Marla Weston, PhD, RN, CEO, ANA and Jeannette Yazzie, MBA, BSN, RN, Nurse Consultant/Chief Nurse - Navajo Area, Indian Health Services, re-connect at AzNA’s Biennial Convention on September 19th at the DoubleTree Resort Paradise Valley in Scottsdale. Marla is a former Executive Director of AzNA of which Jeannette is a long-time member.
Greetings from your new President! As I begin my tenure as AzNA President, I am reminded of the very reason we became nurses and the passion that motivates each of us, every day, to care for others. My experience at the recent AzNA Biennial convention reconfirmed my beliefs that the future of nursing is bright and very exciting, and that each of us play a critical role in shaping this future. With advances in research and technology, we have opportunities that we have never had before. One example is using statistical data that correlates patient readmissions with staffing ratios to make a case for additional nursing staff. Using this information, nurses can make an impact on the future of health care and accomplish so much. After all, it is OUR health care.

I encourage you to inform yourself and read a lot, get involved in one of many health care initiatives associated with the Affordable Care Act, join a workgroup or professional panel, stay engaged, and refer to the AzNA website often. I am excited about the future and connecting those opportunities that advance our profession with nurses willing and eager to make a difference.

Kindest Regards, Carol

Carol J. Stevens, PhD, RN, President

Arizona Nurse

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Editor
Robin Schaefler, MSN, RN, CNE
E-mail: mary@aznurse.org

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Arizona Nurses in Action: This Is How We Do It

Robin Schaeffer, MSN, RN, CNE, Executive Director

For two and a half days in September Arizona nurses came together to network, learn, get motivated and, yes, even relax. I hope you were one of these nurses, but if not, you can live the convention experience; just keep reading.

Imagine walking into the convention registration area and seeing your colleagues flanking 45 professional posters that share the professional work and variety of Arizona nurses. Imagine sitting in the convention meeting room with hundreds of your colleagues hearing national and local speakers talk about the exciting and recent accomplishments of the nursing profession. Imagine hearing about current and future nursing jobs as we transform our nation from a sick-care system focus to a well-care system focus. Imagine, walking the exhibit hall and learning about new technology and products that will help transform us. Imagine being able to have a voice before a vote on Arizona based nursing initiatives such as Gender Equity in Nursing Leadership and Pay and Achieving 80% BSN RNs in Arizona by 2020. Imagine learning about how influential you can be in electing our local legislators; the ones that vote on health care bills in our state. You are now at the convention; please read on………

Did you notice the elephant in the room? Nursing leaders and convention attendees were asked to identify what crucial conversations are not happening between leadership and front-line nurses, in other words....what is the “elephant in the room” that nobody is talking about but needs to be addressed. Number 1 on the priority list was communication and transparency. Other identified topics were workload, budget, professionalism and incivility. A panel of three chief nursing officers and one moderator addressed the issues. A lively question and answer period followed. Communication was at its finest! From telehealth nursing, to transitional care nursing to nursing at the border and new models of long term acute care nursing; convention attendees were introduced to new and emerging models of care that are building momentum. One attendee said “I can feel the energy in the room; a renewed excitement about nursing.” Another nurse told me how wonderful the last session of the day was; she was talking about self-care for nurses.

This biennial convention is a huge undertaking for me and my staff; I compare it to birthing a baby and maybe more since it takes over one year to plan an event like this. So, as the proud executive director, I had the pleasure of taking a step back to survey its success. Here is what I saw: nurses networking at their tables and having meaningful conversations at the posters and nurses listening intently to each speaker and writing down ideas that will influence their practice and their workplace. The highlight of my experience was seeing groups of nurses taking ACTION: New nursing grads discussed their challenges adjusting to the profession and how they can help their fellow colleagues during their first two years of employment. After listening to Dr. Linda Aiken review her research on nurse staffing, a group of nurses suggested a day of dialog in Arizona on this topic. Another conversation between J e ann et te Yazz e, a Native American nurse and Carol Stevens, AZNA’s new president focused on increasing diversity within the association by getting nurses on the Navajo reservation more involved.

So whether you were at convention or just “lived-it” through my words; just know that we as nurses have the intuition of knowing when to take action and the ability to turn action into success. I hope that you will read this issue of the Arizona Nurse in its entirety and join at least one of the take action initiatives that we have identified for you. Feel free to call (480-831-0404) or e-mail me robin@aznurse.org if you would like to discuss where your passion fits into these and other nurse-focused initiatives.

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Carol J. Stevens, PhD, RN, is a university professor with over 35 years of nursing experience. Dr. Stevens currently teaches in both graduate and undergraduate programs at Arizona State University. Her teaching is on professional nurse attributes, nursing theory, and evidence-based practice. Her research interests include obesity prevention among Hispanic adolescents and healthy nursing work environments. She has published and presented at national and international conferences. Currently, she manages a grant funded by Dignity Health that is evaluating a healthy eating and activity curricula for vulnerable Hispanic populations. Dr. Stevens is a Quality Matters (QM) peer reviewer and applies the QM process to online course design. She has been a long-time member of AZNA, served in various Board positions, participated in numerous committees and has contributed regularly to AZNA initiatives/functions. She serves on the Arizona Nurses Foundation Board of Trustees, and is a member of Sigma Theta Tau, AZ Public Health Association and Western Institute of Nursing. For fun, she plays golf, bridge, hikes, runs half marathons, swims and enjoys reading a good book or traveling across the continent.

