The 2010 Institute of Medicine Report (IOM) signaled all nurses to accelerate the transformation of the health care system. The 2011 IOM Report challenged nurses to practice at the highest level of their education and training. Accountable at all times, nurses must be innovative, dynamic, and empower others. This obligation includes leading, partnering, and enhancing knowledge to practice with strengths-based, reality-based, and evidence-based leadership. This responsibility also includes passing nursing knowledge forward to assure our excellence in nursing work persists into the future.

International, national, and state standards and scopes guide us to engage and demonstrate our leadership competencies regardless of our nursing role (ICN, ANA, IPLA). Leadership competencies are not role-specific. As nurses, we are leaders. The definitions of a leader are varied, but explanations include—trailblazers who step up in times of crisis, and are able to think and act creatively in difficult situations (business dictionary.com). Who better than a nurse fits that description?

Our leadership qualities include exemplifying and facilitating excellent care, improving systems, collaborating, resolving conflict, practicing advocacy, and influencing policy. We are expected to perform in every practice setting. Since the development of nursing leadership, competencies has not been systematic, reliable, or lifelong, not all nurses are prepared for the transformational leadership roles essential to fundamentally change the health care system (Galuska, 2012). We must strive to capture the most effective methods that increase our essential talents and facilitate growth.

As you think about developing your leadership competencies, reflect upon moments in your life that defined you as a nurse. These moments assist in building your nursing leadership toolkit. You need to be able identify how these treasures transformed you, what lessons you learned, and articulate how each experience informed your practice as a nurse and as a leader. From these moments, ask for what you need and devise your professional development plan to encourage and challenge the nursing world!

A few of my defining moments are: my best friend’s father dying at an early age of a cardiac event (he was my first role model), the birth of my first niece, a research baby, who accessed the world through the help of my cousin Missy, an Obstetrics RN (an awesome experience), the death of my mother in the hospital without the support of a nurse, but with the support of my friend Sara the Respiratory Therapist, and getting my husband to BRING THIS ISSUE OF THE BULLETIN WITH YOU TO CONVENTION
the lifesaving hands of my nurse friend Stephanie and her cardiovascular team (with the aid of my grandparents) gave me a new lease on life. Having named me as a person, drove my internal talents, stretched and strengthened my resolve to always do what I believe is right. I am one of others and that everything else will fall into place.

In order for nurses to grow as leaders, they must be afforded the opportunity to experience situations that stretch or strengthen their leadership skills and foster their development (Galuska, 2012). My previous defining moments forced my evolving into a nurse leader. Having named me as a person, new adventures, compelling me to gain additional strength to enhance my talents personally and professionally. Just as mentors and defining moments guide us, opportunity structure influences our actions and responses. This framework is needed to foster greater leadership development in our work environments. Relationships can cultivate and nurture leadership abilities (if a healthy work environment is present) or hinder one's ability to learn and practice leadership skills (Galuska, 2012).

Cultures are characterized by compassion and empowerment from nurse leaders that engender a sense of pride and engagement for nurses practicing in those environments (Shirey, 2009). When nurses feel connected and integral to overall success, it strengthens their ability to learn and leverage leadership skills. An environment that fosters networking with other leaders in a positive culture contributes to a sense of belonging within the whole system (Cark & Clark, 2010).

As you think about a particularly awesome moment in your life, think about how you would manage it differently if you were a nurse leader? What are you doing as Indiana nurse practicing and developing to your fullest capacity these innovative strategies are occurring that you become a part of the solution (Upenieks, 2002). Organizations are prized as a part of the larger system and valued for sharing their talents to improve leadership behaviors, or block or undermine nurse's attempts to learn and increase your emotional intelligence, but you cannot develop your intellectual strengths and your emotional intelligence. This includes self-awareness, self-management, social awareness, and relationship management and sounds amazingly like LEADS (Bingle, 2013).

Applying your knowledge responsibly, identify and reduce your own stress, and identify if your voice is being matched with your mouth is saying…. As a leader you need to understand your core values, recognize yourself at the deepest level, and know your strengths and opportunities for improvement (Bingle, 2013). Do you follow the ANA Code of Ethics on how to respond in contentious and uncomfortable situations (ANA, 2011)?

Future leader's fundamental requirements are: acting with moral purpose to positively impact communities and society, building and developing leadership relationships that nurture both individuals and organizations, making informed decisions by knowledge acquisition and listening and responding in contentious and uncomfortable situations.

What leadership talents can you share to assist others to progress their leadership abilities to the next level? Your current environment measure up? Are you having fun? Does that enjoyment correspond to awesome? On the zestometer of zero (no zest) to ten (outstanding zest)! Where does your moment rank? Now think about your current work environment; is your current work environment measure up? Are you having fun? Does that enjoyment correspond to awesome?

Leadership abilities are a part of the solution (Upenieks, 2002). Organizations are prized as a part of the larger system and valued for sharing their talents to improve leadership behaviors, or block or undermine nurse's attempts to learn and increase your emotional intelligence, but you cannot develop your intellectual strengths and your emotional intelligence. This includes self-awareness, self-management, social awareness, and relationship management and sounds amazingly like LEADS (Bingle, 2013).

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GET YOUR PROFESSIONAL TOOLKIT

• LICENSE – BOARD OF NURSING
• MEMBERSHIP – INDIANA STATE NURSES ASSOCIATION (ISNA)

ISNA IS CARING FOR YOU WHILE YOU PRACTICE
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Employment Branding Opportunities
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Along with each job posting, you can include information about your company and a link to your website.

Monster and others like it charge close to $400 for the most basic job posting, plus upwards of $500 to search resumes. The healthcare associations and professional organizations, including the American Nurses Association.

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Careers in Indiana

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The ISNA is a Constituent Member of the American Nurses Association

The ISNA is a Constituent Member of the American Nurses Association

APPLICATION FOR RN MEMBERSHIP in ANA / ISNA
Or complete online at www.NursingWorld.org

PLEASE PRINT OR TYPE

Last Name, First Name, Middle Initial

Name of Basic School of Nursing

Street or P.O. Box

Home phone number & area code

Graduation Month & Year

County of Residence

Work phone number & area code

RN License Number

City, State, Zip+4

Preferred email address

Name of membership sponsor

1. SELECT PAY CATEGORY

Full Dues – 100%

Employed full or part time.

Annual – $273

Monthly (EDPP) – $23.25

Reduced Dues – 50%

Not employed: full-time student, or 62 years or older.

Annual – $138.50

Monthly (EDPP) – $11.58

Special Dues – 25%

62 years or older and not employed or permanently disabled.

Annual – $66.25

2. SELECT PAYMENT TYPE

FULL PAY – CHECK

FULL PAY – BANKCARD

Card Number

VISA/Master card Exp. Date

Signature for Bankcard Payment

3. SEND COMPLETED FORM AND

PAYMENT TO:

Customer and Member Billing
American Nurses Association
P.O. Box 504345
St. Louis, MO 63150-4345

Electronic Dues Payment Plan, Monthly

The Electronic Dues Payment Plan (EDPP) provides for convenient monthly payment of dues through automatic monthly electronic transfer from your checking account.

To authorize this method of monthly payment of dues, please read, sign the authorization below, and enclose a check for the first month (full $23.25, reduced $11.58)

This authorizes ANA to withdraw 1/12 of my annual dues and the specified service fee of $0.50 each month from my checking account. It is to be withdrawn on the 15th day of each month. The checking account designated and maintained is as shown on the enclosed check.

The amount to be withdrawn is $ _______ each month.

To cancel the authorization, I will provide ANA written notification thirty (30) days prior to the deduction date.

Signature for Electronic Dues Payment Plan

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Perform physiologic exams, diagnose, and treat illness in the Health Department Clinic. Instruct and counsel patients in matters pertaining to their physical and mental health, weight, and sign medical records. Responsible for overseeing the clinic assistants, scheduling patients and student nurses.

Job Requirements:
• Post graduate education or training in a recognized field of specialization for Nurse Practitioner.
• Licensed Registered Nurse Practitioner in the State of Indiana.
• 1-2 years experience as a Family Nurse Practitioner preferred. Public health experience preferred.

