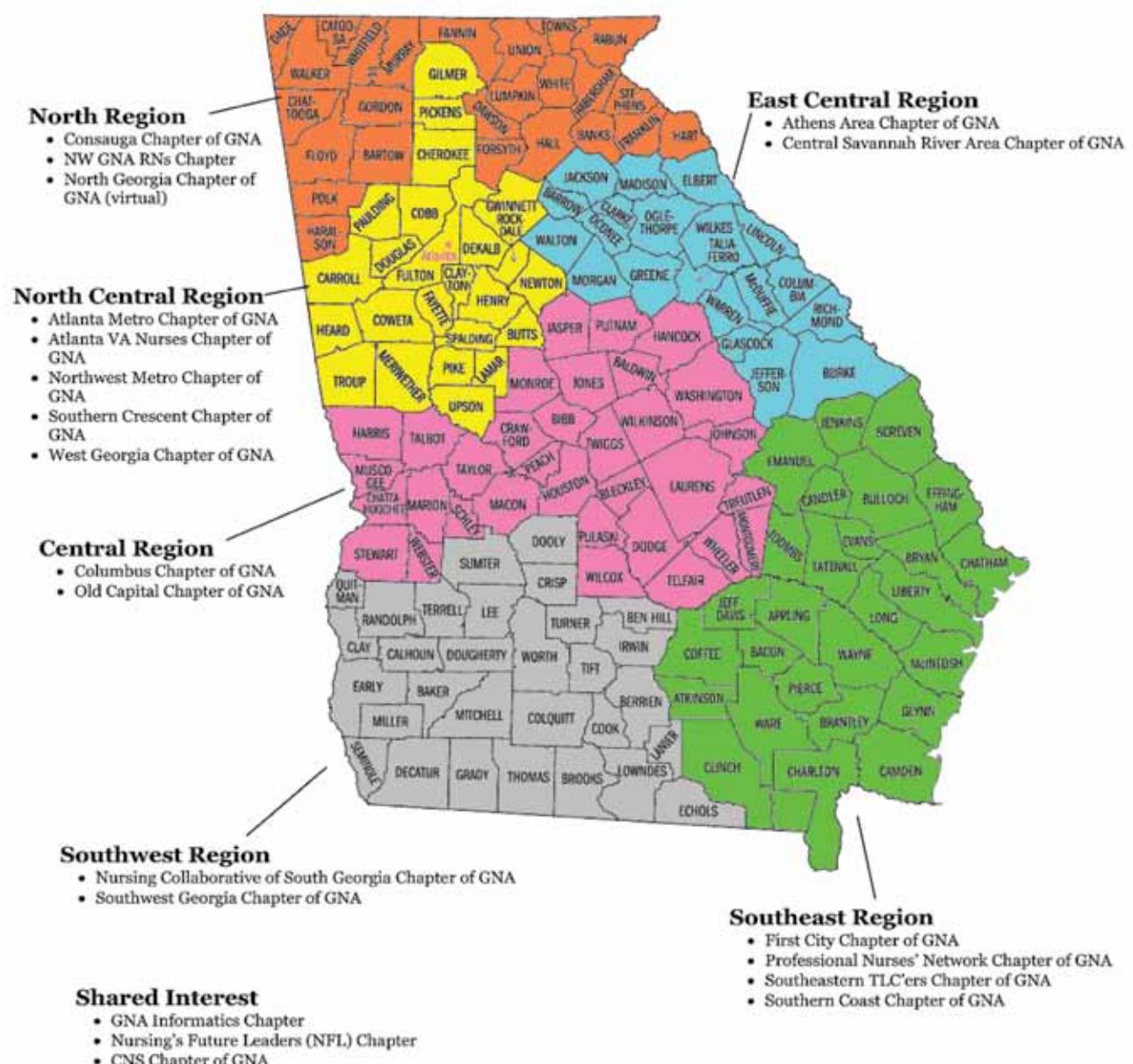
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2. Gather together a minimum of 10 GNA members who share similar interests.
3. Select a chapter chair.
4. Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
5. Identify and agree upon chapter purpose.
6. Decide on chapter name.
7. Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:
 - Chapter chair name and chapter contact information including an email,
 - Chapter name,
 - Chapter purpose, and
 - Chapter roster.
8. The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.