David P. Hrabe, PhD, RN, has over three decades’ experience as a nurse, consultant, and educator. At The Ohio State University College of Nursing, Dr. Hrabe serves as associate professor of clinical nursing and executive director, Academic Innovations and Partnerships where he teaches courses on leadership in advanced nursing care and scientific thought in nursing and conducts numerous workshops on personal development and self-care for health professionals. Prior to his position at Ohio State, Hrabe served as associate dean, College of Nursing and Health Innovation at Arizona State University.

Throughout his careers as a psychiatric nurse, Dr. Hrabe has a long-standing interest in how to improve the work lives of nurses, receiving grants and awards, publishing papers, and lecturing on these national health care issues. He is passionate about developing the next generation of nurses and health care team leaders to work more effectively by communicating clearly and taking better care of themselves and each other. He received his PhD in nursing from University of Arizona, his MS from Arizona State University and his BSN from Fort Hays State University.

Sandy Thompson, MS, BSN, RN is currently the Director of Professional Practice at Banner Del E. Webb Medical Center. She has over 20 years of direct nursing care experience in various hospital settings, including trauma step-down, progressive care, and case management. As the former Magnet Project Coordinator at John C. Lincoln North Mountain Hospital, she successfully facilitated the organization through its second Magnet designation. Sandy earned her ADN from Kent State University and her BSN and MS in Nursing Leadership from Grand Canyon University. She has been an active member of AZNA and ANA since 2003, serving on the Public Policy Committee, AZNA’s Director of Membership, and AZNA Secretary from 2011 to 2013. She served two terms on the ANA Reference Committee and is a former President of the Greater Phoenix Area Chapter 1 of the Arizona Nurses Association. Sandy is also a member of Sigma Theta Tau International (Nu Upsilon Chapter), and is adjunct faculty at Grand Canyon University in the RN to BSN and Graduate nursing programs.

Denise Link, PhD, NP, FAAN, FAANP has extensive experience in health policy at the state and national levels. She has been a member of ANA and her state nursing associations since 1977. A board certified Women’s Health NP since 1979, Dr. Link has maintained her nursing practice throughout her roles as educator and administrator. She has led or been involved in a number of legislative initiatives for nursing and health related issues in New Jersey and Arizona. Her current position is Clinical Associate Professor of Nursing at Arizona State University and Program Director for NP Healthcare Grace, a federally funded clinic in central Phoenix.
Creativity in the Nursing Classroom: Using Free Media Resources

Jolene Oppawsky, PhD, RN
Advising Faculty University of Phoenix, Tucson Campus

Fusing academic teaching and media use in the nursing classroom equals “best practices” in nursing education. Education of nursing students using only syllabi, reading suggestions, libraries, and mandatory textbooks is not good enough to form students, budding professionals, into peers. The choice of these proven learning materials has not been whimsical but rather based on ongoing, peer-reviewed articles, and research (Burke & Christensen, 2012; Liuca, Lozo, Simunovic, Bosse, & Kadmon, 2006; (Burton & MacDonald, 2001; (Harden, 2001) on university education, such as a recent article by K. Stanley, written for the Philadelphia Continuing Education Examiner retrieved on September 7, 2013 who wrote about “why is a class syllabus important?” (paragraph 3). Educators agree that these traditional materials must stay in place to satisfy educational requirements and accreditation; however, these alone do not keep pace with the impact media has in the personal and professional lives of people, and especially learners. Conventional learning tools resulting in boring, redundant papers, presentations, and over-rated Power Points must be augmented by media offerings that give free lectures, and demonstrations of “real life” clinical practices, and offer free access to tools. The inclusion of free media into traditional academic learning has been a success in the nursing classroom. Important impetuses for using free media in the nursing classroom, in addition to traditional materials, came from the input of students growing up with the use of media, and wanting to leave traditional learning tools aside. University of Phoenix and other universities have the capability to embed media from an Internet site that the instructor wants to use in the classroom or online course, such as YouTube into the syllabus or create a learning activity referring to something on the Internet. One example is the four-part video presentation on the mini-mental state examination, which can be viewed free at http://youtube.be/9gRHDuUOIKM. There are several other excellent free informational videos and screening tools online to gauge mental states, and there are many free versions of the test on the Internet. These free versions can be used by students for their assignments and practice. One example is the Saint Louis University Mental Status (SLUMS) cognitive assessment tool, which is in public domain.

Mini-mental state examination (MMSE) Assignment

This following portion illustrates a mental health nursing assignment integrating the use of free available media offerings into the classroom by learning about, and practicing the use of the mini-mental status examination in a classroom as a self-assessment, and an assessment of classroom peers with permission.

