President’s Message

October 9th and 10th was Oklahoma Nurses Association’s annual convention and meeting of the House of Delegates. I would like to thank everyone involved in creating and implementing another great convention, particularly Jackye Ward, ONA Vice President and Chair of the Convention Committee (who also stepped in as President during the convention due to my absence), the members of the Convention Committee, the Board of Directors and ONA staff, Jane Nelson and Candice Black. During the House of Delegates, Jackye shared my President’s message, which was a review of ONA activities and highlights during the last year. I would like to share those highlights with all Oklahoma nurses.

At last year’s House of Delegates, under the leadership of President Linda Fanning, members experienced the opportunity to participate in environmental scanning through focus groups. Input from each group was shared with all in attendance and then disseminated to the membership. Outcomes from the environmental scanning dialogue served as the foundation for the 2012-2014 Strategic Plan formulated by the Board of Directors following the convention. Four primary goals were identified for the Strategic Plan: recruit and retain members, advance the nursing professional, refine ONA structure, and empower nurses.

For ONA legislative activities in 2013, two committees joined forces to develop priorities and a plan of action. The collaborative energy between the Governmental Affairs Committee (GAC), led by Rhonda Lawes, and the Practice Committee, led by Lynn Sandavol, was exciting. The combined effort of the committees, in consultation with ONA Lobbyist, Vickie White Rankin, and ONA Executive Director, Jane Nelson, resulted in effective monitoring and support of legislation important to nurses and healthcare in Oklahoma. Nurses Day at the Capitol, held March 5, was a well-attended success. The event brought nurses and nursing students from across the state together for an update on healthcare reform, as well as for the opportunity to meet with state legislators on important healthcare issues. ONA extends appreciation to ONSA Board of Directors and President Tiffany Richardson for their work with ONA to create a great experience for all in attendance.

Cindy M. Lyons
President 2012 – 2014

President’s Message continued on page 3
The Oklahoma Nurse

Oklahoma Nurses Association
Regions and Regional Presidents

Region 1:
President: Devyn Denton
Email: devyndenton@gmail.com

Region 2:
President: Linda Lyons Coyle
Email: llyons@coyleweb.com

Region 3:
President: Lisa Copeland
Email: lisa-copeland@lrec.org

Region 4:
Vacant

Region 5:
President: Toni Alvarado
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Region 6:
President: Donna Urbasik
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Region 7:
Vacant

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Submittal Information for “The Oklahoma Nurse”

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Manuscripts are due on the second Monday of January, April, July, and October for consideration in publication in the following respective issue. Below, please read the revised submission guidelines.

Email a word processing document to ona@oklahomanurses.org; file extensions should be *.doc, *.txt, or *.rtf.

- Include: Suggested title, authors, author affiliation, ONA membership status, and appropriate references pertaining to the content of the article.
- Sub-headings are expected where indicated and tables/illustrations are encouraged to summarize key points as appropriate.
- Photographs should be of clear quality and in a digital format with appropriate resolution for printing.
  - Black & white photographs are preferred but not required.
  - Email images with the correct name(s), place/event, date, and descriptions.
  - Images are not guaranteed to be run even if submitted.

Space limits: Due to space limitations, the following lengths are strongly recommended. While ONA will make every effort to publish articles in their entirety, ONA reserves all editing rights prior to publication.
- Feature articles: 500 to 750 words preferred, exceptions may be granted to 1,200 word max.
- Research articles: 1,000 to 1,500 words; exceptions may be granted to 2,000 word max.
- Regular Reports: 500 words (Executive Director, President)

All other submissions: 250 to 500 words, content dependent, please include a clarifying statement if you are submitting an article exceeding these guidelines, such as special report on Mortality or Board of Nursing Annual Report.

The Oklahoma Nurses Association thanks you in advance for your contributions to our official quarterly publication. As always your support is appreciated. If you have any questions, please respond via email or phone to the office.

Thanks for making Nursing Positively Possible!

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December 2013, January, February 2014

Oklahoma Nurses Association

ONA 2013-2014 Board of Directors:
- President – Cindy Lyons
- President Elect – Joe Catalano
- Vice President – Pam Spansbauer
- Secretary/Treasurer – Marie Ahrens
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Oklahoma Nurses Association
6414 N. Santa Fe, Suite A
Oklahoma City, OK 73116
405-840-3476

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- Embrace Career Mobility and Professional Development

ONA Mission Statement
The ONA is a professional organization representing a community of nurses across all specialties and practice settings.
The devastating May tornados experienced by Oklahomans saw a uniting of forces to assist those in need. ONA was inundated with calls and emails from nurses within Oklahoma, as well as nurses from other state nursing organization, asking how they could help. ANA President, Karen Daley, contacted ONA immediately to see how ANA could assist. As a result, disaster relief funds were established through American Nurses Foundation (ANF) and Oklahoma Nurses Foundation (ONF). The ONF task force, led by Chris Weigel, disseminated over $15,000 in funds to Oklahoma nurses in need. Additionally, ONA was able to direct nurses to the Medical Reserve Corps (MRC) and the Red Cross to assist with on the ground relief efforts. Nurses demonstrate the spirit of giving on a daily basis. Stories of this giving spirit abound following a disaster. One such story is that of our colleague, Devyn Denton. Through Devyn's contacts with Emerging Nurses and other ONA colleagues, she was able to rally immediate assistance for nurses affected by the tornados with essential items, such as food and clothing, and professional items (scrubs, stethoscopes, etc.) lost in the destruction. Appreciation is extended to Devyn and all the nurses who responded – their contributions of time, energy and money made a difference!

ANA's inaugural Membership Assembly was held in Washington, DC, June 28-29. During the 2012 ANA House of Delegates, delegates voted to adopt a plan for major transformation of ANA in order to strengthen the organization, increase membership participation, and expedite responsiveness to the ever-changing healthcare environment. As a result, the House of Delegates, which served as ANA's decision-making/governing body for the last 30 years, was replaced with the Membership Assembly. The structure of the Assembly is smaller, composed of two voting delegates from each state/constituent association and each non-voting Executive Director/CEO. At the inaugural meeting of the Membership Assembly, ONA was represented by Cindy Lyons and Joe Catalano, as voting delegates, along with Jane Nelson. During the Assembly, state representatives listened to the keynote address presented by a futurist researcher (which was video-streamed to ANA members across the county – a first) and then engaged in environmental scanning using the Future Wheels model. The model utilizes trends and forces, identified during environmental scanning, to explore direction and action for the future. Other activities of the two-day Assembly included discussion and voting on final revisions to ANA bylaws related to restructuring, such as establishing a timeframe for moving from a 15 to nine member board of directors and continuing to allow states to have state-only members.