Georgia Nurses Association Regions and Chapters As of May 19, 2012



College of Coastal Georgia Online RN to BSN

Program Options:

- The RN to BSN Program can be taken in 3, 4 and 5 semester completion options.
- All classes are available online as well as in a classroom setting on the College of Coastal Georgia campus.

For more information and program requirements:

Maureen Wagner
One College Drive
Brunswick, Ga. 31520
www.ccga.edu/SchoolNursing
912.279.5870
mwagner@ccga.edu

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Department of Nursing

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The Georgia Nurses Association Political Action Committee (GN-PAC) actively and carefully reviews candidates for local, state and federal office. This includes their record on nursing issues and value as an advocate for nursing. GN-PAC promotes the improvement of the health care of the citizens of Georgia by raising funds from within the nursing community and friends of nursing and contributing to the support of worthy candidates for State office who believe, and have demonstrated their belief, in the legislative objectives of the Georgia Nurses Association.

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

GN-PAC
3032 Briarcliff Road, NE
Atlanta, Georgia 30329
PH: (404) 245-9475
FAX: (404) 325-0407
george.sneed7@gmail.com

Please make all checks payable to GN-PAC

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MEMBERSHIP

Welcoming New & Returning GNA Members

December 2012

Allison Lloyd, Grovetown, GA
 Amanda Cooper, Americus, GA
 Audrey Dickson, Atlanta, GA
 Barbara Carty, New York, NY
 Carmen Booth, Hahira, GA
 Cassandra Whitehead, McDonough, GA
 Catherine Yates, Macon, GA
 Charlotte Hand, Saint Simons Island, GA
 David Grinstead, Macon, GA
 Debra Glasheen, Lilburn, GA
 Denise Britt, Alpharetta, GA
 Diana Dalrymple, Carnesville, GA
 Elena Morales, Columbus, GA
 Erica Eyer, Valdosta, GA
 Heather Giles, Evans, GA
 Helen Baker, Portland, OR
 Lakesha Scotton, Fairburn, GA
 Misty Burkhalter, Rome, GA
 Nancy Elder, Hampton, GA
 Orlin Marquez, Buford, GA
 Patricia Kraft, Brunswick, GA
 Rebecca Poole, Colbert, GA
 Renelle Minfield, Atlanta, GA
 Robin Goodwin, Atlanta, GA
 Robin Newberg, Atlanta, GA
 Ruth Francis, Johns Creek, GA
 Sabrina Lee, Stockbridge, GA
 Stephanie Dixon, Jonesboro, GA
 Tammy Barbe, Chamblee, GA
 Teresa Mayo, Lithonia, GA
 Tyler Blomquist, Atlanta, GA
 Uloaku Azubuike, Jonesboro, GA