The MMSE is a commonly used 10-minute screening assessment done by nurses in areas of nursing where the mental-state or cognitive impairment is assessed, such as gerontology, and mental health nursing. The MMSE is consistent with more time-consuming assessments. No extensive training is needed to give the assessment so that it is appropriate for student nurses at all levels of education and training to practice on and give to patients in vivo. The use of the MMSE is manifold. It is used as a screening tool for dementia, and to assess cognitive levels of mental health patients. It is used to estimate the severity of cognitive impairment of patients, to map cognitive changes because of temporary or permanent changes in cognitions, and changes due to treatment, and to gauge treatment. The MMSE is also a differentiating tool used for correct diagnosis. For example, Palmqvist, Jansson, Minthon, & Londos (2009) studied in-service education and training to practice on and give to patients in vivo. The use of the MMSE is manifold. It is used as a screening tool for dementia, and to assess cognitive levels of mental health patients. It is used to estimate the severity of cognitive impairment of patients, to map cognitive changes because of temporary or permanent changes in cognitions, and changes due to treatment, and to gauge treatment. The MMSE is also a differentiating tool used for correct diagnosis. For example, Palmqvist, Jansson, Minthon, & Londos (2009) wrote that patients with Alzheimer’s disease scored significantly lower on orientation to time, place, and on recall than patients with dementia with Lewy bodies, vascular dementia, and dementia of Parkinson’s disease, substantiating work done in 2002 (Jefferson, Cosentino, Ball, Bogdanoif, Leopold, Kaplan, & Libon, 2002), and Ala, Hughes, Kyrourac, Chobrital, & Ebile, 2002). The assignment to augment the textbook reading assignments on “cognitive deficits and diagnosis” is to view the free mini-mental state examination informative video on YouTube and take notes. Then download a free version of the assessment and bring to class for a 10-minute, in-class assignment by breaking into dyads, and giving the assessment to your peers with their permission. Discuss the experience and reactions of giving and taking the assessment in your current cognitive state, and if you had some deficits. Share with the plenum.

Multicultural deliberations

The original screening tool has been translated into 74 languages such as Greek, Hebrew, Punjabi, Urdu, Afrikaans, Czech, and Mandarin Chinese to mention only a few and is widely used. Germaine to Arizona is that it has been translated and is available in Spanish. The SLUMS, which is in public domain has been translated into eight languages that includes Spanish.

Nearly every old and recent national and international research project that reported on cognitive functioning included the results of the MMSE. It is thought that those patients with a low level of education may score lower rendering a false positive (Dozzi, Bracki, & Nitimi, 2010). There is also concern about the use of this tool with deaf senior citizens (Dean, Feldman, Morere, & Morton, 2009).

Ethical Considerations

The original mini-mental state examination (MMSE) also called the mini-Folstein (Folstein, Folstein & McHugh, 1975) is copyrighted, and published by Psychological Assessment Resources (PAR) (Powsner & Powsner, 2005), and copies for administration can be bought at PAR. The Saint Louis University Mental Status Examination (SLUMS) is in public domain (Newman & Feldman, 2011).

Best Practices in Nursing Education: From the Classroom to the Work World

A traditional reading assignment that originated as a requirement in a nursing syllabus at any level of nursing education and training can be augmented by the use of material from free media sources. This means that traditional learning materials coupled with free media material can be traced from a syllabus assignment and classroom exercise of a self-assessment/peer assessment, to a review of research by the students, to the study, and use of a screening tool assessment to examine the mental state of patients, to the study of pathology, such as dementia and Alzheimer’s disease, and taken straight into the nursing work world. Please call AzNA at 480-831-0404 for a complete list of references for this article.
AzNA Celebrates The Nurse of the Future at Convention

Judy Hightower, PhD, MPH, RN

If you were unable to attend the 69th Annual Arizona Nurses Association Biennial Convention at the Doubletree Resort on September 19 and 20th, you missed an extraordinary convention. This year’s theme, The Nurse of the Future, emerged from our discussions and provides the attendees with a look at current and emerging issues in nursing with a focus on new and exciting practice opportunities. We even tackled the elephant in the room! The committee and I began planning the convention in October, 2012, and I was amazed how everything came together in a short amount of time. One of the first tasks was to look at the evaluations and suggestions for future topics from the 68th Biennial Convention as well as from the most recent AzNA Symposium. With some great suggestions and ideas, the theme The Nurse of the Future emerged and the committee began to search for the right keynote speakers. Dr. Linda Aiken had already agreed to be the keynote for Friday and fortunately, Dr. Marla Weston was available for Wednesday and Thursday so everything was coming together nicely. With two perfect keynote speakers and a theme, the committee tackled the difficult job of finding the right speakers for the sessions. Four session topics were identified (Beyond Acute Care Nursing, Elephant in the Room, Nursing on the Edge and Secure Your Oxygen Mask First,) as well as additional topics we wanted to highlight (Integrating Mental Health into Primary Care, Advancing Professional Nursing in Arizona and The Healthy Nurse). Besides all of the great speakers, this year’s convention format was a bit different because the committee agreed to try the TED format for the four session topics on Thursday and Friday. TED stands for Technology, Entertainment and Design. The intent of a TED talk is to keep the presentation focused, interesting & engage the audience in twenty minute segments or less. Considering the success of the convention, the committee did a terrific job of identifying the most vibrant & engaging speakers.

One of the highlights of the convention was the awards luncheon and the recognition and presentation of the lifetime membership award to Ray Kronenbitter, MN, RN. I can’t think of anyone who deserved it more this time around. Congratulations Ray!

I would once again like to thank the 69th Biennial Convention Planning committee for their time, boundless energy, creativity and for making this one of the more memorable conventions. They were Carol Moffett, Catherine Mohammed, Candy Boyes, Maggie Muller, Chloe Burtcher, Kelly Simpson and Kristi Kreczely. I would also like to thank Debby Wood & Mary Fakens. This convention was truly a time to renew friendships, make new friends & become the nurse of the future.

