

ARIZONA

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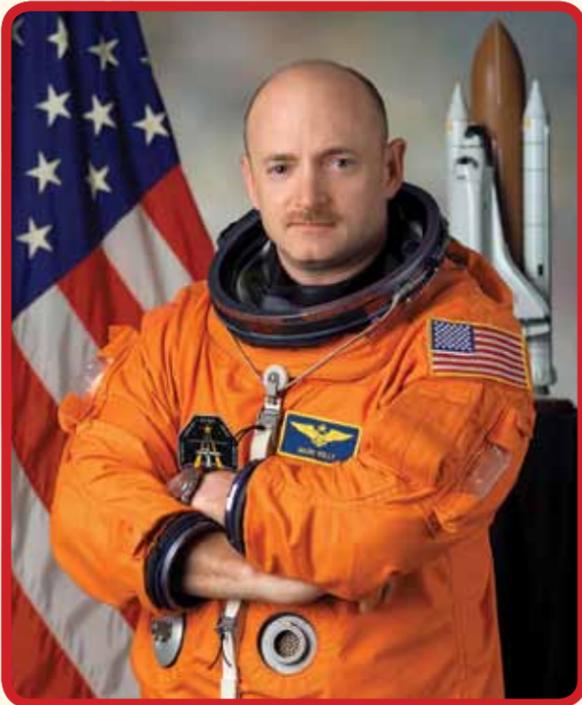
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Editor: Shawn Harrell, MS, RN



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February 2014



Capt. Mark Kelly to Speak at the Promise of Nursing!

after the January 2011 assassination attempt on his wife, former US Congresswoman Gabrielle Giffords. Named one of the Esquire's 2011 "Americans of the Year," Kelly was also featured on the cover of and profiled in the magazine.

A sought-after keynote speaker, Mark Kelly is an American hero who inspires others to be their best while remaining true to their core values. He exemplifies leadership, the importance of teamwork, and courage under pressure.

The goal of the Promise of Nursing Celebration Luncheon is to celebrate nursing and nurses for their contributions to quality patient care. Money raised from the Promise of Nursing is donated to AzNF a 501(c)3 organization, to use for nursing scholarships for Arizona students.

The Promise of Nursing is scheduled for Friday, May 2nd at the Fairmont Princess Resort in Scottsdale from 11 am – 2:30 pm. Visit www.aznurse.org or call 480.831.0404 for more information or to register.

The Arizona Nurses Foundation (AzNF) is excited to announce that Captain Mark Kelly, Commander of the space shuttle Endeavor's final Mission, will be the keynote speaker at the 2014 Promise of Nursing Celebration Luncheon on May 2nd.

Mark Kelly is an American astronaut, prostate cancer survivor, and an experienced naval aviator who flew combat missions during the Gulf War.

Already a celebrated American, Kelly became the center of international attention

PROMISE of NURSING for ARIZONA

Honoring Arizona Nurses

May 2, 2014

The Fairmont Princess
Scottsdale, AZ

Preparing Tomorrow's and Today's Nurses
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Congratulations to the Spring 2014 AzNF Scholarship Winners
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To Advance and Promote Professional Nursing in Arizona

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President's Message

"Eyes Wide Open"

Carol J. Stevens, PhD, RN, President

As a teacher of nursing students, I always find that the end of the semester is a great time for reflection. I frequently hear my students comment, "the course opened my eyes to ..." Ironically, I had my own eye opening experience when I attended the Presidents Immersion Course at the American Nurses Association (ANA) on Dec 3-4. Despite being an AzNA/ANA member for over 2 decades, I was amazed at the quantity and quality of programs, products, services and opportunities available to association members that I did not know even existed. One look at the website (www.nursingworld.org) can tell you that there is much to absorb. Did you know ANA has 8 Programmatic Pillars, each with extensive resources that help nurses do their job taking care of people? Under the Care Innovation Pillar, for example, a professional issues panel just completed work on measuring nurse's contribution to care coordination, a very important piece in linking quality to nursing care. I also discovered the newly released book, "Care Coordination: The Game Changer," edited by AzNA member, Dr. Gerri Lamb. This is a must read for sure and I have just ordered my copy.

AzNA has our own set of Pillars which are the foundation for what we do. We are excited to build on these Pillars and want you to be involved. I was recently informed that one of the reasons members of non-profit associations join is "for the greater good" and because they value the work of the association. Now that you know the work of the association, you should consider joining. If you are a member already, consider what level of involvement you want to offer.

Developing nurse leaders, mentoring nurses as strong advocates so patient needs are met, creating avenues for lifelong learning and not just

being part of the future, but *creating our future* are AzNA's pillars. Throughout the year, there are opportunities for you to be involved in activities that support our pillars; Symposium planning, attending "Nurses Making Public Policy" half day conference, meeting with your legislators during Lobby Day, attending the Promise of Nursing, the 5K Scholarship Walk, participating in AzNA Chapter webinars and conferences, or simply purchasing the new AzNA Nurse T-shirts or the newly revised Quick Guide to Nursing Practice.