To apply, please visit:
www.elkhartcountynurses.com or E-mail: personnel@elkhartcounty.org
Application accepted until position is filled. EOE
**AGENDA**

**2013 Meeting of the Members**

Primo Banquet Center South  
2015 E. National Avenue  
(I-65 Exit 107—S. Keystone Avenue)  
Indianapolis, IN 46227  

**Friday, September 13, 2013**  
(Note: All times EDT)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00 a.m.</td>
<td>Registration</td>
</tr>
<tr>
<td>8:45 a.m.</td>
<td>Welcome</td>
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</table>
| 9:00 a.m. | **Standing on the Shoulders of Leaders**  
Past Presidents:  
1977 to 81: Brenda Lyon, RN, PhD  
1983 to 85: Nadine Coudret, MSN, EdD  
1985 to 87: Janet Blossom, RN, BSN, BC  
1991 to 94: A. Louise Hart, RN, PhD  
1994 to 97: Esther Acree, RN, MSN, Sp.CI.Ng, FNP-BC  
1997 to 01: Beverly Richards, RN, PhD  
2001 to 03: Sandra Fights, RN, MSN, PhD  
2003 to 05: Joyce Darnell, RN, NCSN, FNP-BC  
2005 to 07: Dorene Albright, RN, MSN  
2007 to 09: Ella Harmeyer, RN, MS  
2009 to 11: Barbara Kelly, MSN, FNP-BC  
2011 to 13: Jennifer Embree, DNP, RN, NE-BC, CCNS |
| 12:15 p.m. | Awards Luncheon |
| 1:30 p.m. | **Keynote Address**  
Rebecca Patton, MSN, RN  
Immediate ANA Past President |
| 2:15 p.m. | **Resolution/Issue Hearing** |
| 2:45 p.m. | **Annual Meeting**  
Reports  
Proposed Resolutions  
Report of the Tellers  
Installation of ISNA Officers & Directors |
| 4:30 p.m. | Adjournment |

Participants must be present for entire event (9:00 to 12:15) and submit completed evaluation in order to receive 3.0 CNE contact hours.

This activity has been submitted to the Ohio Nurses Association (OBN-001-91) for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Please call Marla Holbrook at (317) 299-4575 for more information about contact hours.

No conflict of interest exists for planners or presenters of this event. There is no commercial support or sponsorship for this event.

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**Board of Directors**

<table>
<thead>
<tr>
<th>Officers</th>
<th>Term Expired</th>
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<tbody>
<tr>
<td>PRESIDENT</td>
<td>Jennifer Embree 2013</td>
</tr>
<tr>
<td>VICE-PRESIDENT</td>
<td>Diana Sullivan 2013</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Mary Cisco 2013</td>
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<tr>
<td>TREASURER</td>
<td>Michael Fights 2013</td>
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<table>
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<tr>
<th>Directors</th>
<th>Term Expired</th>
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<tr>
<td>Angela Heckman</td>
<td>2013</td>
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<tr>
<td>Cynthia Stone</td>
<td>2013</td>
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<tr>
<td>Vicki Johnson</td>
<td>2015</td>
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<tr>
<td>Monica Weisling</td>
<td>2015</td>
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<tr>
<td>Heather Savage-Maierle</td>
<td>2015</td>
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</tbody>
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FOCUSED ON CARING

**Associate of Science (ASN)**
- Opportunity to learn nursing skills from day one  
- 21-month program  
- Indianapolis-East campus

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- Take your nursing career to the next level  
- 21-month program  
- Online and Indianapolis-East campus

Visit [harrison.edu](http://harrison.edu) for more information, or call 1-800-401-1497 to speak with a program specialist.

---

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Contact: Jon Rocholl• Phone: (260) 969-0100  
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Contact: Patty Bowman• Phone: (317) 386-3190  
e-mail: pbowman@lovingcareagency.com

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**2615 East National Avenue**  
Indianapolis, IN 46227
Proposed Standing Rules for the ISNA Meeting of the Members

Rule 1.
To be admitted to the meeting room, the individual must be wearing the registration badge.

Rule 2.
To obtain the floor, a member shall rise, approach the microphone, address the chairperson, give his/her name and region and, upon recognition by the chairperson, may speak.

Rule 3.
A member may speak no more than two times to the same question and may not speak the second time until all others have been given an opportunity to speak. Each speech may be no longer than three minutes. Non-members may speak when ISNA members has had the opportunity to speak.

Rule 4.
All main motions and amendments, except those of a routine nature, shall be in writing, signed by the maker, and shall be sent at once to the chair. Members may propose or vote on motions.

Rule 5.
Any substantive resolution, not of an emergency nature, must receive an affirmative 3/4 vote for consideration and a 2/3 vote for adoption by the members attending the meeting.

Rule 6.
Debate on each proposed resolution, motion, or position statement shall be limited to 20 minutes.

Rule 7.
Members shall act only on the resolve portion of a resolution and the recommendation portion of reports. Clarification regarding intent and meaning of the resolution and recommendation shall be handled according to parliamentary procedure.

Rule 8.
Business interrupted by a recess of the meeting shall be resumed at the next business meeting at the point where it was interrupted.

Action Items from Meeting of the Members September 27, 2012

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Motion</th>
<th>Action</th>
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| Resolutions | To Promote Removing Barriers to APRN Practice  
a. Remove from line 19 & 20 “as primary care providers”  
b. Change “primary care” to “healthcare” on line 23. | Approved as Amended  
Seconded and Approved |
| Eighty Percent BSN | a. It was suggested to edit the title of this resolve to read: Support nursing programs that offer seamless pathways from ASN to BSN programs to achieve the 80 percent proportion by 2020.  
Board of Directors moved the edited resolves. | Approved |
| Funding Statewide Comprehensive, Inclusive Trauma System | It was moved by Meredith Addison and seconded that the Indiana State Nurses Association advocate for trauma system funding in the upcoming state budget and promote nursing as a stakeholder in the ongoing development of a comprehensive, inclusive state-wide trauma system. | Approved |
| ISNA Continuing Nurse Education Program: | It was moved by the Board of Directors that ISNA not reapply for accreditation and work with ONA to transfer ISNA’s approved providers to ONA and to designate the Ohio Nurses Association as the preferred approver of continuing nursing education activities and providers in Indiana. | Approved |

Is a Registered Nurse, you understand the importance of education. Your skills and knowledge are put to use on every shift. You also understand earning your Bachelor of Science in Nursing or Master’s degree will make you an even better nurse.

A degree from Indiana Wesleyan University says you value the education, not just the degree. It says you want to treat the whole person, not just the patient. And it says you want to make a difference in your life and the lives of others.

NURSING DEGREES THAT MAKE A STATEMENT

As a Registered Nurse, you understand the importance of education. Your skills and knowledge are put to use on every shift. You also understand earning your Bachelor of Science in Nursing or Master’s degree will make you an even better nurse.

A degree from Indiana Wesleyan University says you value the education, not just the degree. It says you want to treat the whole person, not just the patient. And it says you want to make a difference in your life and the lives of others.

Indiana Education Centers
- Post-licensure (RNBSN)
- MSN in Primary Care Nurse (Family Nurse Practitioner)

IWU Online
- Post-licensure (RNBSN)
- MSN in Administration and Education
- Certificate in Parish Nursing
- MSN/MBA

IWU campus in Marion, Indiana
- BSN Degree – traditional 4-year program
- BSN Degree – Transition to Nursing

A degree from Indiana Wesleyan University makes a statement.

Rehabilitation Hospital of Indiana opened in 1992 and we are proud of our many years of outstanding service. RHI is one of the largest freestanding inpatient physical rehabilitation hospitals in the Midwest.

REGISTERED NURSE OPPORTUNITIES
Come talk with us about a specialty certification as CRRN. We also accept applicants into our RN-BSN program. Please visit our website at www.rhin.com to see our current job listing and complete an online application.

Rehabilitation Hospital of Indiana  
4141 Shore Drive | Indianapolis, IN 46254 | Or fax a resume to (317) 329-2238
Details of the financial activities of ISNA are prepared each month by the accounting firm of Sikich LLP on a monthly basis. These reports include statement of balances along with income and expenses. Reports are reviewed each month by the CEO and Executive Committee and reported to the full BOD at scheduled meetings.

The 2013 budget was established and approved by the BOD to support and establish the programs and services of ISNA for 2013 – 2014. To date income and expenses have been at expected levels. A financial audit of accounts and financial activities was conducted by Sikich LLP for the period of January 1, 2011 to December 31, 2012 and reported to the ISNA BOD for review. Federal Tax form 990 was prepared as well and reviewed by the Board.

Details of the Financial Audit can be found on the ISNA website for review. Please see attached summary.
**CEO's Report**

Gingy Harshey-Meade, MSN, RN, CAE, NEA-BC

It has been an interesting ride since assuming the duties of your CEO.