Biennial Convention

Congratulations to
AzNA Award Winners

Lifetime Member
Ray Kronenbitter

AzNA Award Winners
Outstanding Member
David Hrabe
Outstanding Student
Sarah Wyard
Mentoring Excellence
Carmela DeLeon
Employer Excellence
Southern AZ VA
Excellence in Clinical Practice
Courtney Brown
Outstanding Chapter President
Sandi Triplet

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Thank You to the Convention Planning Committee

Judy Hightower, PhD, RN, Chair
Carol Moffett, PhD, FNP, CDE
Catherine Mohammed, MN, RN
Candy Boyes, RN
Maggie Muller, RN
Chloe Burtcher, RN
Kelly Simpson, RN
Kristi Kreczely, RN

Esther Hougland, Faculty, PIMA Medical Institute, follows the presenters with presentation handouts that were available online.

Kathy Wruk and Lynn Untermeyer, Chair 30 President, worked with other members from Chapter 30 to make the beautiful fall centerpieces that adorned all of the tables at Convention.

Kathleen Werner presented Kim Tozi with an Outstanding Nurse Award during the luncheon on Friday. Banner Baywood was a Nurse Leader Sponsor of convention along with Banner Heart Hospital.

There were over 30 sponsors, exhibitors and nurse leader sponsor who supported AzNA’s Convention.

Kimberly Shea, Assistant Professor at the University of Arizona College of Nursing, gets into character for her presentation on Tele-Health during Friday’s activities.
**2013 Convention Poster Winners**

There were 45 posters on display at Convention where poster presenters personally shared their work. Participants were encouraged to vote for their favorite poster in each of the four categories: Evidence Based Practice (EBP), Practice Improvement, Practice Innovation and Research. Congratulations to all of the winners!

**EBP**

*What Did the Doctor Say?*
Banner Heart Hospital
Annette Durette
Traci Lopez

**Practice Improvement**

*From the Bedside to the Classroom: Preparing Practitioners to Teach*
Grand Canyon University
Maria Quimba
Vernon Thacker
Pascale Lee

**Practice Innovation**

*Bridge to Transplant-One Patient’s Journey*
Phoenix Children’s Hospital
Kimberley Greenwald
Lucille Hanus

**Research**

*Comparison of Pain Response to Venipuncture vs. Heel Lance for Blood Sampling in Newborns*
Banner Health
Sherry Stott

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Hush Curtain
International Service Learning
Kaplan Nursing
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**Laclede**
Mylan Specialty L.P.
Nihon Kohden
Northern Arizona University Dept of Nursing
Omnicell
Science Care
Scottsdale Healthcare
The University of Arizona Medical Center
University of Phoenix
US Army-6th Medical Recruiting Battalion
Vocera

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**Pam Fuller (back in red) with students from Chamberlain College. The students participated in Student Nurses Association of Arizona’s convention that was held in conjunction with AzNA’s Convention on Friday.**

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**Deborah Bitter, Margie Schultz and Nick DeFalco by the Maricopa Community Colleges poster that was submitted by Deborah, Margi and Susan Mayer.**

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**Kelly Simpson a member of the Convention Planning Committee, coordinated the live silent auction fundraisers. With the help of Chloe Burtcher and AzNA Chapters, the auction raised $4000 for the building fund.**

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**Marla Weston, CEO, ANA, models the infamous, sequined, AzNAPAC vest that has been making the rounds at AzNA auctions for about 12 years! The vest raised over $600 for the PAC this year.**

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**See page 11**

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**Linda Aiken, Keynote on Friday, participated in the Question and Answer session facilitated by Lesly Kelly.**

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**Carmela and Edward de Leon with her award for Mentoring Excellence. Carmela is a faculty member at Pima Medical Institute. The awards were presented during lunch on Friday at Convention.**

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**Mary Griffith, Teri Wicker, Amy Francis (back) and Scarlette and Ray Kronenbitter after Ray was honored with a Life Member award for his tireless contributions to AzNA. Ray also shared a moving presentation about his experience as a patient suffering a debilitating stroke in June of 2012. See page 11**

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**Laci Hanus gets involved in exercise during the Healthy Nurse presentation on Friday.**

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**David Trinidad, Carol Moffett, Lesly Kelly and Paulette Compton vote on one of the Action Proposals presented at the Business Meeting on Wednesday night.**
The Arizona Action Coalition, (AzAC) originally formed as a state-based exploratory group in 2010, when the IOM report and recommendations were introduced to the nation. The initial goal included collecting information and publishing an extensive self-study of Arizona's status in regard to the IOM recommendations. That was completed in July 2011 and is currently on the official website of the AzAC: www.futureofnursingaz.com

Under the leadership of Robin Schaeffer (Arizona Nurses Association), Pamela Randolph (Arizona State Board of Nursing), Laurie Liles (Arizona Hospital and Health care Association) and Tony Mollica (Unified Health care, Optum Health), the exploratory committee applied to be an Action Coalition with the Center to Champion Nursing in America. They were awarded Action Coalition status in 2012 and have since recruited over 90 members. Current leadership includes Schaeffer, Randolph, Greg Vigdor (Arizona Hospital and Health care Association) and Marie Fredette (Arizona Association for Homemakers). A special thanks goes out to Marie Fredette for helping us on the business end; (i.e. bylaws, incorporation, etc)

Current workgroup leaders include: Practice: Denise Link, Randy Quinn; Leadership: Rayette Sherman, Lamont Yoder; Education: Paulette Compton, Roni Kerns, Workforce: Carla Clark, Tanie Sherman.