I believe all nurses must be vigilant and keep their *eyes wide open* for any and all opportunities to shape health care to create nursing's future. Please visit www.aznurse.org for additional information or send an email to info@aznurse.org.

Kindest Regards,
Carol



Carol J. Stevens



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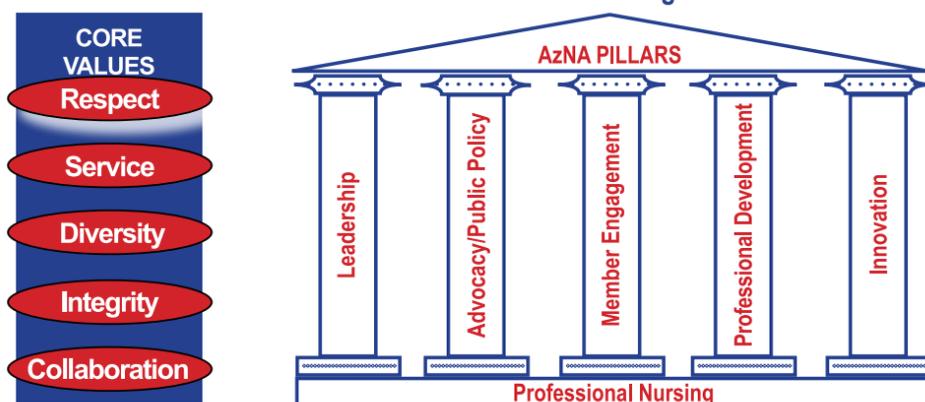
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Mission Statement

To Advance and Promote Professional Nursing in Arizona



2013-2015 STRATEGIC THEMES

1. Every Nurse is a Leader

Goal: Support development of leadership within all levels of nursing

- Implement a minimum of 3 Expert Panels per year
- Partner with AzONE to develop an "Every Nurse is a Leader" conference

2. Nurses as Advocates

Goal: Influence public healthcare policy and nursing practice issues in legislative and regulatory arenas

- Develop and implement a public policy curriculum for nurses by January 2015
- Assess and identify safe nursing practice environment needs within Arizona by end of 2014

3. Membership: What's in it for Me?

Goal: Value association with each other by addressing topics important to nurses

- Develop a collaborative forum model to assess safe practice issues for nurses by end of 2014 and implement by 2015

4. Lifelong Learning

Goal: Enhance the education and development of nurses

- Obtain ANCC re-accreditation by 2014
- Increase AzNA approved CE programs by 10% annually

5. Forming the Future

Goal: Develop and implement quality, innovative products and service

- Create a special interest group to identify 2 or more products/ services that utilize technology to engage nurses in Arizona
- Offer one virtual continuing education opportunity by 2015

Article and Submissions for Peer Review

Arizona Nurse Author Guidelines are available at www.aznurse.org or 480.831.0404.



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Are You Wearing Your Badge of Pride?

Robin Schaeffer, MSN, RN, CNE, Executive Director

I don't know about you, but I couldn't be more passionate or prouder to be a nurse and I wear my *Badge of Pride* to let everyone know.

How many times have you been asked: "Why did you become a nurse"? Is it safe to say that once you started nursing school you never looked at life the same way again? Do you often think to yourself "The only people that really understand my job as a nurse are other nurses?" Wearing your *Badge of Pride* helps you connect with other nurses. Are they wearing the *Badge of Pride*? Are YOU wearing the *Badge of Pride*?

When you meet someone and find out he or she are a nurse, don't you feel an instant kindred connection? Here is an example; when I moved from New York to Arizona, I left my entire nursing network and professional support system behind, but I took my *Badge of Pride* with me. I immediately transferred my New York Nurses Association membership to the Arizona Nurses Association (AzNA) and received a warm welcome. Meeting other AzNA volunteers, I instantly felt that kindred connection. A new nursing graduate will have the same experience. Nurses undergoing many changes in their workplace will have the same experience. Isn't it nice to know that there is a consistent and familiar place that you can call your "professional home?" A place that not only understands what you are going through, but is three steps ahead of you?

So, have you figured out what the *Badge of Pride* is yet? It is membership to the largest and most recognized nursing organization in Arizona: The Arizona Nurses Association. Joining AzNA shows commitment to your profession and supports

state-based work that affects *your* job and *your* career. The *Badge of Pride* is something that looks a bit different on each nurse. After all, with over 75,000 RNs in Arizona, diversity is one of the keys to association engagement and success. Here are some of main reasons why so many of you are already members and why, if you are not a member, you will want to join.