Additionally, discussion occurred about a resolution related to licensure for cross-border nursing practice. Following a reference hearing and discussion, Assembly representatives voted to refer the resolution to the ANA board of directors for further review. The Assembly also received a report on the formation and engagement of Professional Issues Panels, another ANA restructuring change. The panels are composed of nurses, from across the nation, who volunteer for six to eight months to share their expertise on nursing issues/topics which have been identified through environmental scanning and align with ANA's strategic initiatives. This gives nurses, at the grassroots level, the opportunity to participate in national dialogue and development of policies impacting practice – very exciting! This fall, the ANA Board of Directors will receive the report created by the first panel which worked on the issue of care coordination/quality measures. A second panel, focused on the issue of nurse fatigue, has been initiated (more than 300 nurses applied to participate on the panel!). Early fall, a call will be sent out for nurses to apply for participation in a panel on the RN scope of practice. Future panels will work on revision of the code of ethics and revision of the nursing administration scope of practice.
Hello all nurses across our great state of Oklahoma from the Oklahoma Nursing Student Association. We worked hard to prepare for this year’s Convention, “Taligate to Convention with Team Nursing,” which took place on October 25th. All convention planning coordinated perfectly by our current 2nd Vice President, Derrick Lair, Jr. and Vendor Preparation by our Public Relations Director, Daniel Rasmussen, and special thanks to Tracie Carter for her continued support by serving as our Convention Adviser. We had our annual Oklahoma Blood Institute, Blood Drive again this year at convention. Last year we had enough blood donated to save 279 lives.

Speaker Sessions lineup included information about Certified Registered Nurse Anesthetists, Nurse Practitioners, Emergency Room Nursing, about Certified Registered Nurse Anesthetists, and much more, all coordinated by our Ist Vice President, Tatum Middleton. We had great guest speakers for both Opening and Closing Ceremonies. We offered Instructor, Nurse, and Advisor sessions this year with limited seating. Stay tuned to updates through our Facebook page, twitter, website, and Pulse Point Newsletter by Marvie Paez.

Along with planning for a great convention this year, the ONSA Board of Directors made a Road Trip traveling over 1400 miles in 4 days visiting over 23 different programs for the first time ever. Right after Road Trip we had our annual Council of Oklahoma Leaders or COOL. Our amazing Secretary, Ashley McWilliams, volunteered to take on this massive project and prepared one of the best Leadership Workshops we have ever had. We also dedicated our community project “Heart Walk” to a fellow nursing student that unfortunately passed this year from a heart condition. Our Community Projects Director, Colton Palmer has been busy this year working on many tasks, a few being encouraging students to place booths around campus across Oklahoma for Organ Donation, coordinating both the OBI blood drive and the Heart Walk.

Another great activity that was conducted throughout the year was our Breakthrough to Nursing Position held by the one and only Stacey Collier. She visited a number of sites across Oklahoma from the Oklahoma Nursing Student Tech, Union Public Schools, and many more previous projects; talking about Oklahoma Nursing Student Association and the Nursing Pathway.

One of the best events outside of Convention we were a part of this year was Oklahoma Nurses to attend our meetings, events, and activities throughout the year.

As our term comes to an end, we hope to leave the Oklahoma Nursing Student Association Board 2013-2014 with a great start in their trip to continue serving the Nursing Students across Oklahoma. Most of all that we wish we have represented the Nursing Students across Oklahoma this last year with a positive experience of our service to them.

One last note, I have had a great year serving with the Oklahoma Nurses Student Association Board of Directors. I truly am excited about serving alongside each and every person on our board through the years to come making a difference in nursing. I could never express how grateful I am for all their support and hard work this last year. Congratulations 2012-2013 ONSA BOD for making it an amazing year!!

Tiffany Richardson, RN President, Oklahoma Nursing Student Association 2012-2013

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These individuals are recognized by peers as role models and knowledge/skills in any practice setting: ONA members who have developed an innovative, creative approach utilizing nursing theory and knowledge/skills in any practice relationship. They are honored for their leadership and have risen above them. We are pleased to honor the following individuals for their commitment to the nursing profession. They have been faced with changes and have shown their dedication to the nursing profession.

The resolution heard on Safe Patient Handling was carried as a part of the ONA Board of Directors agenda. The resolution included in this issue of the Oklahoma Nurse. The House of Delegates discussed topics ranging from issues being heard at the ONA House of Directors, Nursing Image, Camp Nurse Issues and other nursing practice related issues. That afternoon, the House of Delegates discussed the role of the Oklahoma Nurse. The House of Delegates also passed the proposed bylaws, which are now available on the ONA website.

Election Results
Congratulations to the newly elected ONA Officers: Vice President Pamela Spanbauer, Emerging Nurse Director Megan Hartsuck, Political Activities Director Rhonda Lawes and re-elected Practice Director Lynn Sandoval.

New Nominating Committee Members include: Teri Round, Chair for 2014-15, additional members include Phyllis Kelley and Trish Kuper.

Awards
Each year, ONA has the opportunity to recognize leaders who have made a difference in the nursing profession. They have been faced with changes and challenges and have risen above them. We honor the leaders who have displayed excellence and have advanced our profession and industry.

Kathy Bell, MS, RN, SANE-A, SANE-P, and Susan Grandle, APRN, were recipients of this year’s Excellence in Nursing Award.

Kathy Bell is responsible for a forensic program that has been created in Oklahoma and remains well respected across the country. She has been involved with the Sexual Nurse Examiner (SANE) program and has worked to get other nurses trained by teaching classes and gaining equipment with grants. She has also held offices with the International Association of Forensic Nurses Association, including the presidency.

She has a Masters in Forensic Science-Nursing and teaches an online course for OSU in addition to being published in manuals and text books. Not one year goes by without her receiving an award of excellence in nursing practice. As well as someone who demonstrates sustained and substantial contribution to the Oklahoma Nurses Association and has served as a role model of consistent excellence in their area of practice.

Linda is a stand out in both her personal, professional education and her efforts to educate others. She practiced nursing in a variety of venues for eleven years before continuing on to earn her Masters of Science in Nursing. Ultimately leading to nineteen years spent in long term care and enhancing the image of nursing to those around her. Her passion to educate others is shown through her work teaching nursing assistants about the care of elderly persons, as well helping the Oklahoma Health Care Association in preparing certified medication aides. She has also started presenting to nursing home administrators and nurses concerning the ethical and administrative issues related to long-term care.