Thank you to the many nurses and friends of nursing who have taken the time to attend meetings whether in person or virtual. Please consider joining AZAC as a member if you have not already. www.futureofnursingaz.com

3-STEP Call to Action for Arizona's Nurses

The Arizona Action Coalition was established in March, 2012 to guide the implementation of the recommendations of the Institute of Medicine's Future of Nursing Report.

1. LEARN ABOUT THE BREAKTHROUGH REPORT FROM THE INSTITUTE OF MEDICINE (IOM)
   - Visit www.thefutureofnursing.org
   - Click the “IOM Recommendations” tab and read about the Future of Nursing: Leading Change, Advancing Health report. Read the 8 recommendations and explore.

2. LEARN ABOUT THE FUTURE OF NURSING CAMPAIGN FOR ACTION
   - Visit www.campaignforaction.org
   - Click the “campaign progress” tab & explore
   - Click the “state action coalition tab” and go to Arizona

3. JOIN THE ARIZONA ACTION COALITION (AZAC)
   - Visit www.futureofnursingaz.com
   - Navigate around the website. Look for committees, join tab, etc.
   - Find your passion and get involved!
What we do:

The foci of this taskforce are on recommendations #1 and #3

**Recommendation #1**: Remove Scope of Practice Barriers

**Recommendation #3**: Implement Nurse Residency Programs

Our goals:

- Adopt the APRN Consensus Model
- Implement nurse residencies/transitions to practice programs

Our Strategy:

- Initiatives planned around the Consensus Model
- Board of Nursing (AZBN) regulations were amended to incorporate consensus model language
- AzAANP and AZBN are meeting to strategize legislation for 2014-2015 including full practice for APRNs
- Leaders have emerged to engage stakeholders
- Nurse residency focus
- A workgroup from the Education/Practice Consortium is gathering information on standard on-boarding experiences for new nurses

Leadership Taskforce

Co-chairs: Lamont Yoder, Lamont.Yoder@bannerhealth.com
Rayette Vaughn, Rayette.Vaughn@bannerhealth.com

What we do:

The foci of this taskforce are on recommendations #2 and #7

**Recommendation #2**: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

**Recommendation #7**: Prepare and enable readiness to collaborate on nurses’ practice readiness

Our goals:

- Increasing opportunities to collaborate and prepare nurses to lead change to advance health
- Identify measurable benchmarks consistent with IOM/double data

Our Strategy:

Initiatives planned around “best practices” from other states include:

- Celebration of nursing leaders under the age of 40
- Arizona Event scheduled for August 21, 2014
- Strategies for preparing nurses to be members on boards
- A design to collect data is in progress in Arizona
- Coaching and mentoring programs

Education Task Force

Education-Practice Collaborative (EPC)

Co-chairs: Paulette Compton, paulette.compton@bannerhealth.com
Roni Kersh, roni.kersh@asu.edu

What we do:

The Workforce Committee of the Arizona Action Coalition is charged with implementing Recommendation 8 of the Institute of Medicine’s 2010 Future of Nursing Report. Recommendation 8 asks for improvement in research, collection and analysis of data on health care workforce requirements.

Our goal:

- Design a sustainable infrastructure to collect, analyze and maintain inter-professional health care workforce supply and demand data.
- Arizona currently collects information about the supply of health care workers through a variety of avenues, including professional licensing boards and surveys. The complexities of health care workforce community demographics and demand in Arizona are not well developed to date.

Our Strategy:

- To identify and convene a coordinated, statewide collaborative of committed health care stakeholders to address this issue.
- This workforce collaborative will identify additional key stakeholders to participate in the discussion, as well as develop short and long term strategic action plans to guide the design of an “infrastructure” for an Arizona Health care Workforce Center. This Workforce Center will include all the components (organization, processes, plans, and manpower, technology and funding resources) needed to maintain and sustain its long-term viability.

Why is health care workforce supply and demand data important?

The face of health care is changing. Arizona’s health care leaders and policymakers must be able to respond to a diverse demographic, an aging population, and current and expected economic conditions that affect the utilization, acuity, and location of services. The industry must also be able to timely adapt to opportunities for professional education and training resulting from emerging technology. We need to develop reliable information about the characteristics of Arizona health care workforce, as well as high quality information about parameters of institutional and community demand for that workforce.

The availability of valid, reliable, readily available, and consistent workforce supply and demand data assists health care executives, business leaders, educators, researchers, and policymakers in identifying staffing needs and community resource availability, budget planning, and development of education and training opportunities to meet the future anticipated demand for all types of health care workers for a given region or community.

The bottom line:

High quality workforce supply and demand data results in better planning for Arizona’s future health care system needs.
AzNA/ANA Dues Increase of $1 Per Month Starts January 1, 2014

In 2001, the ANA House of Delegates passed a $35 dues increase after 12 years without an increase. During the time without an increase, ANA was forced to cut programs, staff and operate with a deficit budget at times. The increase helped to cover the 12 years of inflation ANA had absorbed over this time period. At that time, the House instructed the ANA Board of Directors to “establish a process of on-going financial needs analysis and advise the House of Delegates every three years or more frequently, if necessary, regarding the need for a dues increase.”