1. Is nursing your profession or your job?

What would happen if there was no state-based nurses association? Turn to page 12 to find out. Have you purchased your \$5 Quick Guide to Nursing Practice in Arizona? This pocket sized book includes "need to know" information about the practice of nursing in AZ. Visit www.aznurse.org

2. Unique opportunities to advance your career.

AzNA membership allows you to utilize a state-wide networking base. As one member stated "I attended the AzNA convention and sat next to a nurse leader from a hospital where I wanted to work. She helped me get an interview and I was hired!"

3. Gain knowledge that will improve patient care.

The American Nurses Association, AzNA's parent organization, publishes over 19 different Scope and Standards of Practice books; each delineating the professional practice performance expected and the competencies for RNs in that specialty. Some examples are: Cardiovascular Nursing, Public Health Nursing, Forensic Nursing, Gerontological Nursing and Nursing Informatics.

4. Influence decisions that impact nurses at the state and national level.

It's all about using your voice. Meeting with

Arizona district representatives and senators continues to be one of the most powerful experiences that nurses have year after year. This year why don't you become one of the nurses that descend on the Arizona State Capitol during AzNA's Lobby Day (Feb. 26). One nurse stated: "This was such an awesome experience; it made me realize there is more to nursing than just 12-hour shifts." Did you know that nurses from ANA are on Capitol Hill regularly where issues like safe nurse staffing are being addressed with members of congress? The Registered Nurse Safe Staffing Act of 2013 (H.R. 1821), crafted with input from ANA, has sponsors from both political parties who co-chair the House Nursing Caucus.

5. *Badge of Pride* cost? PRICELESS!

Even priceless has a price and this one is \$24.67 a month. Did you know that the work of AzNA is done mainly by member volunteers? Your membership money supports the AzNA office and staff that keep the work of the volunteers running smoothly.

In closing, AzNA needs YOUR expertise to keep our great work moving forward. This year we will be asking our members to give us feedback and help tackle many issues that will affect our profession moving forward: The Affordable Care Act, Nurse Fatigue, The Future of Nursing and more!

Visit www.aznurse.org and start wearing your *Badge of Pride* today!



Robin Schaeffer

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From the Editor

Student Experience: Changing Reality

M. Shawn Harrell, MS, RN

"You never change things by fighting the existing reality. To Change something, build a new model that makes the existing model obsolete."
~Buckminster Fuller

Werth, et.al, in their article to the right describe the current reality of student nurse clinical placement in a major part of our state; the same trends are seen across the nation. The resources for our past model no longer exist. We must all agree that it is essential to change our existing model of clinical experience for student nurses and that purposeful design of a new model is the way to manage the change. The old model often doesn't provide the experience our students need to work in the ever changing model of health care delivery we see on the horizon of the Affordable Care Act.

What are the experiences our students need? How can these experiences be developed? Where can students get these experiences? How can contracts between nursing programs and health care agencies be modified to accommodate needed changes? Only nurses, working together from all practice arenas, will be able to answer these questions and create the new model we need. One such group is the Education Practice Collaborative (EPC), part of the Arizona Action Coalition (see p. 9). EPC consists of a group of nurses from academia and practice, searching for answers to questions like these. Other colleagues around the state are making great strides in the use of simulation to better prepare students to function in real life clinical situations. Simulation can provide student experience in those low volume, high risk situations that often don't happen during a routine clinical rotation. Simulation also offers students the opportunity to practice routine skills that must be mastered to become competent practitioners.

You are the answer. We need a broad approach to address this issue. What strategies can be employed? What would work in your practice setting? Join together with colleagues in the Arizona Action Coalition (www.futureofnursing.com) and nurses in your setting to support nursing education and the future of nursing in Arizona.

The Existing Reality

Jane Werth, RN, MS, Health care Education,
Maricopa Community Colleges

Maria S. Fidazzo, CDA, RDH, BSEd, Med,
Director of Community Partnerships, Maricopa Community Colleges

Steve Schroeder, Director, Integrated Competency Assessment Network,
Health Care Education, Maricopa Community Colleges

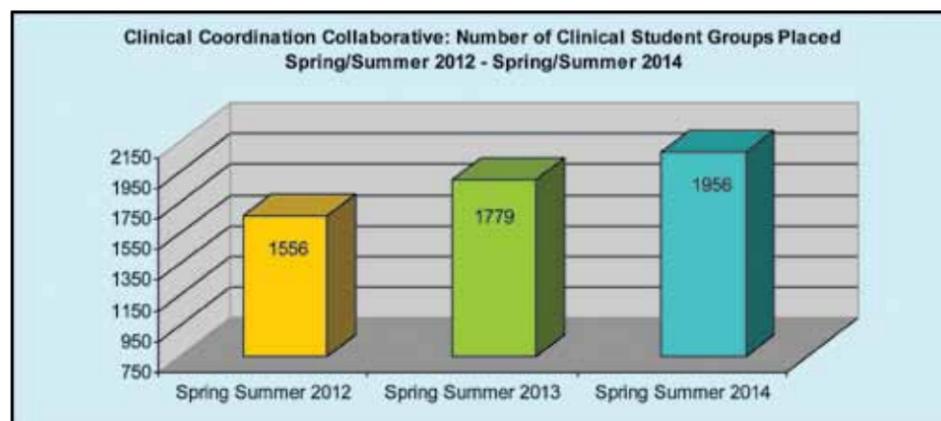
A foundational pillar of nursing education is "hands-on" clinical experiences in hospitals, clinics and long term care facilities (LTC). While many care activities can be taught in simulation lab situations, all students must have access to real clinical settings with real patients. The purpose of this article is to describe the current state of student nurse placement in real clinical settings in Maricopa County, AZ.