She has taught at the University of Oklahoma, and for the past 14 years has taught at Tulsa Community College. One colleague describes her as a great role model. Her hard work and dedication to the nursing profession is evident in her efforts to educate others.

This year, ONA presented two nurses with the Excellence in Nursing Award. Kathy Bell is responsible for a forensic program that has been created in Oklahoma and remains well respected across the country. She has been involved with the Sexual Nurse Examiner (SANE) program and has worked to get other nurses trained by teaching classes and gaining equipment with grants. She has also held offices with the International Association of Forensic Nurses Association, including the presidency.

We had a great time at this year’s Convention. Nurses from across the state of Oklahoma participated in the newly organized two-day Convention, which took place in Norman, OK on October 9th and 10th. On Wednesday, participants heard from Cheryl Peterson, RN, ANA’s Director of Nursing Practice and Policy, who discussed career innovation and other nursing practice issues. She also passed the proposed bylaws, which are now available on the ONA website.

On Thursday, the House of Delegates heard an update from Cheryl Peterson, RN, ANA’s Director of Nursing Practice and Policy, who discussed career innovation and other nursing practice issues. She presented an overview of the proposed bylaws, which are now available on the ONA website.

The resolution heard on Safe Patient Handling was passed and the resolution on Care Coordination failed due to the action plan and job description that accompanied the resolution. The Safe Patient Handling resolution is included in this issue of the Oklahoma Nurse. The House of Delegates discussed topics ranging from issues being heard at the ONA House of Directors, Nursing Image, Camp Nurse Issues and other nursing practice related issues. That afternoon, the House of Delegates discussed topics ranging from issues being heard at the ONA House of Directors, Nursing Image, Camp Nurse Issues and other nursing practice related issues.

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This year, ONA presented two nurses with the Excellence in Nursing Award, which honors an ONA member who has demonstrated innovative strategies to fulfill job responsibilities in their professional role and within the community.

It recognizes a nurse that consistently surpasses expectations of a professional nurse, thus enhancing the image of the nursing profession. As well as someone who demonstrates sustained and substantial contribution to the Oklahoma Nurses Association and has served as a role model of consistent excellence in their area of practice.

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This organization had to develop an innovative and effective program, approach or overall environment that promotes excellent nursing care, creating a positive environment for nurses to work and be supported in their practice.

Saint Francis Health System has formed collaboration by providing funding for the OU Tulsa Accelerated BN Program. They are also committed to national certification of its RN staff through its certification reimbursement program, as well as professional development of staff through both training and education.

They formed a Nurse Residency Steering Committee that guided the implementation of the Nurse Residency Program in 2012 and are also certified as the first Nurses Improving Care for Heathsystem Elders Program in Northeastern Oklahoma. They support their nursing staff in its practice through the use of nursing councils, and have been recognized by a number of national organizations related to its patient outcomes and positive work environments for its nurses.

Dr. Daniel Duffy received The Friend of Nursing Award, which honors a non-nurse who has rendered valuable assistance to the nursing profession. This individual’s contributions and assistance are of statewide significance to nursing.

Lynn Sund, Vice President and Chief Nursing Executive of Saint Francis Health System accepted The Excellence in Workplace Environment Award, which honors an organization that has a developed positive work environment.

Dr. Duffy is an internist, medical educator and administrator who has a passion for Community Medicine and understands that a healthier future depends upon the talents, skills, and service of the current and next generation of health professionals.

He developed the Summer Institute, Student and Faculty Academy where students from all healthcare disciplines meet for a five day intensive camp. He made sure that nursing students and faculty are involved in the experience and continually advocates for nurses to be included in inter-professional training.

One colleague states, “He truly understands the importance of nursing’s role as a valuable member of the inter-professional team... He has repeatedly stated that in the patient centered medical home, the missing role is the professional nurse, the RN who brings case management and care coordination to primary care.”

ONA Welcomes New Board Members

Megan Hartsook, BSN, RN, was elected as the Emerging Nurse Director. She is a member of ONA, and currently a critical care nurse in the ICU at Mercy Health Center. Megan is a graduate from the University of Central Oklahoma School of Nursing. While attending school Megan was elected 2010 Student Nurses Association Treasurer. She was also a 2010 Student Nurses Association conference attendee and poster presenter, a member of Sigma Theta Tau, and Sigma Alpha Lambda Honor’s Society. She received the Voluntas Muneris Award and Red Cross Award for extraordinary dedication and service.

Pamela Spanbauer, BSN, M.ED, RN, was elected as the new Vice President of ONA. She is currently the Executive Director of Patient Care Services at Mercy Hospital in Oklahoma City. Spanbauer is a member of ONA/ANA, the Future of Nursing Education Workgroup Member and served on the BSN in 10 Task Force. In addition she sits on the Physician Manpower Training Commission serving as the Vice Chair, is an Advisory Board Member for Nursing Programs, and a Life Share Oklahoma Board Member. Spanbauer began her nursing career in 1985 upon graduating from OSU-OKC with an Associate Degree in Nursing; she received her BSN from UCO in 1991 and a M.Ed. from UCO in 2000.

Rhonda Lawes, MS, RN, CNE, was re-elected as the Practice Director. She is a member of ONA Region 1 member, Sigma Theta Tau International (STTI), the Association of PeriOperative Registered Nurses (AORN), Oklahoma Organization of Nurse Executives (OONE) and St. Gregory’s University Nursing Program Advisory Council Volunteer. Since 2006 she has volunteered in the Oklahoma Memorial Marathon. Medical. Tenn. Sandoval obtained her BSN from the University of Oklahoma in 1986 and a MS from Southern Nazarene University in 2009. She is also became a Board Certified Nurse Executive in 2009.

Rhonda Lawes, MS, RN, was elected as the Political Activities Director. She is currently the Assistant Professor, University of Oklahoma College of Nursing, Tulsa. Lawes is currently serving as the ONA Political Activities Director and sits on the ONA Board of Directors. She is an RNCV member and in the past has served as the OLN Consultant for the Oklahoma Nursing Student Association. She received her BSN from Southern Nazarene University in 1988 and her MS from the University of Oklahoma, Tulsa Oklahoma in 1995. •
"The 2013 ONA Annual Convention hit a home run! With its focus on the practicing nurse and the process of building excellence in practice, it addressed issues that are essential to the growth of the profession of nursing. My favorite quote from Kathy Dempsey: “You will experience more change this year than your grandparents did in their whole lives.”