To help preserve the value of the dues dollar against rising costs of living, the ANA Board of Directors brought forward the dues escalator proposal. The 2004 ANA House of Delegates passed a dues escalator that increases the ANA Assessment Factor based on the Consumer Price Index for Urban Consumers (CPI-U). The rate change is computed using the 12 months percentage change from June to June each year. The change for any year cannot go below 0% and there is a 2% cap on any increase. In addition, the change in the Assessment Factor is to be rounded to the nearest dollar. Although this computation is made each year, the policy states that the dues increase is only to be implemented every three years. That third year is 2014.

The 2014 ANA dues increase is $8.00, which stays at ANA. Contrary to what one might think, there has been no noticeable decrease in membership as a result of the implementation of the automatic dues escalator since its inception in 2005. For the past 10 years AzNA has not increased our state-based dues. We, as others have felt the economic pinch and therefore the Board of Directors voted to increase AzNA dues by $4.00 annually.

In total, for $1 additional per month, you can continue your support of the largest nurse-related organization in the state and the country. If you would like to make your membership dues easier visit the “my ANA” portion of the ANA website (www.nursingworld.org) and sign up for the $24.67 automatic monthly deduction plan.

We look forward to your continued support and involvement.

-The AzNA Board of Directors
In early June 2012 I was in Washington DC as a delegate representing AZNA at the ANA National House of Delegates. I worked with federal and state senators such as John McCain and Harry Reid. I had the honor of spending years representing the interests of AZNA in governmental affairs. I don’t remember having my stroke in June of 2012. I was at home on the computer and after sneezing I could not talk clearly or move my left side. I asked my wife for an aspirin and to take me to Barrows. I went from a critical care RN to a patient just like that. I’d had an embolitic stroke, but it did not stop me from participating in my care until after my first surgery. Dr. Wilbur Su was treating me a-A fibrin, which was now out of control due to the stroke. I was cardioverted eight times and needed three other cardiac interventions, but this was just a part of what Dr. Su did. The main doctor that I challenged all the way was Dr. Peter Nakaji. Scarlette tells me that his whole team came to know me very well. During my six month stay I went from BNI-ICU to Select Specialty Hospital and BNI Rehab depending on my condition. Though I don’t recall my time at St Joseph’s campus I know I should thank every nurse for the care I received during this traumatic time in my life. I want to thank the AZNA nurses and especially Mary, Debby, and Carol for caring for Scarlette during those six months so we could focus on me. I would be dead if it wasn’t for Scarlette. After six months and one day, I came home, but I felt pretty weak. That’s where my memory resumes. I remember John, my physical therapist and Sarah, my speech therapist coming to the house. I remember sitting and walking to the chair after months of hard therapy. At times I used bad words with John because recovery work hurts. Sarah’s work was easier yet frustrating when I didn’t remember correctly. John and Sarah’s dedication has made my goals achievable and attainable through this hard journey.

I feel there has never been a challenge to eating but Sarah and Scarlette disagree. Now, after hard work I can eat everything. Vanilla ice cream is my favorite food group. They tell me my memory is much better now, but I don’t remember not remembering. When I first came home my muscles were spastic. It took three people to help me to the bathroom and I had to be in a special chair with my head at the foot of the bed. Now I shower with the assistance of two people and sleep the right way in bed. Therapy is hard work, probably one of the hardest things I have ever done. I am a retired Marine so I know what hard work is. I am willing to do the work and am getting better. I have to dig deep to keep pushing. Scarlette and my family help me, but it took my love for nursing and the need to give back to fulfill my dreams. That’s part of what can happen in the recovery process. I want to actively return to nursing though I am not sure in what capacity, or when, but, if necessary I can make another speech. Being on the patients’ side there are no words. I feel the most important part is the caregiver because they coordinate everything; all the therapy, the doctors visits, medications, eating, and sleeping. EVERYTHING. They coordinate and practice with you. Scarlette remains positive. She says,” We’ll get through this together.” She insists that I dance at my son’s wedding in October. My kids are very strong. They help me with anything I need physically or emotionally. They are positive and help both of us with our recovery.

If I was talking to someone who had a stroke, I would tell them, “You will get better. You have to set goals and work for them by doing whatever is needed to achieve them.” As the therapy helped set goals but remember, as I am aware, patients may be knowledgeable, but unable to recall what they know. Never assume a patient recalls their education. This is important in order to help them achieve their goals. Scarlette made sure the people around me were positive and confident in their skills. I was an active and passive teacher during my recovery. I want to thank Scarlette and my family for helping me in my recovery. I am very grateful and proud of my family. A stroke doesn’t have to be the end of your life; it can be a new beginning.

Mary H. Griffith

Ray Kronenbitter, MSN, RN

What it means to be Blue

At Blue Cross Blue Shield of Arizona (BCBSAZ), we seek only the most talented individuals to join our growing company. Our continued success is reflected in our corporate values of keeping our promises, doing the right thing and treating others the way we want to be treated.

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- Case Manager BH RN (Behavioral Health CM experience preferred)
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Health Insurance Marketplace: 10 Things to Tell Your Patients

1. If you don’t already have health coverage, the Health Insurance Marketplace is a new way to find and buy health coverage that fits your budget and meets your needs.

2. Open Enrollment starts October 1, 2013, and ends on March 31, 2014. Plans and prices will be available then. Coverage starts as soon as January 1, 2014.