The Clinical Coordination Collaborative (CCC) is an online scheduling system housed out of Maricopa Community Colleges. This system facilitates scheduling for students from 28 different nursing education programs at more than 77 hospitals and LTC facilities in Maricopa County. In 2013 the system assisted with placement of over 3000 groups of nursing students.

Clinical space is at a premium more than ever due to increasing numbers of students, decreasing clinical spaces available, and decreased allowed size of student groups. The perfect storm.

Increasing Number of Students

When the CCC system first began in 1999, there were nine participating nursing programs. In fall 2013 there were 28 participating programs. Just during the 2 year period between the 2012 and 2014 Spring-Summer cycles, the number of student groups placed increased 26%.

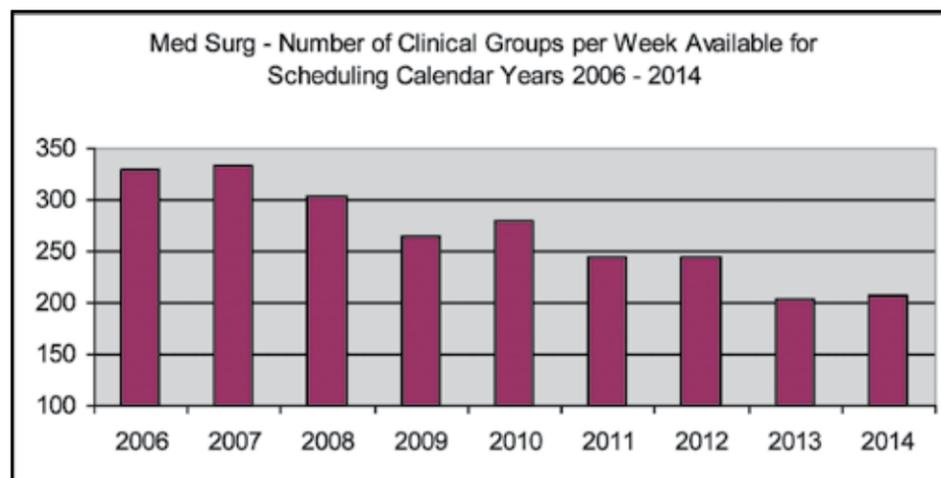


All data and data displays: Maricopa Clinical Coordination Collaborative, 2013

Decreasing Number of Spaces Available At Local Hospitals and LTC

Before placement, CCC obtains information from each hospital or LTC facility about how many spaces are available for groups of students each week. Since 2006 there has been a steady DECREASE in available space.

Medical Surgical Placement – Since 2006 there has been a **37% decrease** in placement space available. More recently, between 2012 and 2014, there was a **26% increase** in the number of student groups to place and a **16% decrease** in available spaces.



Long Term Care Placement – In 2013, four long term care facilities declined to place any more students. Factors include:

- National lawsuits involving unpaid externships resulted in two LTC facilities interpreting nursing student groups to be the same as unpaid externs. As such, they declined any further placement of students.