January 2013

Abigail Gerding, Atlanta, GA
 Alaseye Kaede-Ann Yero, Lithonia, GA
 Amber McMahan, Rocky Face, GA
 Andrea Townsend, Hephzibah, GA
 Angela Lintz, Macon, GA
 Arica Carter, Newnan, GA
 Brenda Reynolds, Pearson, GA
 Brenda Strange, Newnan, GA
 Caroline Caudle, Canton, GA
 Catherine Blow, McDonough, GA
 Christina Gary, Grovetown, GA
 Christy Primo, Lula, GA
 Debra Glenn, Lilburn, GA
 Diana Grant-Rawls, Stockbridge, GA
 Edward Adams, Fort White, FL
 Felicia Trawick, Milledgeville, GA
 Flor Saucedo, Bishop, GA
 Geraldine Crawford, Hampton, GA
 Heather Davis, Peachtree City, GA
 Jacqueline Blue, Columbus, GA
 Jaimi Allers, Roswell, GA
 Janet Williams, Grayson, GA
 Jennifer Jones, Kennesaw, GA
 Jessica Miller, Milton, GA
 Jummy Abdul, Jonesboro, GA
 Justin Heusser, Bogart, GA
 Karen Schmalenberger, APO, AE
 Karlene Wright, Midland, GA
 Kathryn Singletary, Boston, GA
 Kimberly Young, Decatur, GA
 Laura Green, Ringgold, GA
 Laurie Parkman, Milledgeville, GA
 Louisa Kalinke, Peachtree City, GA
 Maloma Greene, Ellenwood, GA
 Marcella White, Kennesaw, GA
 Marguerite Bobon, Suwanee, GA
 Mathew O'Dell, Valdosta, GA
 Maureen Howard, Cairo, GA
 Miriam Edouard, Fort Belvoir, VA
 Mona Fontaine, Buford, GA
 Monica Williams, Stockbridge, GA
 Myra Duhon, Carlton, GA
 Patrice Little, Duluth, GA
 Renee Turner, Baxley, GA
 Roberta Axson, Stockbridge, GA
 Rosemary Lane, Dacula, GA
 Sandra Petzelt, Grayson, GA
 Sawanarry Forrest, Lithonia, GA
 Selena Howard, Atlanta, GA
 Sharika Seabrooks, College Park, GA

Sharon Hogue, Cedartown, GA
 Sheara Tillman, Oconee, GA
 Sheri Carey, Savannah, GA
 Stephanie Cook, Pembroke, GA
 Traci Kelley, Chickamauga, GA

February 2013

Alison Gilmore, Locust Grove, GA
 Amanda Ekanem, Covington, GA
 Angela Connell, Omega, GA
 Anne Fortenberry, Cleveland, GA
 Ashley Amon, Tifton, GA
 Betsy King, Roswell, GA
 Brandy Brown, Snellville, GA
 Carol Elliot, Portsmouth, NH
 Carol Maiyer, Ellijay, GA
 Cheryl Laughlin, Peachtree City, GA
 Cheryl Moore, Newnan, GA
 Chioma Okereke, Acworth, GA
 Christopher Perry, Athens, GA
 Christy Gazdziak, Johns Creek, GA
 Conny Jackson, Columbus, GA
 Corrine Abraham, Marietta, GA
 Dale Bowers, Newnan, GA
 David Wiley, Canton, GA
 Deborah Walton, Powder Springs, GA
 Donna Everett, Snellville, GA
 Donna McCloud-Forbes, Conyers, GA
 Ethel Santiago, Snellville, GA
 Gwendolyn Curtiss, Lithonia, GA
 Gwendolyn Fryer, Evans, GA
 Helen Ette, Jonesboro, GA
 June Sangala, Decatur, GA
 Karen Jackson McClary, Kathleen, GA
 Karen Minyard, Atlanta, GA
 Karen Rawls, Lawrenceville, GA
 Karen Steely, Calhoun, GA
 Kathy Wilcox, Macon, GA