~ President-Elect, Joe Catalano

“I was both surprised and impressed with the great discussions during the Town Hall Discovery Forum! Great topics and compassionate dialogue! Kathy Dempsey provided healthy insight into team working through identification of Shed types of each team member exemplifying how to identify your own shed type, the types of team members and how to achieve great things through understanding how to best work with each worker! Dempsey’s personal story was engaging and fully depicted shedding appropriately as we move through our personal and professional lives.”

~ Vice President, Jackye Ward
by Francine R. Bennett, MBA, CAE

Addressing a pressing need to improve health care worker safety, the American Nurses Association (ANA) released its groundbreaking Safe Patient Handling and Mobility: Interprofessional National Standards in June. Since the launch, hospitals and other health care facilities have purchased thousands of copies. Additionally, more than 1,000 nurses, representing more than 800 facilities, tuned in to a June 19 webinar on the topic, hosted by ANA as part of the Navigate Nursing monthly webinar series.

The national standards on safe patient handling and mobility (SPHM), developed by ANA’s Department for Health, Safety and Wellness and a team of national experts, establishes a uniform, national foundation for SPHM to prevent injuries to health care workers and patients. The publication outlines the responsibilities of both the employer and health care workers and contains eight research standards organized in two parts for each group.

The new Safe Patient Handling and Mobility: Interprofessional National Standards Implementation Guide complements the standards and is written for individuals who currently do not have a SPHM program in their work environment or who are in the early stages of developing a program. It offers those individuals the opportunity to fast track to success and is designed to work in conjunction with the SPHM national standards.

“The implementation guide is a perfect how-to companion to the SPHM national standards,” said author Susan Gallagher, PhD, RN, founder of the Celebration Institute, Inc. in Houston, TX, and an ANA member. It is a starting point for refining facility-specific SPHM programs.

She added, “Each facility can customize the SPHM national standards to best suit the unique needs of its organization, practice setting or discipline.”

Reviewer Teresa Sepulveda, RN, WOCN, wound care nurse consultant at Huntington Hospital in Pasadena, CA, also commented, “The guide provides a practical framework for development of an effective safe patient handling program. Barriers to change, tips to champion the project, and ways to best start a SPHM dialogue with both health care recipients and health care workers are included.”

The implementation guide and SPHM national standards are sold individually or as a discounted set. Ideally they should be used concurrently. ANA members receive 20 percent off the list price on all ANA publications. For more information or to order, go to NursesBooks.org or call (800) 637-0323.

Francine R. Bennett is a senior marketing specialist at ANA.

ANA resources

SPHM National Standards and New Implementation Guide: NursesBooks.org

Navigate Nursing Webinar: Navigating the New Safe Patient Handling and Mobility Interprofessional National Standards: http://www.nursingworld.org/ NavigateNursing

The guide contains the latest research, practical ideas and a historical context on which to build a deeper understanding of SPHM across units, disciplines and facilities. Each chapter of the handy, practical guide is structured identically, for easier referencing to help develop or refine facility-specific SPHM programs. Components include the following:

- Case studies, real-world experiences and the latest information and data from literature and research.
- Ideas and insights for implementing the standards from both the employer and health care worker perspectives.
- Resources and readings that provide an evidence basis for the implementation ideas and insights follow each section.

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2013 Oklahoma Action Network – Status Report

Action Coalition Organization and Leadership Structure

Action Coalition Structure:
- The Oklahoma Action Network consists of broad stakeholder inclusion from governmental, healthcare, educational and philanthropic organizations as well as private industry. Stakeholders include nursing organizations, health care organizations, health care providers, nursing school associations, hospitals, colleges and universities including community colleges, advocacy groups, policy leaders, insurance and corporate partners. Additionally, there is a strong connection and partnership with Oklahoma’s regulatory agency for APRNs, RNs and LPNs: the Oklahoma Board of Nursing.
- The Oklahoma Action Network Steering Committee:
  - ONA: Jane Nelson, CAE, Executive Director: Co-Lead
  - OHCWC: Jim Durbin, Executive Director: Co-Lead
  - IOCE: Ruth Eckenstein, MS, RN, Owner, Health Careers Education Consulting
  - IONE: Lana Bolthouse, PhD, RN, Dean, College of Nursing, Oklahoma Baptist University
  - APRN: Mary Holter, MSN, APRN, Faculty, OU College of Nursing
  - AARP: Marjorie Lyons, RN State President/Volunteer
  - OHA: LaWanna Halstead, MPH, BSN, RN, VP Quality & Clinical Initiatives
  - Rural Hospitals: Cindy Rauh, MS RN NE, VP Patient Care/CNO Duncan Regional Hospital
  - OKC Hospitals: Linda Fanning, MS, RN, CNO, Mercy Health Center and OANA President
  - Large Hospital System: Lisa Rother, RN, MBA, BSN, System Director, Nursing Education & Research, INTEGRIS Health
  - Tulsa Hospitals: Louise Talley, PhD, RN
  - Staff Nurses: Devyn Denton, RN Mercy Health System
  - Allopathic Physicians: Lynn Mitchell, MD, MPH, Chief Medical Officer, OU Physicians
  - Osteopathic Physicians: Appointment Pending
  - Insurance: Kathy Edwards, BSN, RN, BCBS
  - Corporate Appointment: Lorrie Jacobs, Chesapeake Energy
  - Board of Nursing: Jackye Ward, RN

Workgroups Include:
- APRN – Mary Holter, APRN, MSN (Rec. 1 Scope of Practice)
- Nurse Residency – Lisa Rother, RN, MBA, BSN and Teri Round, RN, MS (Rec. 3 Nurse Residency)
- Education – Ruth Eckenstein, MS, RN (Rec. 4 Education (80/20) and Rec. 5 Education (Doctorates))
- Leadership – Helen Farrar, RN, MS; Jonas Scholar and Cindy Rauh (Rec. 6 Lifelong Learning and Rec. 7 Leadership)
- Data – Jim Durbin (Rec. 8 Data)

Action Coalition Areas of Focus
This section contains a list of recommendations the Action Coalition is working toward. Areas of focus are defined as having a workgroup, action plan and/or dedicated efforts on IOM recommendations 1-8, diversity, interprofessional collaboration, communications efforts, etc.

Action Coalition Progress:
This section contains cumulative progress by the Action Coalition or influenced by the Action Coalition.