The Existing Reality continued on page 5

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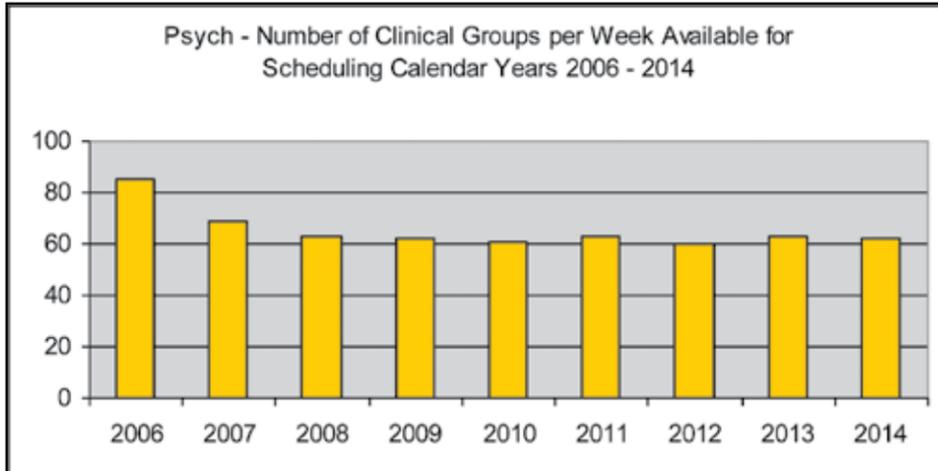
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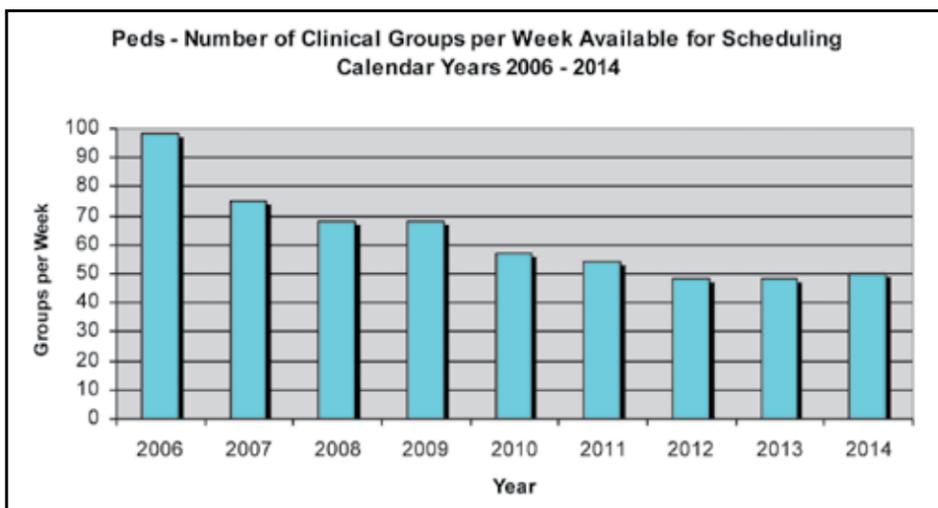
The Existing Reality continued from page 4

- In 2012-2013 changes occurred in Director of Nursing leadership at 19 clinical agencies. New leadership often will not continue student placement agreements.
- The added burden of new Arizona Department of Health Services Regulations requiring LTC facilities to maintain student records for two years detailing compliance with training and health and safety requirements influenced some LTC to eliminate placement altogether.

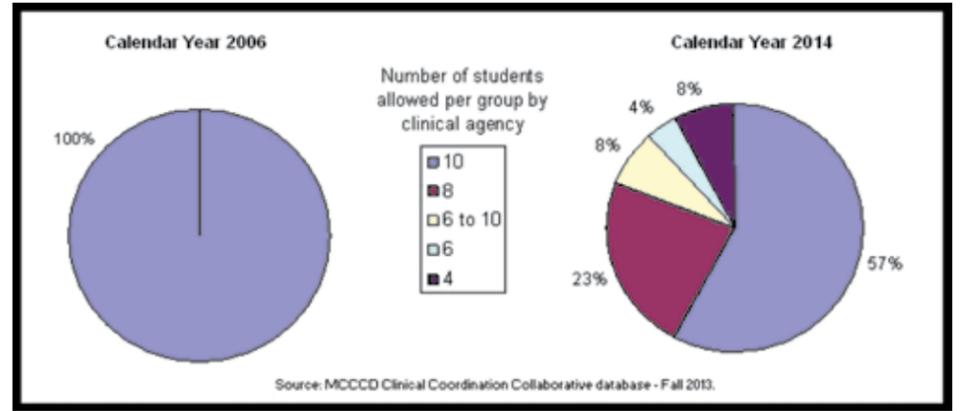
Psych placement – Since 2006 there has been a **27% decrease** in spaces available. In 2012-2014 there was a **26% increase** in the number of student groups to be placed, but only **1% increase** in available spaces



Pediatric Placement – In 2006-2014 available space **decreased 49%**. 2012-2014 saw a **26% increase** in the number of groups to place, but only a **1% increase** in space available



Decreasing Allowed Group Size for Student Groups – A significant number of agencies **DECREASED** the acceptable group size. While in 2006 100% of clinical agencies allowed groups of 10 students, in 2014 **only 57%** allow groups of 10, with many agencies allowing only 4-8 students in a group (see chart below)



Hospitals and LTC agencies report the following reasons for decreasing available spaces and restricting the allowed size of groups.

- Need to use staff, who would assist with student rotations, for training of the clinical facilities' own employees
- Extreme "fatigue" felt by staff in having students present as much as seven days per week
- Ongoing decreases in patient census, unit closures, total facility closures, and cross training of staff all necessitated by the economic downturn in past years
- Feedback from patients that constant presence of different student groups is confusing and frustrating
- Implementation of Electronic Medical Record
- Pending State and accreditation visits
- Healthcare system preferential ranking of types of nursing student groups they will accept, including BSN preference and partnership agreements between nursing programs and health care agencies.