3. Not only can you view and compare health insurance options online, but with one simple application, you can have those options tailored to your personal situation and find out if you might be eligible, based on your income, for financial assistance to lower your costs.

4. The same application will let you find out if you and your family members might qualify for free or low-cost coverage available through Medicaid or the Children’s Health Insurance Program (CHIP).

5. Each health plan will generally offer comprehensive coverage, including a core set of essential health benefits like doctor visits, preventive care, maternity care, hospitalization, prescription drugs, and more.

6. Nobody can be turned away or charged more because of their gender or a pre-existing condition.

7. Depending on household income and family size, many individuals may qualify for tax credits to help lower their share of monthly premiums, or help that reduces deductible, copayment or other cost-sharing amounts.

8. Individuals will be able to choose a Marketplace plan by health plan category (bronze, silver, gold, or platinum). The differences among the categories will be based on the average percentage of the costs the plan will cover. This system makes it easier to compare similar plans based on price and coverage.

9. Using a single application on Healthcare.gov, consumers can find out if they and/or their family members are eligible for Medicaid, the Children’s Health Insurance Program (CHIP), or for financial help paying for a private health insurance plan offered in the Marketplace.

10. Resources are available now.

Help your patients get ready

Consumers can learn more through local community groups and special events. Trained assisters and navigators will be available in communities nationwide to help consumers understand their choices and apply for coverage. Starting October 1, consumers can apply for health coverage on Healthcare.gov or by calling the Marketplace Call Center at 1-800-318-2596.

Health Insurance Marketplace: 10 Things Providers Need to Know

A primary goal of the Affordable Care Act is to help the 16% uninsured and eligible Americans gain access to quality, affordable health care. Central to this goal is the creation of the Health Insurance Marketplaces. Through the Marketplace, eligible Americans will be able to enroll in a health plan to get coverage that starts as soon as January 2014.

1. The Marketplace is a new way to shop for health insurance. The single, online source will let consumers get information about their health coverage options in a way that makes it easy to make side-by-side comparisons of private insurance plans’ benefits, quality, and price, and find out if they’re eligible for assistance with the costs of health coverage.

2. Each state will have a Marketplace, run either by the state, through a state-federal partnership, or by the federal government.

3. Open Enrollment begins on October 1, 2013, and ends on March 31, 2014. Coverage can begin as soon as January 1, 2014.

4. Health plans offered in a Marketplace will generally offer comprehensive coverage, including a set of “essential health benefits” with at least these items and services:

   - Ambulatory patient services
   - Emergency services
   - Hospitalization
   - Maternity and newborn care
   - Mental health and substance use disorder services, including behavioral health treatment (which includes counseling and psychotherapy).
   - Prescription drugs
   - Rehabilitative and habilitative services and devices
   - Laboratory services
   - Preventive and wellness services and chronic disease management
   - Pediatric services, including oral and vision care

5. Individuals can buy insurance through a Marketplace if they live in the United States, are U.S. citizens or U.S. nationals (or are lawfully present), and aren’t currently incarcerated.

6. Nobody can be turned away or charged more because of their gender or a pre-existing condition.

7. Depending on household income and family size, many individuals may qualify for tax credits to help lower their share of monthly premiums, or help that reduces deductible, copayment or other cost-sharing amounts.

8. Individuals will be able to choose a Marketplace plan by health plan category (bronze, silver, gold, or platinum). The differences among the categories will be based on the average percentage of the costs the plan will cover. This system makes it easier to compare similar plans based on price and coverage.

9. Catastrophic plans and stand-alone dental plans also may be available.

10. Resources are available now.

Marketplace.cms.gov: Where organizations and individuals looking to help can get the latest resources and learn more about the Marketplace.

HealthCare.gov: Where individuals can learn about the Marketplace and the upcoming benefits (including where they can find local assistance), or be connected to appropriate resources in states that are running their own Marketplaces.

Health Insurance Marketplace Call Center: If you have questions, call 1-800-318-2596. TTY users should call 1-855-889-4325.

Help your patients get ready

Consumers can learn more through local community groups and special events. Trained assisters and navigators will be available in communities nationwide to help consumers understand their choices and apply for coverage. Starting October 1, consumers can apply for health coverage on Healthcare.gov or by calling the Marketplace Call Center at 1-800-318-2596.
Correction

In the August issue of the Arizona Nurse a caption on the photo that includes Jeannine Dahl was incorrect. Jeannine had been the chief Nursing officer in the 1980’s, however, at the time of this photo Jeannine worked in the outpatient clinic. At the time of this photo the Chief Nursing Officer of the 403rd Combat Support Hospital during Desert Storm was Christine F. Mahon, Col. (ret), AN, USAR. She is pictured here.

Announcements

Maryvale Hospital Achieves New Status as Accredited Chest Pain Center

In September Abrazo Health announced that Maryvale Hospital received Chest Pain Center Accreditation from the Society of Cardiovascular Patient Care (SCPC).

To become an Accredited Chest Pain Center, Maryvale Hospital engaged in rigorous re-evaluation and refinement of its cardiac care processes in order to integrate the health care industry's successful practices and newest paradigms into its cardiac care processes. Protocol-based medicine, developed by leading experts in cardiac care, is part of Maryvale Hospital's overall cardiac care service and reduces the time from onset of symptoms to diagnosis and treatment.