Rec. 7: Remove scope-of-practice barriers
- 12/2012 Survey developed and is now open for responses to determine APRN practice barriers, identify resources, interest and practice stories to be used in PR materials.
- 1/2013 Developing Oklahoma talking points to the newly released NGA white paper in support of APRNs
- 3/2013: APRN Roundtable session during the ONA Nurses Day at the Capitol
- 7/2013: 132 APRN have completed the survey
- 8/2013: APRN organizations discussing strategies and next steps for removal of practice barriers

Rec. 3: Nurse Residency
- 5/2013: Survey completed of Nurse Executives to identify 3 Specialties.
- 6/2013: Partnering with ANA for LMS delivery of the previously developed statewide Preceptor Program with an on-line component. Two facilities to pilot the Preceptor Modules once they are formatted and available in the LMS.
- 6/2013: Worked with Educational partners to attend and assist in the development of Phase III, NR Phases are defined as:
  I. Transition to practice including NCLEX;
  II. Facility orientation, and
  III. Specialty development.

Recs. 4 & 5: Education
- 1/2013: First meeting of Educational Workgroup. Committees were formed to focus on the following areas.
  - Central Portal for Applications
  - Articulation/Curriculum Models
  - General Application Requirements
  - Admission requirements (AND, RN to BSN, BSN Accelerated, LPN to BSN) (2013 cohort consists of approximately 200 students in nursing in all 50 states – Oklahoma has two: Helen Farrar and Joan Stevens. As a requirement of the Program, each Scholar must complete a leadership project that incorporates recommendations from The Institute of Medicine’s (IOM) report The Future of Nursing: Leading Change, Advancing Health. This leadership project will involve Jonas Scholars connecting with and working in their local action coalitions, so that each student has the opportunity to make an impact on the future of nursing.
  - Helen Farrar’s focus is on leadership and she is interested in exploring leadership competencies and documentation of current leadership training options and identification of barriers to leadership training.
  - Joan Stevens’ is interested in working on what it will take to increase the number of Doctorates in Oklahoma by determining what factors/barriers that currently prevent nurses specifically APRNs from considering getting their Doctorate.

Grant Progress
- 5/2013: AC applied for SIP Grant
- 8/2013: AC was notified of non-funding RWJF RFP was for for $150,000 with state matching funds of $75,000
- Grant to include up to two Recommendations from the IOM Report

Rec. 7: Nurses Prepared to Lead
- Embedding Recommendation 3 – Nurse Residency

Rec. 8 – Data
- Action Coalition Coordinator
- Need to Identify Matching Funds – $75,000 - need to identify these funds for the future.

Action Coalition Partners (This list indicates stakeholder groups that are represented on the Action Coalition).
The Elimination of Manual Patient Handling

INTRODUCED BY: Joseph T. Catalano, RN, PhD
ONNA Committee on Professional Practice

SUBJECT: The Elimination of Manual Patient Handling

SUMMARY: Current Oklahoma State healthcare legislation lacks any provisions directed to safe patient handling and mobility issues. Registered nurses and other health care workers consistently rank among the top five in musculoskeletal disorders related to injuries received at work. The majority of these injuries are a result of straining and overexertion while ambulating, repositioning, turning and transferring patients from stretcher to bed or bed to wheelchair. Over 80% of nurses report working in some degree of pain related to the cumulative effect over time of micro-injuries from the manual handling of patients. The injuries experienced by nurses are often serious enough to result in lost time from the work setting or even permanent disability at significant costs to health care facilities and the State's Disability program. Implementation of safe patient handling and mobility (SPHM) programs in other states has proven to virtually eliminate musculoskeletal injuries to nurses and other healthcare workers. There are also significant ethical and public health implications for nurses who provide care for an increasingly obese and mobility challenged aging population who are seeking care across an expanding continuum of health care settings.

RECOMMENDATION(S):

WHEREAS, 80% of Registered Nurses report working while experiencing frequent musculoskeletal pain and 52% complain of chronic back pain; and

WHEREAS, 62% of Registered Nurses indicate that among their top 3 work concerns is receiving a musculoskeletal injury serious enough to disable them from work; and

WHEREAS, 20% of RNs report transferring to a different unit, position, or employment because of lower back pain; and

WHEREAS, 6% of RNs report changing jobs for neck injuries, 8% for shoulder injuries and 11% for back problems; and

WHEREAS, health care workers rank second only to truck drivers as the occupation at highest risk for strains and strains (Bureau of Labor Statistics, 2012); and

WHEREAS, the majority of musculoskeletal injuries received by Registered Nurses and other health care workers are a direct result of straining and overexertion in transferring, repositioning and lifting patients: and

WHEREAS, traditionally taught methods of “good body mechanics” that are supposed to counteract the physical stress of patient handling have proven to be a “myth” because these methods were based on lifting and moving static loads (i.e., boxes with handles), applied primarily to men, concentrate primarily on the lower back for lifting and do not account for other vulnerable body parts involved in other types of patient handling tasks, such as lateral transfers from gurney to bed along a horizontal plane; and

WHEREAS, a society that is becoming older and more obese in addition to seeking more healthcare will only exacerbate musculoskeletal injuries to health care workers: and

WHEREAS, manual handling is NOT an expectation of safe and high quality healthcare; and

WHEREAS, evidenced based practice has shown that ALL manual lifting of patients is dangerous: and

WHEREAS, Registered Nurses and other healthcare workers often experience injuries resulting from the manual handling of patients serious enough to cause 38% to miss days from work and 12% to leave the nursing profession claiming permanent disability resulting in increased costs to healthcare facilities and the Oklahoma State Disability program; and

WHEREAS, Registered Nurses’ safety and patient safety are intimately related to each other in that a safer work environment of care for everyone increases the quality of patient care: and

WHEREAS, statement five of the American Nurses Association Code of Ethics for Registered Nurses states: “The nurse owes the same duties to self as to others including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth,” (ANA Code of Ethics, 2001) indicating that injuries received by nurses during the handling of patients violate the Code: and

WHEREAS, properly implemented safe patient handling and mobility programs demonstrate a drastic reduction in healthcare worker injuries and fewer lost days of work1,2,3; and

WHEREAS, 20% of RNs report transferring to a different unit, position, or employment because of lower back pain; and

WHEREAS, 6% of RNs report changing jobs for neck injuries, 8% for shoulder injuries and 11% for back problems; and

WHEREAS, health care workers rank second only to truck drivers as the occupation at highest risk for strains and strains (Bureau of Labor Statistics, 2012); and

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WHEREAS, properly implemented safe patient handling and mobility programs demonstrate a drastic reduction in healthcare worker injuries and fewer lost days of work1,2,3; and

Resolution continued on page 11

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WHEREAS, creating a culture of safety in the healthcare setting has been advocated by the Institute of Medicine (IOM), the American Nurses Association, The Joint Commission, and the Affordable Care Act of 2010, and

WHEREAS, the “General Duty Clause” of the United States Occupational Safety and Health Act, 29 U.S.C. § 654, Subsection (f) (federal OSHA) states: “Each employer shall furnish to each of his employees, employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees,” serving as legal framework to support the adoption of safe patient handling and mobility practices across the state; and

WHEREAS, the costs of additional assistive equipment for patient handling and mobility, although significant, can be offset by increased worker productivity and savings to the Oklahoma State Disability system for funding of such equipment.