Providing student nurses with clinical experience that offers access to patients in real life situations is an absolute necessity to adequately prepare students for their future work in nursing. In recent years the changing health care and economic environments have created challenges for clinical agencies to provide these experiences in the numbers needed. We hope all practicing nurses will see student clinical rotations as an opportunity to mentor the next generation of nurses. We all need to focus in our areas of practice and spheres of influence to work toward meeting that goal. Please e-mail ideas and success stories to us at info@aznurse.org. Include "Clinical Placement" in the subject line of your e-mail. We want to share strategies that work with our readers and support the learning of student nurses in our state.

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Preparing Tomorrow's and Today's Nurses: Will/Should the BSN Degree Dominate?

Joan L. Shaver, PhD, RN, FAAN, FWAN
Professor and Dean,
The University of Arizona College of Nursing



Joan Shaver

In some parts of the nursing world we seem to be overly zealous in seeing the BSN as the 'gold standard' for contemporary professional nursing preparation. Addressed to leaders in both nursing clinical practice and education, in this opinion piece, I summarize my thinking regarding: 1) the need for change, 2) trends in nursing degree education, and 3) a summary call to action. My purpose is to encourage thinking and even better to motivate ongoing dialogue among us in Arizona and/or beyond.

1. CHANGE ISSUE: In spite of no formal consensus on making the BSN degree minimum for entry into nursing practice after decades of debate, we are shifting towards an expectation of educational levels for the majority of registered nurses (RNs) that are higher than in the past. Until shifts in norms are fully evolved, they are often a challenge to accommodate into our thinking and actions. However, I submit that just like in aging well where '70 is the new 50', so the master degree in nursing (MS(N) or MN) is in some ways the new BSN! Yet in some circles,

e.g., health systems, which provide employee educational assistance to ADN RN employees wishing to advance their education, leaders tenaciously insist on recognizing and supporting only the BSN degree. In my observations, this is no longer wholly congruent with how the future of nursing is evolving, stands to make career progression longer, keeps our profession from becoming comparable to other fields and begs for adjustments to leadership views.

2. Trends: I submit that the prior 'BSN entry into practice' debate and our ongoing discourse has us in a groove that too often makes the BSN degree sound sacred when, in actuality, several shifts in education are or should be reshaping our thinking. We are rapidly shifting away from a Master degree representing advanced specialty practice preparation [e.g., 20 practice doctorate programs in 2006 and 217 in 2012; enrollments 862 (2006) to 11, 575 (2012)¹] toward the practice doctorate representing our most advanced practice. This supports the IOM Future of Nursing report² to double the number of doctoral degrees but also it makes room for the Master degree (nursing) to represent something new. Indeed the master degree in nursing [MS(N) or MN] is evolving to represent special (enhanced) generalist practice preparation - enhanced by greater knowledge of care systems and the business of health care and skills to reshape health care delivery.

Fueled by evidence showing that more education equates to better care safety and quality and by recommendations within the 2011 IOM Future of Nursing² report, large numbers of employed RNs are seeking degrees beyond the nursing associate degree (ADN) and health system employers are seeking to re-balance the proportions of RN educational types. While RN-BSN degree programs currently dominate the nursing educational landscape, ADN RNs and other people holding university degrees are already earning master degrees in (enhanced) generalist practice. So when decisions are made about which people to attract, to select for and support in our field

of nursing, it should no longer be about the particular degree designation, e.g., BSN, but about people's background and what type of program they completed, how it was designed to build upon an extra foundation, and what the newly acquired skill set will contribute to health care practice domains.

3. CALL TO ACTION: I urge all Arizona nursing leaders to recognize and embrace into their values, dialogue, policies and actions, support for these emerging shifts in nursing education. Important reasons to accelerate acceptance include that these shifts are positioning us with credentials that: 1) more fully honor the flourishing 'growth and development' in nursing science and practice, and 2) help us keep pace with other health professions credentials. Moreover, acceptance more fully supports the IOM Future of Nursing Report. With the MS(N)/MN degree evolving to an enhanced generalist practice pathway - we have opportunity to place higher value on colleagues who have had rigorous prior nursing study (ADN) at accredited community colleges or who have prior proven success in university studies and substantial life and work experience. The background of these constituents allows enhanced skills and knowledge to be built on an educational foundation beyond or different from that of post-high school, first-degree college students, i.e., the constituency for whom BSN programs were originally designed.