Programs: We have expanded the Health Policy role by hiring Blayne Miley. ISNA’s full time Director of Policy and Advocacy. He has been working to get ISNA’s name out across the state. ISNA’s role continues to expand for Indiana nurses. We have had the contract to provide this service for the last eight years. This year is the year we had to respond again to a state RFP (every 4 years). The approach we filed on the middle of May. We should hear prior to the Meeting of the Members. Chuck Lindquist is the Director of the program and his report follows this report. The CE approvers’ unit was closed this year as stipulated at last year’s Meeting of the Members. The final report is on page 8. We are looking to increase ISNA’s practice program in the coming year. If this is something you are interested in being part of, please, please, please let Blayne, Marza or me know.

Building ISNA continues to own our building and rent out the lower floors. We have had some excitement this year with the FBI showing up with a search warrant for one of our renters and having to evict the same renter, but for the most part we have great tenants. Renting out the lower levels helps ISNA put our dues money towards programming and member services.

Membership: I am happy to report that ISNA is in process of creating a training module available on the ISNA website for worksite monitors. ISNAP now gets an additional $50 for each intake that does not meet criteria for monitoring with ISNAP. They were either not given a SUD diagnosis or they had been clean and sober for a significant period of time.

**ISNAP’s Annual Report**

Chuck Lindquist, Director of Indiana State Nurses’ Assistance Program

June 21st, 2013

(For the months of June, 2012 – May, 2013)

1) Number of Intakes: 391 (Average of 32 a month)
2) Number of RMA’s: 320 (Average of 27)
3) Number of Discharges: 307 (Average of 25)
4) Number in Intake in active monitoring: 567 (54% have an encumbered nursing license).
5) Number Current in intake: 75
6) Number closed out of intake without entering into an RMA: 153 (Average of 13) 89 or 58% did not meet criteria for monitoring with ISNAP. They were either not given a SUD diagnosis or they had been clean and sober for a significant period of time.
7) Accomplishments:
   a. Created a written training module available on the ISNA website for worksite monitors. ISNAP is in process of creating a training video to make available state wide.
   b. Shifted the status of monitoring from having one case manager who handled the non-compliance and relapse issues to having four case managers who handle the entire case from the development of the recovery monitoring agreement to the completion of the program.
   c. Submitted an RFP for a continued contract with the State of Indiana to provide the ISNAP program.
   d. Submitted to Phase I of the Affinity Program which are the electronic records of the progress notes and month self-reports and AA/NA logs. ISNAP will shift to Phase 3 upon receipt of the ISNAP contract. This will include making all quarterly reports electronic as well.

**Director of Policy and Advocacy**

Blayne Miley, JD

Advocacy Has No Off-Season!

The 2013 legislative session has wrapped up, but advocacy opportunities are year-round. During the summer and legislative interim study committees convene to gather information on issues that are the potential subject matter for bills in the next legislative session. Nurses can contact committee members to weigh in on the issues. Committee meetings are open to the public and available live via webcam, Committee topics, members, schedules, and webcasts are available at www.in.gov/legislative. The interim study committee that examines most health care issues is the Health Finance Commission. Their topics this year include:

- Establishment and implementation of a health care exchange in Indiana
- How to define “essential health benefits” in Indiana pursuant to the Affordable Care Act
- Disposal of used prescription drugs
- Biomedical research and technology
- Including CRNAs as Advanced Practice Nurses under Indiana law
- Ambulatory outpatient surgical centers
- How to improve the safety of schools in Indiana
- Medicaid false claims and whistle-blower protections
- Electronic medical records
- Immunizations
- Addiction treatment
- Mental health crisis intervention teams
- Use of methadone and opioids in treatment of substance abuse
- Expansion of the Indiana Scheduled Prescription Electronic Collection & Tracking (INSpeech) Program

Additionally, the summer and fall represent an opportunity to reach out to your legislators about issues of concern while the ‘recess’ of the 2014 legislative session is taking shape. For example, the budget passed by the General Assembly in 2013 established funding for the Nurse Scholarship Program, which provided need-based funding to over 300 undergraduate nursing students annually. Over 1 million of the nation’s 2.6 million RN’s are over the age of 50, and over 275,000 are over the age of 60. Indiana will face an estimated shortage of 22,076 RN’s by 2020. This is not to reduce support of nurses education.

Last-minute events from the 2013 legislative session help set the stage for the 2014 session as well. Governor Mike Pence vetoed two healthcare profession bills, preventing them from going into law. The bills would have slightly expanded CRNA scope of practice, authorized anesthetist assistants to practice in Indiana, created licensure for diabetes educators and dieticians, and recognized certification for music therapists. Certified Professional Midwives (CPMs) will be able to lawfully practice in Indiana. During the conference committee process, a provision was inserted giving hospital immunity for the acts or omissions of a CPM, however there is no similar provision for Certified Nurse Midwives in the homestead setting. ISNA is here as a resource to help you become involved in public policy! Don’t hesitate to contact us info@indiananurses.org for assistance in reaching out to your legislators about public policy changes, and ISNA is here to help. Get involved to help shape your world!
Committee on Aproval

07/01/2012 to 6/30/2013 – Joyce Alley, Chairperson; Suzanne Buchanan, Eileen Dvorak, Sally Hartman, Phyllis Lampe, Rose Marie Pennell, Kathy Porras, Cora Vizcarr, Mary Wiciel, Karen Werskey

At the Annual Meeting of the Members the motion was made and approved to move the approver unit functions of ISNA to the Ohio Nurse’s Association with the exception of the 2013 criteria and forms and the resources it would take for ISNA to implement these changes. Although full time staff dedicated to continuing nursing education and has the resources absorb our providers and to implement the new criteria. ISNA is still an approver until the end of 2013. However, all the current providers have been “adopted” by ONA and all business is being handled through ONA. Joyce will be the liaison from ISNA to ONA.

The COA met in November to renew 12 Provider applications and review 2 prior probationary providers. The COA approved 11 for Provider Status and one was suspended.

The Committee on Approval would like to recognize the following volunteer reviewers and former COA members for their contributions to continuing education for nurses: Louise Anderson, Eileen Dvorak, Sally Erdel, Anne Frank, Graul, Charlene Cyurko, Angela Heckman, Sue Hoffer, Sue Johnson, Brenda Lammert, Cheryl Martin, Paula McAfee, Mills, Ann Motycka, Jean Reising, Marcy Strine, Sheryl Thurston, Jane Walker, Mary Wiciel, and Kathy Weaver.

There are currently 33 approved providers of continuing education in nursing in Indiana. They are:

Provider/City
1. Columbus Regional Hospital, Columbus
2. Community Health Network, Indianapolis
3. Deaconess Hospital, Evansville
4. Good Samaritan Hospital, Vincennes
5. Franciscan St. Francis Health, Indianapolis
6. Health Care Education & Training, Inc., Carmel
7. Hendrick’s Regional Health, Danville
8. Indiana University Health, Indianapolis
9. IU Health Bloomington Hospital
10. Indiana University Health Ball Memorial Hospital, Muncie
11. IU LaPorte Regional Health System, LaPorte
12. Indiana University Health North, Carmel
13. Indiana University Health West, Avon
14. Indiana Wesleyan University, School of Nursing
15. Lutheran Health Network, Fort Wayne
16. Major Hospital, Shelbyville
17. Marion County General Hospital, Marion
18. Memorial Hospital & Health Center, Jasper
19. Memorial Hospital of South Bend
20. Methodist Hospitals, Gary
21. Parkview Health, Fort Wayne
22. Porter Education and Rehabilitation Center, Valparaiso
23. Purdue University Continuing Nursing Education, West Lafayette
24. Reid Hospital & Health Care Services, Richmond
25. R. L. Roudebush VA Medical Center, Indianapolis
26. St. Joseph Regional Medical Center, South Bend
27. St. Margaret Mercy, Hammond
28. St. Mary’s Medical Center, Evansville
29. St. Vincent Hospital & Health Care Center, Indianapolis
30. Schneck Medical Center, Seymour
31. The Community Hospital, Munster
32. Valparaiso University College of Nursing, Valparaiso
33. Wishard Health Services, Indianapolis

Committee on Nominations

The Committee on Nominations met via conference call to prepare the ballot for the 2013 elections. The slate is:

PRESIDENT 2013-15
Jennifer Embree, Campbellsburg
VICE PRESIDENT 2013-15
Diana K. Sullivan, Indianapolis
SECRETARY 2013-15
Michael Fights, Lafayette
TREASURER & ANA Delegate 2013-15
Ella Hargrave

How to Vote...