Comment from Susan B. Collins, APRN, FNP-BC, AHN-BC-Retired

Wanted to tell you all that I was impressed and delighted at the professional publication. As a retired NP I applaud the exciting direction Arizona Nurses are going. It felt good to see strong nurses carrying the banner for improved patient care the nurse way. Thank you Teri Wicker for your leadership. Thank all staff and Board for strong commitments to excellence.

Verde Valley Medical Center Recognized by Healthgrades®

Verde Valley Medical Center has once again been recognized as a national leader in patient safety by Healthgrades® – the nation’s leading health care rating organization. VVMC received the Healthgrades® Patient Safety Excellence Award for the fifth consecutive year and was ranked in the top 5 percent of hospitals in the nation for patient safety in 2013. VVMC is just one of six Arizona hospitals to receive the Patient Safety Excellence Award.

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MS* - Nurse Generalist or FNP tracks

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Application deadline for MS and DNP is March 15th
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For more information visit www.nau.edu/nursing
nursing@nau.edu

(Referred by AZ Nursing in subject line)

Quick Guide to Nursing Practice

As a professional nurse, you will face many challenges throughout your career. These challenges will test your ability to influence and direct the practice of nursing. The Quick Guide to Nursing Practice provides information and resources to assist you in successfully overcoming the predictable (and sometimes unpredictable) challenges to your professional nursing practice.

$5 each www.aznurse.org
Call 480.831.0404 for discounts on large orders.

INTEGRATED HEALTH NAVIGATOR CERTIFICATE PROGRAM

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Do you consider yourself a Trailblazer in your professional life? Join our Integrated Health Navigator Certificate Program and help clients understand their healthcare options (conventional, traditional and complementary medicine), make informed choices, identify community resources, learn self advocacy skills, and become active participants in their own health care.

Call 480.732.6086 or sales@coffinandtrout.com. The pendant is available in gold, white gold, silver and with or without diamond trim. A portion of the proceeds benefits AZNA.
The Arizona Nurses Foundation (AzNF) honors the first 100 years of the Arizona Nurses Association (AzNA) by announcing the Centennial Legacy Fundraising Campaign designed to achieve the mission “Advancing the Nurses Profession.”

Legacy Campaign Levels

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<thead>
<tr>
<th>Level</th>
<th>Pledge</th>
<th>Monthly Donation</th>
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<tbody>
<tr>
<td>Florence Nightingale</td>
<td>$10,000</td>
<td>$166 for 5 years</td>
</tr>
<tr>
<td>Clara Barton</td>
<td>$7,500</td>
<td>$125 for 5 years</td>
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<tr>
<td>Mary Eliza Mahoney</td>
<td>$5,000</td>
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<tr>
<td>Mary Todd Lincoln</td>
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</tr>
<tr>
<td>Walt Whitman</td>
<td>$1,000</td>
<td>$17 for 5 years</td>
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<tr>
<td>The Lamp</td>
<td>$500</td>
<td>$8 for 5 years</td>
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The fundraising goal of $250,000 began at the Promise of Nursing Luncheon in May 2013 and will conclude in December 2018. This goal will be achieved by donors contributing a monthly or annual donation to achieve their legacy pledge commitment. The success of the campaign will be highlighted in 2019 at the AzNF centennial gala, a night of celebration and fellowship. The gala will be the “nursing event of the century!” Legacy donors will be recognized at the gala for their financial support of nursing in Arizona and can even be part of the planning committee. This fundraiser will sustain the foundation so that it can continue to provide scholarships to nursing students. To date, AzNF has awarded 318 scholarships to nursing students at all levels of education, totaling almost $300,000. I strongly encourage you to consider one of our campaign levels and have a monthly contribution deducted from your credit or debit card. Thank you!

Visit www.Aznurse.org to donate or call 480-831-0404

Anne McNamara
Chair, Council of Trustees
Arizona Nurses Foundation

The Arizona Nurses Foundation (AzNF) Foundation Legacy Campaign

In honor of AzNA’s first 100 years the Arizona Nurses Foundation (AzNF) announces the establishment of the Centennial Legacy Fundraising campaign. The fundraising goal of $250,000 began at the Promise of Nursing Luncheon in May 2013 and will conclude in December 2018. This goal will be achieved by donors contributing a monthly or annual donation to achieve their legacy pledge commitment. The success of the campaign will be highlighted in 2019 at the AzNF centennial gala, a night of celebration and fellowship. The gala will be the “nursing event of the century!” Legacy donors will be recognized at the gala for their financial support of nursing in Arizona and can even be part of the planning committee. This fundraiser will sustain the foundation so that it can continue to provide scholarships to nursing students. To date, AzNF has awarded 318 scholarships to nursing students at all levels of education, totaling almost $300,000. I strongly encourage you to consider one of our campaign levels and have a monthly contribution deducted from your credit or debit card. Thank you!

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Anne McNamara
Chair, Council of Trustees
Arizona Nurses Foundation
We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.
2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.
3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.
4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.
5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.
If you have deep compassion and a strong spirit of innovation, Banner Health is where you can make a dramatic difference in patient care – and the health care field. As a forward-looking nursing professional at Banner Health, you’ll be a key contributor to a nationally recognized, award-winning health care provider that shares your passion for positive change. We invite you to join the visionary leaders that are leveraging innovative technology to define the future of health care. Banner Health has key Nursing needs in the following areas:

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- RN Nursing Leadership
- RN Case Managers

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