The shift to a new MS(N)/MN degree definition supports the IOM report message, i.e., "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression and strong leadership is crucial to support that nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States."² While to me, the IOM report recommendation to 'increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020' was stated in dated terms, only a small re-state is needed. A more contemporary and futuristic recommendation is to have *80% of RNs with bachelor and/or generalist master degrees in nursing by 2020!*

In closing, again, shifts in nursing education and practice should be influencing changes to policies and actions related to how RNs are recruited, selected, educated and supported. The entry to and career progression through nursing and educational preparation options are broadening. Within the practice community, this does mean candidates with different backgrounds [and perhaps either a BSN or generalist MSN] degree will present for the same practice positions. Rather than focusing on whether a particular degree warrants differentiated positioning or compensation (also a historic debate), patient care excellence goals should dictate that the best qualified candidate is selected for any practice role. As our opportunities evolve over time, I prevail upon nursing leaders to promote views that honor our growing professional status within health care delivery and foster systems and policies that allow individuals to achieve the best fit and highest degrees available to them.

¹ <http://www.aacn.nche.edu/media-relations/fact-sheets/dnp>

² IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.



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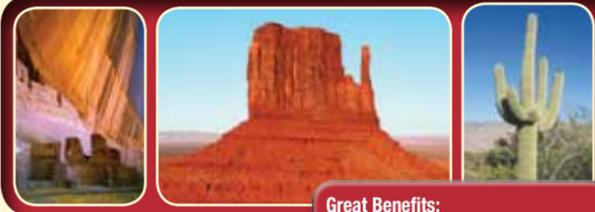
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Response to: Preparing Tomorrow's and Today's Nurses: Will/Should the BSN Degree Dominate?

Arizona Organization of Nurse Executives
Board of Directors

Fundamental to any discussion about nursing practice is that Registered Nurses of varying academic preparation are vital to the provision of care and are the foundation upon which the care delivery is created. What then is the best academic preparation for these front line clinicians of the future? Dean Shaver has opened a dialogue to discuss this topic and the leadership of the AZ Organization of Nurse Executives wants to promote and continue this dialogue.

From the practice perspective, this discussion has periodically emerged since the 1965 pronouncement by the ANA that the BSN should be the entry to practice degree. Much of the health care landscape has changed in the almost 50 years since this announcement. Innovations in technology, work flow processes, new drugs and treatment modalities, nurse shortages and no shortages, new roles such as social workers, respiratory and radiology specialists, national and state regulations, closure of the diploma nursing schools with the growth of the ADN programs, differentiated practice initiatives, new nursing roles: the clinical nurse specialist, the nurse practitioner, case managers, increased numbers of MSN and PhD graduates, the evolving DNP program, etc. It is confusing even for the best of us, and even more confusing for the consumers we serve.

With the findings of the IOM Report (*The Future of Nursing: Leading Change, Advancing Health*, 2011), a national challenge has been focused on the preparation of nurses. To the Dean's point, there is a growing body of evidence that patients in the acute care settings benefit when nurses with higher degrees provide care (page 169, IOM Report). Decreased incidence of pressure ulcers, VTE, hospital acquired infections and surgical mortality have demonstrated this link. Nurses with advanced education can also help address the shortage of primary care providers and care for the older population with more complex health care needs.

However, we must start at the beginning. The IOM goals for 2020 call for an 80% BSN prepared workforce and a doubling of the doctorates held by nurses. The Arizona Action Coalition (part of the national Future of Nursing, Campaign for Action Coalition) formed to create the action steps toward solutions to the challenges identified in the IOM Report. In collaboration with our education leader colleagues progress has been made in advancing academic progression for RN's. The Board of Nursing reported in July 2013 that 45% of RN's in AZ have a BSN or higher, which is a substantial increase from the 37% reported in 2011. Some AZ Nursing programs have revised their curriculum. Nursing faculty and clinical practice partners have joined to incorporate the Arizona Nurse of the Future Competencies in curriculum. Community colleges are moving ahead to develop concurrent enrollment agreements with BSN programs. Though most of the focus to date has been on increasing the number of nurses seamlessly progressing from the ADN to BSN degree, there are additional objectives of creating RN to MSN pathways that are already planned or operational, as well

as shared curricula and a competency based curriculum. These changes are monumental as we manage the competing interests of Academia and Practice. There are mandates colleges must meet while the service sector faces regulatory and budget challenges. What questions do we face now, both in terms of the BSN and/or the MSN? Despite these potential opportunities, demonstration projects to identify best practices in each of these areas are going forward in different states.

But is the BSN the 'gold standard' for practice in AZ? Or should we raise our sights to a Master's degree as the entry to bedside nursing practice as Dean Shaver has suggested? And what would be the process to make these changes? Clearly, educators, researchers, boards of nursing, professional nursing organizations and practice leaders would need to participate in these discussions. Expertise from administrators, human resource/compensation professionals, financial staff, physicians and most importantly, patients should be included as well.