THEREFORE BE IT RESOLVED that the Oklahoma Nurses Association will:

Support the ANA’s position and federal legislative action on safe patient handling and mobility; and Advocate for Oklahoma to formulate and adopt legislation that requires all hospitals, extended care facilities, free standing surgery units, clinics and any facility in the State of Oklahoma where patients are transferred, repositioned, turned, ambulated or otherwise manually moved by nurses, except of those facilities exempt from state law, to implement policies and procedures for safe patient handling and mobility. * 

References:

References:

Bibliography:

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Subtitle F – Health Care Quality Improvement; Sec. 933. Health Care Delivery System Research: (B), (A), (B), (C). Retrieved July 2013 from http://www.gpo.gov/fdsys/pkg/BILLS-111hr3580enr/pdf/BILLS-111hr3580enr.pdf

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Creating a State of Health
The Importance of Nurse of the Day

Oklahoma Nurses Association's Nurse of the Day program serves as an effective advocacy tool for nurses across the state to talk one on one with Legislators. Everyday of the legislative session a registered nurse has the opportunity to actively participate in the legislative process. The Nurse of the Day has the opportunity to visit with legislators, attend various committee meetings and assist in the Oklahoma State Capitol to that those participating in the Nurse of the Day or Doctor of the Day program are not tied to the First Aid station, there is a paid ER Nurse that oversees the care provided. The program allows nurses to voice their thoughts and concerns regarding current legislation that affects nurses and healthcare.

This program serves as an ideal time to let nursing’s voice be heard! The Nurse of the Day will get a sense to as the respect and appreciation nurses have among legislators as they will hear related comments often while they are at the Capitol. Also it will provide an opportunity for nurses to learn more about the legislative process.

With the session about to begin, many professional associations are trying to get legislators to take notice of their views. It is imperative that we have nurses to serve as Nurse of the Day. During the day the Nurse of the Day is introduced on the chamber floor at the beginning of the session and presented with a personalized certificate of appreciation. During the legislative session access to the chamber floor is reserved to a few privileged people, which includes the Nurse of the Day. This honor allows the Nurse of the Day beneficial one on one time with the legislators to discuss their views on current bills.

Please consider serving as Nurse of the Day sometime from February 5 to May 30. Nurses are the largest group of health care providers in the state. There are many issues that come before the Legislature that may affect the delivery of care, the nursing profession and nurses in general during the next session. It is imperative that Nurses are there to weigh in on these issues. The Oklahoma Nurses Association’s Nurse of the Day has proven the thoughts that you carry with you can be heard and an opportunity for nurses’ voices to be heard throughout the Capitol. Sign-up as Nurse of the Day using the form provided in this issue of the Oklahoma Nurse or on the ONA website www.oklahomanurses.org.

Shed or You’re Dead®: 7 Unconventional Strategies for Growth and Change

by Kathy B. Dempsey, RN, MED, CSP

Lizards grow by shedding their skin. If they don’t grow, they die. Humans grow too — physically, mentally and spiritually. If they don’t shed, they die.

Basically, shedding is a two-part process. The first part is letting go of the old; all those things that are unhealthy or are no longer serving you. The second part of shedding is taking on the new; all the skills/ knowledge or healthy habits that will nurture your growth.

Lizards provide us with an essential life skill — appreciation. During the legislative session access to the chamber floor is reserved to a few privileged people, which includes the Nurse of the Day. This honor allows the Nurse of the Day beneficial one on one time with the legislators to discuss their views on current bills.

1. Quit! Yes, I said quit! When was the last time you sat down and focused on answering one question: What do you need to stop doing? If you haven’t read Seth Godin’s book, The Dip, do so! The most successful people and organizations know when to SHED and when NOT TO SHED. Begin by asking, “What’s outgrown or overgrown? Job functions? Systems? Products?”

2. Panic Now! Yes, have a panic attack now! Most people who panic do it too late. The blessing with panicking is being consumed with “what if’s.” So, stop and deliberately panic now. Gather people together and have a Panic Party! Ask yourself, “What if we lose our resources? What if our computer system crashes? What if we loose the most valuable member of our team?”

3. Hallucinate! Yes, I said hallucinate! Most people don’t spend enough time hallucinating or visualizing their future state. Visualizing is one of the most powerful ways you can move to another level, another galaxy. Dream. Visualize. Where do you want to be? At work? In life? Imagine the possibilities! After you visualize, then operate as if you were already there. So, throw a party and celebrate your future state before it happens! When a person or team programs their unconscious, the results are mind-boggling.

4. Shut Up! Yes, stop talking! Listening is the least taught skill in school, yet it is one of the most important skills in work life. Most people don’t listen well. They are consumed with their own thoughts and agendas. Consider asking open ended questions. How can I be a better nurse? How can the work environment be improved? How can I best support you? Listen to your students. Listen to your co-workers. Listen to your inner voice. You will be amazed at the insights you gain!

5. Be Codependent! Yes, the best work environments are those that mutually support each other. Can you imagine a work place where everyone shines and is recognized for their contributions? Harvard conducted a study that revealed that kids need 15 positive statements a day to build a healthy self esteem. Adults need five. Realistically, most of us are not getting our minimum daily dose of encouragement. Consider how you can support others. An honest compliment, a thank you note, or a few encouraging words.

6. Don’t Wear Clean Underwear! Remember what mom used to say: Always wear clean underwear; you never know if you will be in an accident. Reality is there is less than a 1% chance you will ever be involved in an accident. Most of us spend useless time and energy worrying about the 90% of things that never happen. Worrying is like a rocking chair; it gives you something to do, but doesn’t get you anywhere. What more could you harness if you SHED your worry?