Kimberly Bennett, Pooler, GA
 Kristen Watson-Globerman, Moultrie, GA
 Lekeya Foston, Macon, GA
 Lillian Pryor, Lawrenceville, GA
 Linda O'Sullivan, Lithonia, GA
 Lucy Parlor, Atlanta, GA
 Marie Gay, Newnan, GA
 Marsha Ward Roberts, Lizella, GA
 Megan Austin, Acworth, GA
 Monica Hendrickson, Conyers, GA
 Nancy Curdy, Snellville, GA
 Nia Simmons-Roland, Atlanta, GA
 Onyebuchi Nwaokolo, Hampton, GA
 Pamela Gordon, Suwanee, GA
 Patricia Waggener, Snellville, GA
 Paula Tillman, Richmond Hill, GA
 Priscilla Johnson, Hephzibah, GA
 Rachel Andrews, Warner Robins, GA
 Rebecca Pinney, Brentwood, TN
 Rebecca Scruggs, Ringgold, GA
 Richard Boggan, Martinez, GA
 Robyn Hicks, Locust Grove, GA
 Rosemary Morris-Heckstall, Fairburn, GA
 Sally Lee, Rocky Face, GA
 Sandra Yam, Atlanta, GA
 Shandra Slaughter, Columbus, GA
 Sharnee Straub, Woodstock, GA
 Sonia Hoffman, Rocky Face, GA
 Sonya Dutton, McDonough, GA
 Sonya Ramsue, Atlanta, GA
 Susan Longley, Dalton, GA
 Tonya Adbul-Shaheed, McDonough, GA
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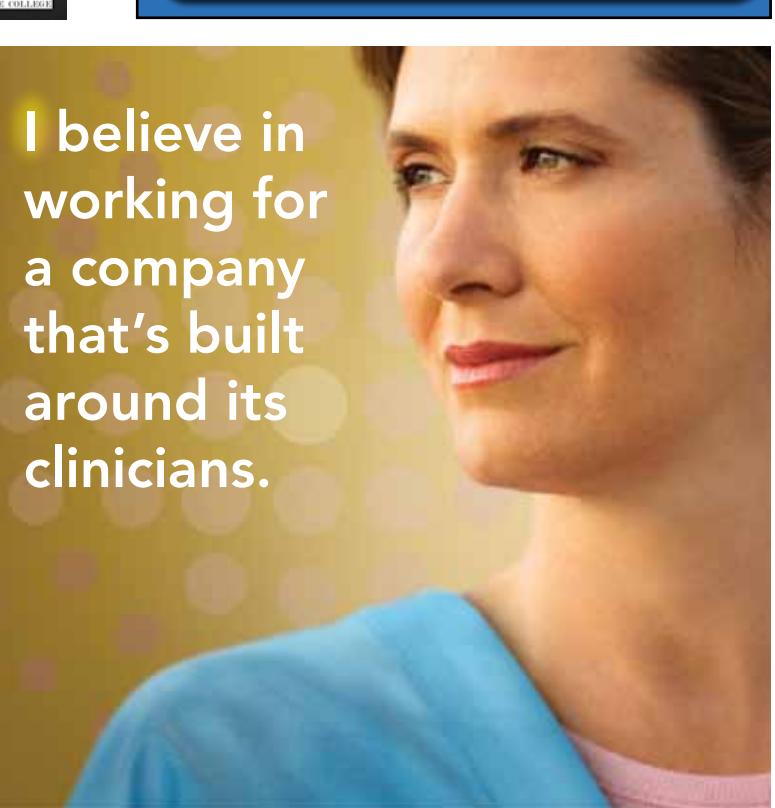
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MEMBERSHIP

GNA/ANA Benefit Brief

Some of the many great services, discounts and opportunities you'll access as a member of GNA/ANA:

The LARGEST Discount on initial ANCC Certification – GNA/ANA members save \$120 on initial certification.

The LARGEST available discount on ANCC re-certification – \$150 for GNA/ANA members.

The ONLY discount on ANCC Review/Resource Manuals – GNA/ANA members only.

GNA Members-Only E-News and Legislative Updates – Members gain access to informative GNA and ANA E-news messages, including timely updates during the legislative session, national news & policy updates and vital information for all nurses.

Member Discounts on GNA Conference Registration – GNA members receive special discounts on all GNA events, including the 2013 GNA Professional Development Conference & Membership Assembly!