Go to www.IndianaNurses.org & Sign into the “Members Only” section

Voting Opens: August 5th, 2013
Voting Closes: September 6th, 2013

If you need a paper ballot or have questions, please contact ISNA Staff at (317)299-4575 or mbrook@gindyanaunurses.org.

Bylaws Committee

Sue Johnson, PhD, RN, NE-BC
Chair, ISNA Bylaws Committee

The Bylaws Committee had a busy year in 2012 reviewing the ISNA Bylaws to ensure conformity with changes in the ANA Bylaws. This process involved developing and proposing significant amendments to the current ISNA Bylaws, which were presented and adopted at the 2012 Meeting of the Members. The Committee wishes to thank Ernie Klein, former ISNA Executive Director, for his guidance in this process and the ISNA members who supported these changes.

Committee Reports

ISNA Nurse PAC

Pamella Jahnke, Chairperson, Lynn Devich, Vice Chairperson, Teressa Coore, Secretary, Ernest Klein, Treasurer (stipulated in Bylaws) on December 31, 2012 changed to Blayne Miley, Director of Advocacy and Policy, Cathy Lows, Asst-Treasurer

The ISNA Nurse Political Action Committee met July 17, 2012 via conference call and authorized over $7,000 in contributions to the following campaigns:

Indiana Leadership:
$400 House Democrot Caucus
$500 House Republican Campaign Committee
$500 Senate Majority Campaign Committee
$400 Senate Democratic Committee

Indiana Health Committees:
$400 Sen. Miller, RN, R-Indianapolis.
$250 Rep. Steve Davisson, RPh, R-Salem
$250 Rep. Suzanne Crouch, R-Evansville
$250 Rep. Eric Turner, R-Gas City
$250 Rep. Don Lehe, R-Brookston
$250 Rep. Gingy Harshey-Meade, R-Muncie
$250 Rep. Bill Friend, R-Macy
$250 Rep. Sean Eberhart, R-Shelbyville
$250 Sue Errington, D-Muncie

2012 Contributions

$200+
Lottie Brown
Jennifer Embree
Ella Hargrave
Ernest Klein, Jr.
Christy Dixon
Kimberly Drennan
Louise Anderson
Meredith Addison
Phyllis Lewis
Teresa Moore
Teresa Holland
Mary Jayroe
Sue Johnson
Barbara Kelly
Mucha Kapuro
Heather Savage-Maierle
Linda Shinn
Julie Smith
Phyllis Stanford
Jane Walker
Maria Weber

2013 Contributions

$200+
Gingy Harshey-Meade
Diana Sullivan
Leslie Oleck
$100+
Lynd Devich
Mike Fights
Sandy Fights
Sue Gaebler
A. Louise Hart
Angela Buckman
Pamela Jahnke
Vicki Johnson
Phyllis Wassil
Cathy Lowe
Teressa Moore
Leslie Oleck
Carole Schuster
Monica Weissling

Other
Louise Anderson
Peggy Barkdade
Deborah Bykowski
Amber Clark
Bonnie Culver
Christy Dixon
Beth Frigerio
Gingy Harshey-Meade
Christine Herr

2012 Contributions

Others:
$250 Sen. Eberhart, R-Shelbyville
$250 Rep. Eberhart, R-Shelbyville
$250 Sue Errington, R-Muncie

2013 Contributions

$250 Rep. Gingy Harshey-Meade, R-Muncie
$250 Rep. Bill Friend, R-Macy
$250 Rep. Sean Eberhart, R-Shelbyville
$250 Sue Errington, D-Muncie

NOMINATING COMMITTEE (elect 5) 2013-2015

Meredith Addison, Hillsdale
Catherine Sahi
Ella Harmeyer
Barb Kelly
Jennifer Embree

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Amber Clark
Bonnie Culver
Christy Dixon
Beth Frigerio
Gingy Harshey-Meade
Christine Herr

3. Wishard Health Services, Indianapolis
4. Good Samaritan Hospital, Vincennes
5. Franciscan St. Francis Health, Indianapolis
6. Health Care Education & Training, Inc., Carmel
7. Hendrick’s Regional Health, Danville
8. Indiana University Health, Indianapolis
9. IU Health Bloomington Hospital
10. Indiana University Health Ball Memorial Hospital, Muncie
11. IU LaPorte Regional Health System, LaPorte
12. Indiana University Health North, Carmel
13. Indiana University Health West, Avon
14. Indiana Wesleyan University, School of Nursing
15. Lutheran Health Network, Fort Wayne
16. Major Hospital, Shelbyville
17. Marion County General Hospital, Marion
18. Memorial Hospital & Health Center, Jasper
19. Memorial Hospital of South Bend
20. Methodist Hospitals, Gary
21. Parkview Health, Fort Wayne
22. Porter Education and Rehabilitation Center, Valparaiso
23. Purdue University Continuing Nursing Education, West Lafayette
24. Reid Hospital & Health Care Services, Richmond
25. R. L. Roudebush VA Medical Center, Indianapolis
26. St. Joseph Regional Medical Center, South Bend
27. St. Margaret Mercy, Hammond
28. St. Mary’s Medical Center, Evansville
29. St. Vincent Hospital & Health Care Center, Indianapolis
30. Schneck Medical Center, Seymour
31. The Community Hospital, Munster
32. Valparaiso University College of Nursing, Valparaiso
33. Wishard Health Services, Indianapolis
Indiana State Nurses Association

Public Policy Platform

Amended September 28, 2012

One purpose of the Indiana State Nurses Association (ISNA) is to influence public policy consistent with the goals of the membership. ISNA members at the annual Meeting of the Members and the ISNA Board of Directors establish goals and policies. These goals and policies serve as the foundation for a variety of program activities, including ISNA’s legislative efforts. ISNA prioritizes issues for action based on potential impact, availability of Association resources, and existence of coalition or alternative advocacy group efforts.

The headers under which ISNA’s positions have been organized are the American Nurses Association Code of Ethics.

1. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the nurse’s obligation to provide optimum patient care. ISNA supports:
   - The right of nurses to organize and bargain collectively and enforcement of laws that protect the rights of nurses to be represented as a separate branch of the workforce.
   - Legislation that would enact a state-wide ban on smoking in public places.
   - Principles for Nurse Staffing, ANA Code of Ethics for Nurses, and Standards of Care in health care institutions and agencies.
   - Legislative and other initiatives that remove restrictions that prevent the maximum utilization of Advanced Practice Registered Nurses (APRNs).
   - The role of APRNs and all registered nurses as full members of health care teams.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group or community. ISNA supports:
   - Direct access by consumers to services of registered nurses.
   - Inclusion of nurses, recognizing nurses work load, shift length, and total number of hours worked per week.
   - Principles for Nurse Staffing, ANA Code of Ethics for Nurses, and Standards of Care in health care institutions and agencies.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. ISNA supports:
   - The use of the documents, position statements, and publications by professional nursing associations such as the American Nurses Association’s Principles for Nurse Staffing, ANA Code of Ethics for Nurses, and Standards of Care in health care institutions and agencies.
   - The implementation and integration of electronic health records to improve the quality, safety and efficiency of patient care.
   - Delivering safe, cost efficient, and curative patient care with compassion, respect for dignity, work and uniqueness of every individual, unrestricted by considerations of social or economic state, personal attributes, or the nature of health problems. ISNA supports:
   - A health care system that is universal, affordable, comprehensive, accessible and provides high-quality health care.
   - That a person’s advance directive choices be respected by all health care providers.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care. ISNA supports:
   - That the use of quality indicators such as the National Data-Base of Nursing Quality Indicators to evaluate nursing care.
   - That the nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

5. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action. ISNA supports:
   - Examinations and analyses by nurses of their own work place grievance procedures and assignment policies and practices in terms of ethical, legal, regulatory, and economic considerations.
   - Nurse retention strategies to include factors such as practice autonomy, inclusion of staff nurses in decision-making, management’s respect of nurses, recognizing nurses work load, shift length, and total number of hours worked per week.
   - Initiatives of health care providers and regulatory bodies that cultivate a culture of patient safety, including the use of technology, the unprejudiced investigation of latent systematic sources of errors, and staff education.
   - The right of nurses to organize and bargain collectively and enforcement of laws that protect the rights of nurses to be represented as a separate branch of the workforce.

6. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. ISNA supports:
   - The promotion and funding for nursing research projects/programs that expand the scientific base of nursing practice and that maximize nursing contribution in the promotion of health and wellness.
   - The promotion and funding for nursing research projects/programs that expand the scientific base of nursing practice and that maximize nursing contribution in the promotion of health and wellness.
   - Funding for accredited nursing programs that prepare adequate numbers and diversity of appropriately skilled registered nurses to assure the delivery of and access to safe quality nursing care.
   - An ongoing and consistent method of data collection, analysis and projections regarding the demand and supply of Indiana nurses workforces.
   - Certification as a means to enhance patient safety and improve patient care outcomes.
   - In addition to formal education in an academic setting, certification in the nurse’s clinical specialty is another avenue for professional growth.
   - Certification is a nationally recognized credential reflecting the nurse’s proficiency in care delivery to specific patient populations. The certification is designed to expand the scope of practice for nurses and to improve the quality of patient care delivered.
   - The use of the documents, position statements, and publications by professional nursing associations such as the American Nurses Association’s Principles for Nurse Staffing, ANA Code of Ethics for Nurses, and Standards of Care in health care institutions and agencies.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. ISNA supports:
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   - Certification is a nationally recognized credential reflecting the nurse’s proficiency in care delivery to specific patient populations. The certification is designed to expand the scope of practice for nurses and to improve the quality of patient care delivered.
   - The promotion and funding for nursing research projects/programs that expand the scientific base of nursing practice and that maximize nursing contribution in the promotion of health and wellness.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs. ISNA supports:
   - Funding to support prevention, education, research, and access to safe quality care to address major health conditions.
   - Legislative and other initiatives that remove restrictions that prevent the maximum utilization of Advanced Practice Registered Nurses (APRNs).
   - Working with nursing and non-nursing stakeholders to promote effective utilization of APRNs in improving access to health care in Indiana.
   - The role of APRNs and all registered nurses as full members of health care teams.
   - Nursing programs that offer seamless pathways from ASN-to-BSN programs to achieve the 80 percent of BSN proportion by 2020.
And encourages collaboration with other stakeholders in the design of health care reform.

Providing information to nurses throughout the state on health care reform.

The development of a comprehensive, inclusive state-wide trauma system.

The appointment of nurses as voting members of hospital and other governing boards.

Advocating for trauma system funding in the upcoming state (2013) budget and promote nursing as a stakeholder in the ongoing development of a comprehensive, inclusive state-wide trauma system.

9. The profession of nursing, as represented by association and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy. ISNA supports:

That the federal, state, and local governments work to provide a stable source of funding to meet the public’s health care needs, including

Accredited baccalaureate nursing programs as the preferred educational preparation for a licensed registered nurse.

Active opposition to legislative or regulatory action that would reduce standards for nursing education in Indiana.

Active opposition to legislative or regulatory action that would restrict nursing practice.

Mechanisms which would recognize and expand nursing practice.

The Indiana State Board of Nursing as the approving body for nursing education programs leading to licensure.

Accreditation of all nursing school education programs by nursing discipline specific accrediting agencies.

That the Indiana State Board of Nursing is responsible to regulate the practice of nursing as defined in Indiana statute.

Opposition to prosecution of health care providers and facilities under the criminal neglect statute instead of through state licensing boards or state regulatory agencies.

Legislative action to protect nurses who report unsafe, incompetent, or illegal practices from harassment or retaliation by employers, including, but not limited to, termination of employment.

The title “birth attendant” for non-nurse midwives and regulation by the Professional Licensing Agency and the Indiana State Medical Licensing Board.

Legislation that must cover accepted practices, training requirements, supervisory and referral issues and have clear methods for disciplining and removal from an approved list of birth attendants.

That the Indiana tobacco settlement monies should be used only for the improved health of the citizens of Indiana.

That all limitations of significant waste and inefficiency must first occur before nursing salaries and/or positions are affected when cost containment initiatives are undertaken.

Direct third-party reimbursement for nurses to include advanced practice nurses and certified registered nurse anesthetists by all payers.

Competitive salaries for all nurses.

Pay equity.

Other:

ISNA will educate Indiana nurses about important health care reform measures; and encourages nurses to advocate for health care reform measures to include but not limited to:

Patient-centered medical home as an enhanced model of primary care.

Health information technology to share interoperability among health systems.

Payment reforms to slow spending for health care growth while improving quality.

Redesign of a public health system that speaks to the health of the nation.

Reimbursement of the US food and drug safety system.

Improving access to health care that is appropriate convenient and cost effective.

Insurance reform to allow for reasonable expense and coverage for all citizens.

Tort reform to address unreasonable claims against health institutions and providers.

Portability for health insurance.

Reference Proposal

ENDORSEMENT OF THE MILITARY HEALTH HISTORY P OCKET CARD FOR CLINICIANS

Introduced: Tara M. Kunkel BSN, RN, CEN, CPEN

WHEREAS, veterans have health concerns that are unique based upon their military service and conflict in which they served; and

WHEREAS, the Military Health History Pocket Card for Clinicians was created in 1999 by the Department of Veterans Affairs to keep providers abreast of health concerns of veterans returning from theaters of war; and

WHEREAS, the Military Health History Pocket Card for Clinicians is updated annually by the team of researchers and educators from the VA Office of Academic Affiliations, VA Office of Public Health and Environmental Hazards and the Department of Defense after literature review and clinical data review; and,

WHEREAS, the Military Health History Pocket Card for Clinicians is public domain, but has not been promoted outside of the Department of Veterans Affairs; and,

WHEREAS, there are 498,000 of veterans living in Indiana; and,

WHEREAS, only 30% of Hoosier Veterans receive health care from the Department of Veterans Affairs where military health related illnesses are prioritized for identification and treatment; and,

WHEREAS, registered nurses play a significant role in the identification of physical illness, mental illness and disabilities in a variety of healthcare settings across Indiana and thus have opportunity to identify military related illnesses and disabilities; now therefore, be it

RESOLVED, that the Indiana State Nurses Association endorse the adoption of the use of the Military Health History Pocket Guide for Clinicians by all registered nurses in their provision of care; and be it further

RESOLVED, that the Indiana State Nurses Association include in the public policy platform that it supports that registered nurses include a military health history assessment in the provision of care.
SECTION 1. NAME
The name of this corporation shall be Indiana State Nurses Association, Inc., hereinafter also referred to as ISNA, the Corporation, or the Association.

SECTION 2. PURPOSES
a) The purposes of ISNA shall be to:
   (1) foster high standards of nursing,
   (2) promote the professional and educational development of nurses and advance their welfare, and
   (3) work for the improvement of health standards and the availability of health care services for all people.

b) These purposes shall be unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, sexual orientation, or any other consideration in accordance with the Bylaws of the American Nurses Association, hereinafter also referred to as ANA.

SECTION 3. FUNCTIONS
The functions of ISNA shall be:
   a) To promote through appropriate means standards of nursing practice, nursing education, and nursing services as defined by ANA;
   b) To insure adherence to the Code of Ethics for Nurses established by ANA;
   c) To promote legislation and to speak for nurses in regard to legislative action;
   d) To promote the welfare of nurses;
   e) To encourage and promote research designed to improve the welfare of nurses;
   f) To promote the welfare of nurses and the public through association programs, and unrestricted activities of ISNA and its constituent/state nurses associations (C/ SNA);
   g) To represent nurses and serve as their state spokesperson with allied professional, development of nurses, and nursing is based;
   h) To provide for representation in the ANA Assembly;
   i) To promote relationships with nursing students; and
   j) To promote the general health and welfare of the public through association programs, relationships, and activities.

ARTICLE II CHAPTERS
SECTION 1. A chapter may be proposed by a minimum of ten (10) members to improve networking, minimum of ten (10) members to improve networking, gender, health status, lifestyle, nationality, race, religion, sexual orientation, or any other consideration in accordance with the Bylaws of ANA.

ARTICLE III MEMBERSHIP
SECTION 1. Members of ISNA shall be those persons in accordance with qualifications and other requirements described in the ISNA Bylaws, unaccepted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, sexual orientation, or any other consideration in accordance with the Bylaws of ANA.

SECTION 2. QUALIFICATIONS
a) An ISNA/ANA member is one:
   (1) who has been granted a license to practice as a registered nurse in at least one state territory, or the District of Columbia of the United States and who does not have a license under revocation in any of the foregoing areas, or
   (2) whose license is suspended or surrendered and can no longer choose to practice, but whose license was in good standing with the Board of Nursing at the time the nurse made the decision not to maintain an active license, and
   (3) whose dues are not delinquent, and
   (4) whose membership is not under revocation for violation of the Code of Ethics for Nurses or the Bylaws of ANA or its constituent/state nurses associations (C/ SNA).

b) An ISNA State-Only member is one:
   (1) who has been granted a license to practice as a registered nurse in at least one state territory, or the District of Columbia of the United States and who does not have a license under revocation in any of the foregoing areas, or
   (2) whose license is suspended or surrendered and can no longer choose to practice, but whose license was in good standing with the Board of Nursing at the time the nurse made the decision not to maintain an active license, and
   (3) whose dues are not delinquent, and
   (4) whose membership is not under revocation for violation of the Code of Ethics for Nurses or the Bylaws of ANA or its constituent/state nurses associations.