7. Be Narcissistic! Yes, be selfish! Do you ever feel drained? Are you taking care of everyone else except yourself? Do you ever wish you could hold up the white flag and take a personal pit stop? Go ahead. Give yourself permission to pull over and take time to refuel. Cars, like humans, who neglect regular maintenance, break down. What recharges you? What gives you energy? A good nurse takes care of others. A great nurse takes care of herself first, then others!

Let’s learn from the lizard. It’s time to exfoliate!

SHED OR YOU’RE DEAD!!

What do you need to SHED today?

Kathy B. Dempsey, RN, MED, CSP is President of Keep Shedding! Inc. — a speaking, training and consulting company that empowers organizations and individuals to use the practical skills and motivation to lead and master change. Kathy led Memorial Health Care System’s strategic organizational development efforts to become one of the Top 100 Hospitals in America. Her most popular book, Shed or You’re Dead!: 31 Unconventional Strategies for Growth and Change, is the recipient of a Writer’s Digest International Book Award. Get proven strategies to SHED for Success® at www.KeepShedding.com

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“Being Funny @ Work an Asset?”

by Diane Sears, RN, MS, ONC

A growing body of research shows that having a good sense of humor can be an asset in the workplace—when used appropriately. According to the Wall Street Journal’s Sue Shellenbarger, research suggests the following bolded findings.

Employers prefer to hire people who have a sense of humor

“If I am ever on life support, unplug me… then plug me back in… see if that works.” (email, 10/13)

“There are days, when I wish that I could wear one of these around my neck. "Do Not Disturb" sign.” (email, 09/13)


“Dear paranoid people, who check behind their shower curtains for a murderer, if you do find one, what’s your plan?” (email, 09/13)

“Sometimes in work-out class, I pretend to work out. But I'm actually doing my meditation.” (email, 09/13)

“I didn’t make it to the gym today. That’s five years in a row.” (email, 10/13)

“My favorite exercise at the gym would probably be… judging.” (email, 10/13)

“Did you know, chocolate makes your clothes shrink?” (‘Aunty Acid,’ cartoon, Ged Backland, 2013)

“While enduring a root canal, every time I heard the drill start… I imagined it was a margarita...” (email, 10/13)

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Humor can help co-workers deliver criticism or disagree in a playful way without angering others

Nurse talking to co-worker during meal break: “When I ride the bus to work, I make a really crazy face, then no annoying people sit next to me. Apparently that doesn’t work in the cafeteria though.” (‘Nurstoons,’ cartoon, Carl Elbing, 2013)

Nurse talking to co-worker in the hall: “I have a theory about why people love music. We slowly come into existence listening to our mothers’ heart beat. This gives us the ability to keep rhythm and drives us to dance and sing. And after seeing you...” (‘Nurstoons,’ cartoon, Carl Elbing, 2012)

Two nurses with “Cindy and Ann” on their nametags, talking to each other: “I’m beginning to worry about Nurse Whippleton’s attitude...” On Whippleton’s nametag, “Buzz Off.” (Cartoon, Dan Rosandich)

“Sometimes I can’t figure out whether I’m in high school or preschool. Oh, wait, I’m at work.” (email, 10/13)

“I don’t like making plans for the day. Because then the term ‘premeditated’ gets thrown around the courtroom.” (email, 10/13)

“The Farmer’s Almanac is predicting a very cold winter. It must be true because the squirrels are gathering NUTS. Three of my friends have already disappeared... Are you O.K.”? (email, 10/13)

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“Hey! Are you listening? I’m trying to talk to you!” (email, 09/13)
Communication should be a two-way street. But that is not always the case in health care — even when clinicians and patients have the best intentions.

Enter OpenNotes — an emerging movement in which patients have access to the notes that health care clinicians write about them. This groundbreaking idea was developed by Jan Walker, MD, who is also certified in diabetes care. She works in a large, academic outpatient clinic at BIDMC and is board certified in geriatric nurse practitioner, Family Medicine, and the University of Washington Harborview Medical Center in greater Seattle. Before testing it, the OpenNotes team surveyed 170 physicians about their thoughts on sharing notes, and 30,000 patients about viewing visit notes.

According to OpenNotes leaders, the survey revealed that patients, no matter their backgrounds, want to see their notes and felt they would learn more about their conditions. Physician results were mixed; many could see the upside for patients, but they also were concerned that they would get more questions from patients than they would have had without sharing their notes. Their patients would be worried or confused by information contained in the record, and that the quality of their notes might be compromised.

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After the survey, the OpenNotes team surveyed 105 physicians and more than 19,000 patients who participated in the program. They found, for example, that 77 to 85 percent of patients reported feeling more engaged in caring for their health and medical conditions by reviewing visit notes, and a similar percentage felt they were more in control of their health. Roughly three quarters reported taking better care of themselves as a result of having more information. And more than 20 percent reported sharing their notes with someone else, most often a family member or relative.

OpenNotes Initiative Aims to Improve Patient-Clinician Communication, Care

OpenNotes Initiative Aims to Improve Patient-Clinician Communication, Care

Physicians generally reported that their relationships with their patients were strengthened, that their workflow was not seriously affected and that opening their notes was a “good idea.”

Now the program is expanding to include more health care professionals within the initial health systems, as well as in other health care systems. At BIDMC, for example, physical and occupational therapists, orthopedists and advanced practice registered nurses (APRNs) working in outpatient settings are opening their notes to patients, according to Walker. By the end of the year, unless they obtain permission from their clinical chiefs to opt out of the program, everyone who writes out patient notes that are part of the patient record will be sharing that information with patients. And inpatient notes will be opened in 2014.

NPs getting ready

Maura Brain, MS, GNP-BC,

CDE, is a certified adult and pediatric nurse practitioner who is also certified in diabetes care. She works in a large, academic outpatient clinic associated with BIDMC. Although she sees patients as young as 18 years old, the largest percentage of her patients fall within the 50- to 70-year-old range. And because of her specialty interests, she provides ongoing primary care to patients with diabetes and other metabolic disorders, hyperlipidemia, hypertension and obesity and all patients with type 2 diabetes.

Brain expressed excitement about participating in the OpenNotes program this summer, and added that the initial data gathered from surveyed physicians were “very helpful.”

“Anything that improves transparency and gives more power to patients makes sense,” Brain said. “I think that we need to embrace this practice, because I believe it’s the direction that health care is moving toward in the near future.”

She does, however, worry about some patients feeling anxious if they see some differential diagnoses that are part of her notes, especially if they are “worried-well” patients.