Journals & publications – Free subscription to ***The American Nurse*** – a \$20 value – and free subscription to ***The American Nurse Today***, an \$18.95 value. **Free online access to OJIN: The Online Journal of Issues in Nursing**. Members also have the first opportunity to access **OJIN & TAN** content online! Free quarterly GNA newsletter – ***Georgia Nursing***.

Access to ANA's www.nursingworld.org – Become a member, you'll gain immediate access to the members-only areas of ANA's web site www.nursingworld.org! NursingWorld features a plethora of resources for nurses, including position statements, press releases, white papers and more. This includes **ANA NurseSpace**, the online networking site for nursing professionals.

GNA Career Center – Find a new opportunity on GNA's online career center, www.georgianurses.org.

Free Webinars & CE opportunities – GNA/ANA members can now access several educational webinar offerings from ANA at no cost to the member. This includes ANA Webinars and GNA's Power Webinar Series. Members will also be the first to hear about free and low-cost CE opportunities being offered both virtually and face-to-face.

New leadership opportunities – Get involved with GNA! Statewide recognition and professional development. Become a chapter chair, participate in a task force or committee or run for elected office.

Mosby's Nursing Consult, ANA Edition – GNA/ANA members now have access to this customized, evidence-based resource tool for clinical decision making, education, training and staff development.

GNA web site – 24/7 access to information on our web site, www.georgianurses.org.

ANA SmartBrief – GNA/ANA members receive ANA's SmartBrief electronic newsletter via email on a weekly basis. SmartBrief provides members with up-to-date nursing news and information in a convenient format.

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

Annual Legislative Day event at the State Capitol – Our successful annual event with legislators at the State Capitol is **FREE** for members and students.

Shared-interest and local chapters – Get involved with GNA at the chapter level and you'll have the opportunity to connect with nursing professionals who have the same interests/specialty as you!

Dedicated professional staff & lobbyists – By joining GNA, you'll gain access to a staff of dedicated professionals and skilled lobbyists, who advocate for you at the state and federal level.

Other Great Member Discounts on Products/Services:

ANA Group Dental Insurance – New ANA dental benefit will pay all costs of more than 155 dental care services, after reaching the deductible and much more.

ANA Wireless Center – Many FREE phones and savings up to \$100 on selected wireless phones.

Auto Rental and Travel Discounts – Discounts on auto rental through Avis and Budget, savings on hotel stays and more.

Bank of America products – Enjoy all of the benefits of banking with Bank of America through the GNA-branded checking accounts and GNA credit card programs.

Crocs shoes – ANA members please enjoy 25% off of your purchase of select models of Crocs.

Dell Computers – Receive discounts on the purchase of Dell Computers.

Tafford Uniforms and Scrubs – ANA members receive 10% off of Tafford scrubs, uniforms and lab coats.

Whirlpool Discount Program – Get discounts on Whirlpool products through this recently added GNA/ANA benefit.

REQ_13

MEMBERSHIP APPLICATION

MEMBER DATA

NAME _____	RN LICENSE # _____	BIRTHDATE _____
HOME ADDRESS _____	CITY, STATE, ZIP _____	
COUNTY _____	HOME PHONE _____	ALT. PHONE _____
EMAIL _____	DESIRED GNA CHAPTER _____	
EMPLOYER _____	SCHOOL OF NURSING _____	
Please circle ONE of the following options for each question.		
Gender: Male _____	Female _____	Age Group: 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60-69 _____ 70 and older _____
Job Function: Staff Nurse _____ New Graduate _____	Manager/ Administration Educator/ Research _____	APRN _____ Licensed RN Student Other _____

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YOUR MEMBERSHIP (Check box for membership option that best describes you.)