SECTION 3. PRIVILEGES
a) Privileges for ISNA/ANA Members are as follows:
   (1) voting for ISNA officers, directors, nominating committee, and representatives and alternates to the ANA Membership Assembly;
   (2) serving in any ISNA and ANA office if elected or ISNA or ANA appointed position if so qualified and selected;
   (3) attending and participating in meetings, and unrestricted activities of ISNA and ANA;
   (4) receiving regular ISNA/ANA communications;
   (5) receiving an ISNA/ANA membership card;
   (6) receiving all member discounts on ISNA and ANA products;
   (7) receiving access to the Members Only pages on ISNA’s and ANA’s web sites.

b) Privileges for ISNA/ANA Members are as follows:
   (1) voting for ISNA officers (except ISNA President, Vice-President or Treasurer, and representatives to the ANA Membership Assembly), directors, nominating committee;

(2) serving in any ANA elected (except ISNA President, Vice-President or Treasurer, and representatives to the ANA Membership Assembly) accepted position if so qualified and selected;
(3) attending and participating in meetings and unrestricted activities of ISNA and ANA;
(4) receiving regular ISNA communications;
(5) receiving an ISNA membership card;
(6) receiving all member discounts on ISNA products;
(7) receiving access to the Members Only page on ISNA’s website.

SECTION 4. DISCIPLINARY ACTION
A member shall be subject to censure or expulsion by ISNA or ANA for violations of the Code of Ethics for Nurses as established by ANA; for violation of ISNA or ANA Bylaws; or other actions which are detrimental to the purposes, goals, and functions of ISNA or ANA. No such action shall be taken against a member until such member shall have been served with written specific charges, given a reasonable time to prepare any defense, and afforded a full and fair hearing pursuant to common parliamentary and statutory laws.

b) Disciplinary action, appeal, and reinstatement shall be conducted in accordance with the policies and procedures of ISNA or ANA.

c) Any disciplinary action taken by any other constituent/state nurses association against one of its members or against a member of ISNA shall be given full recognition and enforcement provided that such actions are taken in accordance with that state nurses association’s bylaws and disciplinary procedures.

d) Members expelled under provisions of this section and who are subsequently reinstated shall be automatically reinstated by the ISNA.

SECTION 5. DUES
a) The annual dues for a member of ISNA may be determined by a majority vote of all members in good standing and in attendance at the annual Meeting of the Members or special meeting of the membership provided reasonable notice of the intent to take such a vote shall have been given. The vote will be conducted by secret ballot.

b) ISNA/ANA dues shall include the assessment paid by the Association to ANA, in accordance with the policies adopted by ANA. Any change in the ANA assessment will be automatically passed through to the members.

c) ISNA State-Only member dues shall include the ISNA state amount plus the amount identified in the agreement with ANA for the state only, individual membership option.

d) The forfeiture of membership rights shall occur if dues are not paid as required by current policy.

e) No additional dues, fees, or assessments will be required to participate in a chapter.

f) Members who qualify for one of the following categories may elect to pay fifty percent (50%) of the full annual dues:

(1) nurses who are not employed;
(2) registered nurse students in full-time study;
(3) nurses who are permanently disabled or sixty-two and older and ANA dues have not been employed may elect to pay twenty-five percent (25%) of the annual dues.

The Board of Directors may approve a variance in dues for special membership projects. Each project shall not exceed two years in length.
SECTION 6. CHANGE OF DUES CATEGORY
No monies shall be refunded nor additional monies collected when a change in dues category is made within a membership year.

SECTION 7. DISAFFILIATION FROM ANA
ISNA shall continue to pay the assessment to ANA pursuant to policy and/or the ANA bylaws until such time as (1) (i) none of the ISNA/ANA members vote to disaffiliate from the ANA.

SECTION 8. TRANSFERS
a) Members of the ISNA who have completed full payment of dues shall be transferred to another state association that is a constituent of ANA, upon written request giving cause, ISNA will not refund individual dues already paid to the member nor to the receiving constituent/state association.

b) Members of another constituent of ANA who have requested a transfer of membership to ISNA may be accepted for the remaining portion of the membership year for which the ANA assessment has been paid without further necessary action by ISNA. Any charge of additional fees for services to transferred members shall not interfere with the rights of members as defined in these bylaws.

ARTICLE IV AFFILIATES

SECTION 1. ORGANIZATIONAL AFFILIATES
a) An organizational affiliate is an organization which is in agreement with:
   (1) Has Articles of Incorporation that govern the members and regulate its affairs;
   (2) Has stated purposes and functions harmonious with those of ISNA;
   (3) Has a governing body composed of a majority of registered nurses;
   (4) Has paid a fee as established by the Board of Directors.

b) Organizational affiliates shall have privileges as granted by the ISNA Board of Directors.

SECTION 2. INDIVIDUAL AFFILIATE
a) An individual affiliate is a person who is not a member but who:
   (1) Elects to join ISNA in accordance with the membership requirements of ISNA;
   (2) Pays the fee established by the ISNA Board of Directors;
   (3) Has a personal interest in ISNA;
   b) Individual affiliates shall have privileges as granted by the ISNA Board of Directors.

ARTICLE V OFFICERS AND THEIR DUTIES

SECTION 1.

a) The officers of ISNA shall be a President, a Vice-President, a Secretary, and a Treasurer.

b) The President, Vice-President, and Treasurer must be ISNA/ANA members. The Secretary may be an ISNA State-Only member.

SECTION 2. Vacancies in office shall be filled as provided in Article VI, Section 6j.

SECTION 3. The President shall:

a) Preside at:
   (1) Board of Directors meetings,
   (2) Board Executive Committee meetings,
   (3) Annual Meeting of the Members.

b) Appoint, with the approval of the Board of Directors, a President, a Secretary, a Treasurer, and one Voting Representative who shall be a member of this Association.

c) Serve as an elected representative to the ANA Nominating Committee.

d) Perform all other duties pertaining to the office.

SECTION 4. In the event a vacancy occurs in the office of President, the Vice-President shall assume such office for the unexpired term and/or until a successor is elected.

SECTION 5. The Secretary shall:

a) Be in charge of and cause the proper recording of minutes of the:
   (1) Board of Directors,
   (2) Board Executive Committee,
   (3) Annual Meeting of the Members.

b) Be the official custodian of all fiscal records and the corporate seal of ISNA.

c) Send to the secretary of ANA the name and address of the President immediately after election;

d) Send to the headquarters office of ANA a complete copy of all amendments or a revision of the Bylaws of ANA within one month after adoption and after printing send copies of the new Bylaws of ANA; and

e) Authenticate corporation minutes and documents.

SECTION 6. The Treasurer shall be responsible for:

a) The proper receipt, deposit, disbursement, and accounting of monies;

b) The proper care of its fiscal records;

SECTION 7. The Executive Director shall assume such duties in connection with the work of the Secretary and Treasurer as shall be designated by the Board of Directors.

SECTION 8. All officers shall, within two weeks upon resignation or expiration of their terms of office, surrender all property of ISNA in their possession to their successors or to the headquarters office.

ARTICLE VI BOARD OF DIRECTORS

SECTION 1. Members of the Board of Directors shall be four (4) and five (5) directors. No member shall serve more than eight (8) consecutive years on the Board of Directors.

SECTION 2.

a) The five (5) directors shall be elected for a term of two (2) years.

b) One seat shall be designated for a recent graduate of the nursing profession;

c) One who has served more than one-half of a term shall be credited with having served that term.

PROVISO: This section shall become effective for the 2013 elections of directors. Directors elected in 2011 shall complete the four-year term (2011-2015) they were elected to.

SECTION 3. The ISNA Board of Directors shall exercise all powers of the Association not reserved in the Bylaws to the officers.

SECTION 4. The Board of Directors shall meet at least annually and at such other times as shall be determined by the President or by the Board. Absence from three (3) meetings within one calendar year without good cause as determined by the Board of Directors shall constitute a resignation, and the vacancy shall be filled as provided for in these Bylaws.

SECTION 5. Special meetings of the Board of Directors may be called by the President or by a majority of the members of the Board.