“But nothing that they are reading [in their health record] should be a surprise,” Brain added. “If I’m concerned about a patient’s weight gain, for example, I will be having that crucial conversation with my patient — and capturing it in my notes.”

Open-record policy at the VA

Giving patients access to their complete health record is part of the Veterans Affairs’ (VA) ongoing effort to promote self-care and patient-centered care, according to Tracey L. Martin, MSN, RN, the program manager of My HealtheVet for the VA New England Healthcare System, which provides comprehensive care across all phases of treatment.

My HealtheVet is the VA’s online personal health record system for veterans, active duty personnel, dependents and caregivers, and is designed to provide them with resources and tools to make informed decisions.

“We’re constantly responding to feedback from our patients, who always want more information available to them,” said Martin, a member of the My HealtheVet team at the VA New England Healthcare System, which provides comprehensive care across all phases of treatment.

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End notes

Walker expressed a desire to get more nurse researchers involved in this initiative as it continues to evolve and believes that the program is effective and useful to patients and their family members or other care partners.

She also believes that nurses’ notes can prove exceptionally valuable to patients and their families.

“Nurses are often so in tune with their patients, so I think the notes they write would be very useful to patients’ understanding of their health issues and how to improve their health,” Walker said.

For more information about OpenNotes, which is supported by the Robert Wood Johnson Foundation, go to www.myopennotes.org.

Susan Trossman is the senior reporter for The American Nurse.
SART Training in Oklahoma

by Stacey Waggoner RN, BSN

A sexual assault response team (SART) is comprised of members from the community in an effort to make the aftermath of a sexual assault less traumatic for the victim and more successful in terms of arrest and or prosecution. The core members include personnel from law enforcement, advocacy agencies, local district attorney’s office and the sexual assault nurse examiner (SANE). It has been determined there is a much better outcome when these members work together and understand the responsibility each member provides.

Nurses are on the frontline in the immediate care of sexual assault victims; our role is to provide a compassionate medical and forensic assessment. Unfortunately, in many rural areas there are no SANEs or there are SANEs with limited availability or experience in performing these exams. The City of Tulsa received a grant to coordinate, support, and enhance the existing and developing rural SANE programs in Oklahoma. The intent is to promote consistent, professional and victim oriented medical and forensic response and treatment of the sexual assault patient in rural areas. Building infrastructure and alliances with appropriate agencies is of the upmost importance. SART training has become an effective tool in building community relationships. Providing further education to nurses will foster competency, support and reassurance to the nurse and the community.

This grant allows us to provide clinical trainings and refresher courses to adult/adolescent and/or pediatric SANE trained nurses as well as support community education. There is also an Interpersonal Violence (IPV)/ domestic violence (DV) online training available for interested RN’s. This course is free to the first 30 RN’s from a rural designated area. It is our task to decrease SANE program isolation, create opportunities for networking, build rapport among the SANE programs, and act as a centralized contact. We also research, identify and promote best practices, working to create consistency among programs, ensuring that recommended exam protocols and equipment are being met. Our goal is to develop 10 regional SANE adult/adolescent programs; the targeted areas will be Idabel, Woodward, Guymon, Enid, Atoka, Anadarko (Tribal), Miami/ Vinita/ Grove, Carnegie, Weatherford, and Ada. We will be able to help purchase necessary supplies and equipment such as a digital camera, tripod, ABFO scales, a swab dryer and an alternative light source, as well as compensate the nurse manager (must be an RN) for some of the time spent performing mandatory activities. This is available for both new and existing programs listed above based on necessity; these locations were selected because there are no services within an approximate 50 mile radius. We will also promote and develop pediatric SANE programs in rural areas across Oklahoma.

Please contact Swaggoner@cityoftulsa.org for further information.

The SART trainings, coordinated by the Oklahoma Regional Community Policing Institute, are an interactive open forum to help communities understand the importance of a sexual assault response team. 8 hours of nursing CEU’s are offered for completion of this training. This is a great opportunity to hear about, voice concerns and discuss experiences of sexual assault within your community. Please contact info@ORCPI.com for SART training enrollment information. We hope to see you there!

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It has been a busy year at ANA and ONA! We have been working for you and for nursing, and are committed to continuing to make your membership an invaluable resource. Beginning January 1, 2014, your member dues will increase as follows:

**ANA/ONA Full Membership:** Employed full or part-time working RNs—Automatic Monthly Payment Plan—$23.88 a month or annual payment of $286.50

**ANA/ONA Reduced Membership Dues:** Newly-licensed graduates, RNs not employed; RNs who students; or age 62+ and not earning more than Social Security allows—Automatic Monthly Payment Plan—$12.18 a month or annual payment of $140.25

**ANA/ONA Special Membership Dues:** RNs 62+ years of age and not employed, or totally disabled—Automatic Monthly Payment Plan—$6.35 a month or annual payment of $70.13

**ONA Membership (State and Region Only)** Employed full or part-time working RNs—Automatic Monthly Payment Plan—$11.79 a month or annual payment of $135.50

Please know that we value your membership and commitment. Our work will continue to serve our members, and to advance and protect the nursing profession. Membership dues enable us to benefit you from a professional, political and personal standpoint.

ANA’s Leadership Institute offers webinars and other resources to help strengthen critical skills that will allow you to increase your influence at work and advance your career. We offer books, standards and position statements that support you in your work – whether it is providing direct patient care or educating the next generation of nurses.

ANA has been working tirelessly to bring nursing’s voice to federal policymakers, from pursuing measures on safe staffing and safe patient handling and mobility, to ensuring that advanced practice registered nurses are recognized in every way for their expertise, to advocating for appropriate funding for nursing workforce development programs. ONA has been working at the state level to ensure nursing’s voice at our State Capitol on issues surrounding nursing practice, health care funding and other related issues.

We offer practical and career-building opportunities: job search and resources at ONA’s Career Center, discounts on American Nurses Credentialing Center professional certification, Marsh Liability Insurance and valuable discounts on CE and online nursing degree programs through ANA’s Educational Alliance.

Of course, the costs to serve our members and to represent the profession have continued to grow. To help ANA and ONA stay current with inflation, the ANA House of Delegates and ONA House of Delegates approved a dues escalator that is tied to the Consumer Price Index-Urban (CPI-U) with a cap of no more than 2 percent per year. The increase is implemented every three years.

If you have any questions on the above, please feel free to contact us at memberinfo@ana.org or 1-800-923-7709 or in the ONA office at ona.edi@oklahomanurses.org or 405-840-3476.

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