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<input type="checkbox"/> RN Student/New Grad Discount Rates •Licensed RN Student (\$75 annual/\$6.75 monthly EDPP*) Currently enrolled, actively pursuing RN-BSN, Masters or Doctorate •New Graduate (\$155 annual/\$13.41 monthly EDPP*) Initial year of membership	<input type="checkbox"/> Senior Discount Rates •62 or over, employed (\$155 annual/\$13.41 monthly EDPP*) •62 or over, retired (\$77.50 annual/\$6.97 monthly EDPP*)



MAIL APPLICATION AND PAYMENT TO:
GEORGIA NURSES ASSOCIATION
3032 Briarcliff Road NE, Atlanta, GA 30329
FAX: 404-325-0407

FOR INQUIRIES:
P: 404-325-5536
E: gna@georgianurses.org
www.georgianurses.org



PAYMENT OPTION (Check the box or circle for the desired payment option.)

<input type="checkbox"/> Annual payment by check: Please enclose check in the amount of annual membership total with application.		
<input type="checkbox"/> *Monthly Electronic Dues Payment Plan (EDPP) through checking account: Read, sign the authorization and enclose a check for the first month's EDPP payment.		
AUTORIZATION to provide monthly electronic payments to ANA: This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.		
Signature for EDPP _____		
<input type="checkbox"/> Payment by Credit Card: (MC or Visa)	<input type="radio"/> Monthly Charge to Card	<input type="radio"/> Annual Charge to Card
Card number & expiration date _____		Signature _____
TO BE COMPLETED BY GNA/ANA		
State _____ Approved By _____ Date _____ Exp. Month/ Year _____ Amt. Enclosed \$ _____ Check # _____ Chapter _____		



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Troy University School of Nursing invites applications for full-time tenure or non-tenure track positions with primary responsibilities in the Undergraduate BSN (Troy) and RN-BSN (**Montgomery**) Nursing Program. Minimum Qualifications: MSN degree, RN license in the state of Alabama, Minimum of five years of nursing experience.

To apply, submit application via the Troy Employment System at <http://www.troyuniversityjobs>. Applications will require: Resume/CV, Cover Letter, Unofficial Transcripts and a List of References. Rank and salary are commensurate with qualifications. Contact Dr. L. Diane Weed at 334-670-3745 or email lweed@troy.edu.

**[http://trojan.troy.edu/
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Help Aging Georgians and Their Caregivers Thrive through Self-Management Programs

Chronic disease takes an enormous toll on peoples' lives. It causes pain, disability, decreased physical activity, and poor emotional health, which can seriously compromise the quality of daily life. Fortunately, there are community empowerment programs that can help people with chronic diseases and their caregivers learn how to manage symptoms and maintain active and fulfilling lives. You can help people in your community thrive by learning about and engaging in evidence-based, self-management programs.

The Chronic Disease Self-Management Program is proven to enhance the physical and psychological well-being of persons with chronic conditions and their caregivers, through encouraging behavior change. In addition, this is a low-cost intervention that complements clinical treatment and extensive research shows it to make a difference in the lives of your patients!



Living Well Workshops in GA

Stanford University's Chronic Disease Self Management Program (CDSMP) is called the Living Well Program in Georgia

Living Well Workshops are for adults with any chronic condition or for caregivers of persons with chronic conditions to learn tools to combat the symptoms commonly experienced (such as pain, fatigue, depression, stress/anxiety, tense muscles, difficult emotions, and trouble sleeping) and to better manage life in general.

Workshops of only 10-16 participants meet 2 ½ hours, once a week, for 6 weeks. These workshops are facilitated by 2-3 trained Leaders.

Stanford University designed and tested this Evidence-Based program to empower persons and caregivers of persons with any type of chronic condition to be managers of their overall health and to become expert managers of their lives.

How to Get Involved

- Become trained as a Lay Leader
- Refer participants to the 6-week workshop
- Recommend possible locations to host 6-week workshops

For additional information contact Megan Moulding memoulding@dhr.state.ga.us

Visit www.livewellagewell.info or call 1-866-55-AGING to register

Funding provided by the U.S. Administration on Community Living (formerly Administration on Aging) and managed by the Georgia Department of Human Services Division of Aging Services.

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