SECTION 6. The Board of Directors shall:

a) Transact the business of the Association in the interim between annual Meetings of the Directors;

b) Establish major administrative policies governing the affairs of the Association and devise and coordinate measures for the growth and development of the Association;

c) Provide for the election of the following:
   (1) The maintenance of the headquarters office,
   (2) An office, making it the center of activities of the Association;
   (3) The care of materials, equipment, and funds of the Association, and
   (4) The payment of legitimate expenses;

d) Assume responsibility for disciplinary action and rights of members as specified in these Bylaws;

e) Appoint, define the duties, and set compensation for the chief staff officer;

f) Determine what officers and other persons shall be bonded, fix the amount of bond for each, and approve the same;

PROVISO: This section shall become effective for the 2013 elections of directors. Directors elected in 2011 shall complete the four-year term (2011-2015) they were elected to.

k) Assign such other activities to the committees as is deemed necessary;

l) Decide upon:
   (1) Registration fees, date, and place of the annual Meeting of the Members, and
   (2) Time and place of meetings of the Board of Directors;

m) Adopt criteria for selection of representatives of the profession to be submitted to the appropriate State authorities for consideration in making appointments to the Indigent Student State Board of Nursing and other State agencies, and name the representatives to be submitted;

n) Approve the minutes of the annual Meeting of the Members;

o) Adopt an annual budget;

p) Report at the annual Meetings of the Members;

q) Approve establishment or dissolution of chapters.

SECTION 7. There shall be an Executive Committee of the Board of Directors composed of the four (4) elected officers. This committee shall have all the powers of the Board to transact business of an emergency nature between regular Board meetings. All transactions of this committee shall be reported to the Board at its next meeting.

SECTION 8. Any action required or permitted to be taken at any meeting of the Board of Directors or of any committee thereof may be taken without a meeting, provided such action is signed by eighty percent (80%) of the Board or committee members, as the case may be, and such written action is signed by the President or by the Board at its next meeting.

SECTION 9. Any meeting of the Board of Directors or of a committee or task force designated by the Board may be conducted by means of a conference telephone or similar communication equipment by which all persons participating in the meeting can communicate with each other, and participation in this manner constitutes presence in person at the meeting.

ARTICLE VII ELECTIONS

SECTION 1. Members who seek nomination and election to office must maintain current ISNA membership throughout the term of their nomination, election, and term of office.

SECTION 2. Elections will be held in the odd-numbered calendar years, and the term of office shall commence at the adjournment of the annual Meeting of the Members at which their election is announced.

SECTION 3. Five (5) Directors shall be elected to serve for two (2) years.

SECTION 4. Five (5) members of the Committee on Nominations shall be elected in the odd-numbered calendar years to serve for two (2) years.

SECTION 5. A member shall be considered eligible for only one office in ISNA elected by the entire membership at any one time. This does not apply to representatives to the ANA Membership Assembly.

SECTION 6. ISNA shall have elected representatives and alternates to the ANA Membership Assembly who shall be elected by the official ballot of ISNA.

a) One representative to ANA shall be the President.

b) The alternate for the President shall be the Vice-President.

c) The second representative shall be elected according to ANA policy.

d) Additional alternates shall be elected according to the number of votes received.

SECTION 7. Elections shall be carried out by secret ballot (mail or electronic) of the members. State-Only members will receive a separate ballot than that of ISNA/ANA members.

ISNA Bylaws continued on page 13

August, September, October 2013
SECTION 8. The ballots shall be tabulated in accord with policies and procedures as determined by the Board of Directors.

SECTION 9. a) A plurality majority vote of members voting shall constitute an election for officers. If there is not a majority vote for an officer, a run-off election shall be held according to ISNA Policy and Procedures.
b) A plurality vote of members voting shall constitute an election for Directors and the Committee on Nominations. The nominees for Directors and for the Committee on Nominations shall receive the highest number of votes shall be declared elected.
c) The nominee for the second representative to the ANA Membership Assembly who receives the highest number of votes shall be declared elected and the nominee who receives the next highest number of votes shall serve as the alternate.

SECTION 10. In case of a tie, the choice shall be decided by lot.

SECTION 11. All ballots, credentials of the voting body, and other records of the election shall be preserved for a minimum of one year.

ARTICLE VIII STANDING COMMITTEES

SECTION 1. Standing committees shall consist of no fewer than three (3) members appointed by the Board of Directors, unless otherwise specified by these Bylaws, to serve for two (2) years or until their successors are appointed/elected. Standing committees appointed by the Board of Directors shall be accountable to the Board of Directors and shall submit biennial reports to the membership.

SECTION 2. The absence without good cause from two (2) meetings of a committee shall constitute a resignation, and the vacancy shall be filled by the Board.

SECTION 3. There shall be Standing Committees on:
   a) Bylaws, and
   b) Nominations.

SECTION 4. RESPONSIBILITIES OF COMMITTEES

a) The Committee on Bylaws shall:
   1) Have in its membership one member of the Board;
   2) Review the Bylaws of ISNA and recommend corrections or amendments in order to keep them consistent with accepted organization practices and in harmony with the Association's programs and activities;
   3) Draft or approve the proposed text of all amendments to the bylaws prior to their submission to the annual Meeting of the Members; and
   4) Consider other matters referred to it and report its findings and recommendations as appropriate.

b) The Committee on Nominations shall:
   1) Consist of five (5) members elected by members of the ISNA. The chairperson shall be the member receiving the highest number of votes. No member shall serve more than four consecutive years;
   2) Prepare a list of candidates for each position to be filled by election-officers, directors, members of the Committee on Nominations, and ANA representative and alternates, using procedures established by the Board of Directors;
   3) Place on the ballot only those who have submitted their qualifications and written consent to serve if elected; and
   4) Submit its final report to the Executive Director at least three months prior to the opening day of the Annual Meeting of the Members.

ARTICLE IX ASSOCIATION MEETINGS

SECTION 1. ISNA shall hold an annual Meeting of the Members in good standing, at such time and place as shall be designated by the Board of Directors and announced in the official publication of ISNA.

SECTION 2. ANNUAL MEETING

a) The annual meeting shall be composed of members present.

b) Members shall:
   1) Establish the order of business at the beginning of the annual meeting;
   2) Adopt and maintain the Bylaws of ISNA;
   3) Take action on Association business as required by law or these Bylaws; and
   4) Transact all other lawful business as may be in order.

SECTION 3. Special meetings of ISNA may be called by the Board of Directors, and they shall be called by the President upon the written request of a majority of the chapters at least one month prior to the special meeting.

ARTICLE X HONORARY RECOGNITION

SECTION 1. Honorary recognition may be conferred by a unanimous vote of the ISNA Board of Directors on a nurse or a person who is not a nurse who has rendered distinguished service or valuable assistance to the nursing profession.

SECTION 2. Any ISNA member or structural unit may recommend to the ISNA Board of Directors the name(s) of any individual(s) deserving recognition. The recognition positions, determine policy, and set direction on substantive issues of a broad nature necessitating the authority and backing of the ISNA. Voting body of ISNA except as otherwise provided for these Bylaws;

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### Honorary Recognition Award

The Honorary Recognition Award is conferred to an individual who has rendered distinguished service or valuable assistance to the nursing profession. Any ISNA member, constituent association, or structural unit may recommend to the ISNA Board of Directors the name(s) of any individual(s) deserving recognition. The recognition shall be conferred at the biennial convention at a time and place selected by the Board of Directors. Honorary Recognition confers social privileges only. One may be a member and also hold Honorary Recognition.

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1967</td>
<td>Helen Weber, RN</td>
</tr>
<tr>
<td>1969</td>
<td>Mildred Boeke, RN</td>
</tr>
<tr>
<td>1971</td>
<td>Ethel R. Jacobs, RN</td>
</tr>
<tr>
<td>1973</td>
<td>Caroline Hauenstein, RN</td>
</tr>
<tr>
<td>1975</td>
<td>Dorris O. Stewart, RN</td>
</tr>
<tr>
<td>1977</td>
<td>Edith M. Ross, RN</td>
</tr>
<tr>
<td>1977</td>
<td>Senator Wilfried J. Ullrich</td>
</tr>
<tr>
<td>1979</td>
<td>Emily Holmquist, RN</td>
</tr>
<tr>
<td>1981</td>
<td>Senator Charles Bosma</td>
</tr>
<tr>
<td>1983</td>
<td>Helen R. Johnson, RN</td>
</tr>
<tr>
<td>1983</td>
<td>Toby Eichells, RN</td>
</tr>
<tr>
<td>1987</td>
<td>Georgia Nyland, RN</td>
</tr>
<tr>
<td>1989</td>
<td>Magdalene Fuller, RN</td>
</tr>
<tr>
<td>1991</td>
<td>Faye Peters, RN</td>
</tr>
<tr>
<td>1999</td>
<td>Naomi R. Patchin</td>
</tr>
<tr>
<td>2001</td>
<td>N. Jean Macdonald</td>
</tr>
<tr>
<td>2003</td>
<td>Pamela Jahnke</td>
</tr>
<tr>
<td>2005</td>
<td>No Award Presented</td>
</tr>
<tr>
<td>2007</td>
<td>Diana Sullivan</td>
</tr>
<tr>
<td>2009</td>
<td>Veda Gregory</td>
</tr>
<tr>
<td>2011</td>
<td>No Award Presented</td>
</tr>
<tr>
<td>2013</td>
<td>To Be Awarded</td>
</tr>
</tbody>
</table>

### Nyland Public Policy Award

In June 1999 the ISNA Board of Directors established the Georgia B. Nyland Award in her honor and memory. Georgia was devoted to the advancement of the nursing profession and to excellent health care. For many years she used her tireless energy and talents to influence legislators and others in the health policy arena to evoke positive changes that have benefited many. She took pride in her membership in ISNA. She was a good friend and mentor.

The Nyland Public Policy Award will be presented biennially to a registered nurse who is an ISNA member for outstanding contributions to the development and implementation of health related policy at the local, state, and/or national level. The recipient will be recognized for significantly influencing policy and legislation that positively affects the health and well being of citizens and the practice of professional nursing.

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>Naomi R. Patchin</td>
</tr>
<tr>
<td>2001</td>
<td>N. Jean Macdonald</td>
</tr>
<tr>
<td>2003</td>
<td>Pamela Jahnke</td>
</tr>
<tr>
<td>2005</td>
<td>No Award Presented</td>
</tr>
<tr>
<td>2007</td>
<td>Diana Sullivan</td>
</tr>
<tr>
<td>2009</td>
<td>Veda Gregory</td>
</tr>
<tr>
<td>2011</td>
<td>No Award Presented</td>
</tr>
<tr>
<td>2013</td>
<td>To Be Awarded</td>
</tr>
</tbody>
</table>

### Psychiatric Nurse of the Year/ Psychiatric Clinical Nurse Specialist of the Year

In 1996 the ISNA Council on Psychiatric/Mental Health Nursing Practice established the Psychiatric Clinical Nurse Specialist of the Year award and the Psychiatric Nurse of the Year Award (for clinical practice in psychiatric nursing). Recipients of the award are ISNA members who meet the established criteria and who are nominated by their peers. Previous winners are:

- **Ruth Stanley Psychiatric Nurse of the Year Award**
  - 1997 Cynthia Dillman
  - 2003 Frankie Whitesel
  - 2005 Karen O’Mara
  - 2007 Cynthia Wilson
  - 2009 No Award Presented
  - 2011 No Award Presented
  - 2013 No Award Presented

- **Beverly S. Richards Clinical Nurse Specialist of the Year Award**
  - 1996 Beverly S. Richards
  - 1997 Connie Leese
  - 2001 Veronica Philbin
  - 2003 Ellen Ethel Chesnut
  - 2005 Leslie Oleck
  - 2007 Diana Kemper
  - 2009 No Award Presented
  - 2011 No Award Presented
  - 2013 No Award Presented

### President’s Award

In 1989, a method of honoring individuals who have provided exceptional service to the Indiana State Nurses Association and, thus, to the profession of nursing was established. The first President’s Awards were presented at the 1989 Awards Banquet by Doris R. Blaney. Those and subsequent winners are:

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>Jane Meier</td>
</tr>
<tr>
<td>1991</td>
<td>Jody Petrie</td>
</tr>
<tr>
<td>1993</td>
<td>Ronald Isaac, JD</td>
</tr>
<tr>
<td>1993</td>
<td>Karen Hartman</td>
</tr>
<tr>
<td>1995</td>
<td>Robert D. Mobley</td>
</tr>
<tr>
<td>1995</td>
<td>Esther Acree</td>
</tr>
<tr>
<td>1995</td>
<td>Sharon Isaac</td>
</tr>
<tr>
<td>1997</td>
<td>Joyce Darnell</td>
</tr>
<tr>
<td>1997</td>
<td>Ruth Stanley</td>
</tr>
<tr>
<td>1999</td>
<td>Phyllis Stanford</td>
</tr>
<tr>
<td>2001</td>
<td>No Award Presented</td>
</tr>
<tr>
<td>2003</td>
<td>Janet S. Blossom</td>
</tr>
<tr>
<td>2005</td>
<td>Dorene M. Albrigth</td>
</tr>
<tr>
<td>2007</td>
<td>No Award Presented</td>
</tr>
<tr>
<td>2009</td>
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<td>2013</td>
<td>To Be Awarded</td>
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</tbody>
</table>

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ISNA Members/Organizational Affiliates

- Full Day Registration: (Lunch Included)  $ 50.00
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- Non-Members: Add to Above Amount  $ 25.00
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Total Due  $ 

Notice to cancel must be received no later than 9/6/13.

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Address _____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Phone ___________________________ Email ______________________________________
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- Visa
- Master Card
Number _________________________________________Expiration ___________________
Signature ____________________________________________________________________

Mail or FAX to:
Indiana State Nurses Association
2915 North High School Road
Indianapolis, IN 46224

1904-1906 E. Gertrude Fournier, Fort Wayne*
1906-1908 Edna Humphrey, Crawfordsville*
1908-1910 Mary B. Solter, Lafayette*
1910-1912 Maude W. McDonell, Sullivan*
1912-1914 Anna Rein, Springfield, IL*
1914-1916 Ida J. McCaslin, Lafayette*
1916-1918 Edith G. Wills, Vincennes*
1918-1919 Anna Lauman Driver, Ft. Wayne*
1919-1921 Mary A. Meyers, Indianapolis*
1921-1922 June Gray, Indianapolis*
1922-1924 Ina Gaskill, Indianapolis*
1924-1926 Lizzie Goeppeinger, Crawfordsville*
1926-1928 Anna M. Holman, Fort Wayne*
1928-1930 Eugenia Spalding, Indianapolis*
1929-1931 Gertrude Upjohn, Indianapolis*
1931-1934 Lulu V. Cline, South Bend*
1934-1936 Nellie G. Brown, Muncie*
1936-1938 Marie Winkler, Indianapolis*
1938-1940 Edith Hunt Layer, Terre Haute*
1940-1942 Anne Dugan, Indianapolis*
1942-1946 Mary York, Bloomington*
1946-1947 Nancy Scramlin, Muncie*
1947-1950 Leona Adams, Indianapolis*
1950-1952 Helen R. Johnson, Mooresville*
1952-1954 Helen J. Weber, Bloomington*
1954-1956 E. Lucille Wall, Indianapolis*
1956-1958 Genevieve Beightel, Indianapolis*
1958-1960 Florence G. Young, South Bend*
1960-1962 Dorothy Damewood, Gary*
1962-1966 Marie D’Andrea Loftus, Indianapolis*
1969-1973 Emily Holquist, Indianapolis*
1973-1975 Jean Grimsley, Madison*
1975-1977 Kathryn Lawson George, Terre Haute*
1977-1981 Brenda L. Lyon, Indianapolis
1981-1983 Sharon Isaac, Indianapolis
1983-1985 Nadine A. Couchet, Evansville
1985-1987 Janet S. Blossom, Lafayette
1987-1989 Doris R. Blane, Hohart
1994-1997 Esther Acree, Brazil
1997-2001 Beverly S. Richards, Fishers
2001-2003 Sandra D. Fights, Lafayette
2003-2005 Joyce D. Darnell, Rushville
2005-2007 Dorene Albright, Griffith
2007-2009 Ella Sue Harmeyer, South Bend
2009-2011 Barbara Kelly, Martinsville
2011-2013 Jennifer Embree, Campbellsburg

Presidents of the ISNA

Executive Directors/Chief Executive Officers

1924-1929 Alma Scott*
1929-1930 Eugenia Kennedy Spalding*
1930-1931 Mary T. Walsh*
1931-1947 Helen Teal*
1947-1959 E. Nancy Scramlin*
1959-1960 Helen C. Randall*
1960-1967 Lucille Wall*
1970-1980 Lucretia Ann Saunders*
1980-1983 Linda J. Shinn
1983-2000 Naomi R. Patchin
2000-2012 Ernest C. Klein, Jr.
2013- Gingy Harshey-Mead

* = deceased
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