Elements of the dialogue that this diverse team needs to address are:

1. Needed changes to the current practice environment include a holistic or patient-family centered model for care versus the completion of a series of patient tasks that pervade many of our nursing units. Tasks for patients are critically important and must be done, but is there a better way to leverage the RN worker to create, manage and sustain this fundamental shift in the focus of care? Who will do the tasks? The master's prepared nurse or a patient care technician? Is the master's prepared nurse truly an entry level bedside nurse with the same salary as an ADN?
2. Economic concerns such as declining reimbursement rates, salary issues, work schedules are all factors. The nursing budget is the largest in any organization and there is generally ongoing discussion about having nurses 'do more for less money.' What would a compensation plan look like for a nursing unit that had an entire staff of Master's prepared nurses? How will we manage the patient care outcomes so that we can justify the salary expense?
3. With the growth of the practice doctorate that is occurring, how are we to communicate to nurses, physicians, patients, etc., the evolution of the role of the Master's prepared nurse 'generalist.' Discussions are needed about role descriptions, scope of practice, etc. Would this enhance, compete with, or eliminate the Clinical Nurse Specialists that some organizations are fortunate to have today? Should our professional organizations have a role in creating a better understanding

how to integrate the DNP and the 'generalist' Master's degree nurse? This discussion needs to occur soon to eliminate confusion in the work place.

4. What were the factors that led to the near elimination of the Clinical Nurse Specialist role in the 1990's? Or the concept of differentiated practice levels that was discussed during the 1980's but never implemented successfully? What needs to change in the current health care culture and environment to make either the BSN or MSN change successful?
5. Hospitals and health care agencies provide the clinical environment for students to practice. As nurse leaders we enthusiastically support the student role. However, at times our academic colleagues create mandates that increase the burden on the agencies. Nurse leaders currently are opening discussions with our education colleagues about the lack of clinical preparation with basic nursing procedures, managing assignments, delegation, etc. Simulation labs provide an excellent learning situation for skill building, but the practice environment is with real patients. Individual orientations are being lengthened and this non-productive time is an extra and unplanned expense for the agency, particularly in the acute care setting.
6. To successfully integrate either the BSN or the MSN graduate, demonstration projects with quantitative and qualitative measures need to be planned and evaluated by both the education and practice leaders. Grants from a myriad of sources could support new and innovative care models.
7. A frank discussion about the multiple ways to become an RN and perhaps a proposal to call for a uniform preparation for all RN's would be valuable.
8. Longstanding barriers discourage academic progression for RN's; working RN's are not eager to take on debt or to forego income; not all employers offer flexible scheduling and/or tuition assistance; and some academic programs are full to capacity.

These elements are just an outline of the dialogue that needs to occur. Academic and Service partnerships that have excellent patient care as their focus have historically been successful. The Affordable Care Act (ACA) is radically changing healthcare. The work of the individual Arizona academic institutions as well as the Arizona Action Coalition are challenging the current academic and leadership landscape. Arizona nurse leaders look forward to participating in new Academic and Service partnerships to define the role of nurses and create affordable, quality health care for our state.



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ADN – Eastern Arizona



April Childress
RN-BSN –
Grand Canyon



Kayla Dong
BSN – ASU



Kyle Estep
BSN – Northern
Arizona



Kimberly Gyles
BSN – U of AZ



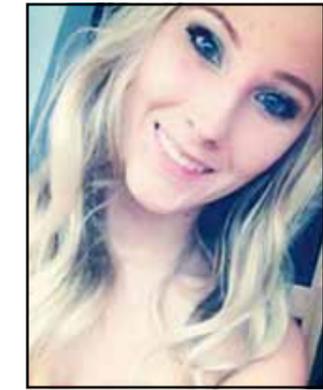
Kristi Heins
BSN – Northern
Arizona



Meaghan Higuera
ADN – Pima CC



Sacha Hinton
BSN – Grand Canyon



Kylie Howarth
BSN – Northern Arizona



Jennifer Huddleston
RN-BSN –
Grand Canyon



Rebecca Kerby
MSN/FNP –
Grand Canyon



Nicole Leger
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Sarah Little
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ADN – Arizona
Western



Ashley Williams
ADN/BSN – Northern
Arizona



David Zavala
ADN/BSN – Northern
Arizona



Arizona Progress Report – July - September, 2013

For more information visit www.futureofnursingaz.com

Education Task Force

Implement Arizona Nurse of the Future Competencies (AZ NOF)

- Through the Education-Practice Collaborative both groups communicate and collaborate on common issues and concerns related to nursing education and new grad readiness
- Two nursing programs and one facility have already adopted AZ NOF competencies

Increase the proportion of BSN or higher prepared nurses

- Arizona Nurses Association members voted on the following action proposal at their Biennial Convention on September 19, 20. 2013: "Achieve 80% BSN RNs in 2020 in Arizona through Promotion of support for academic progression through strategic initiatives from stakeholders, including but not limited to, legislators; health care, business, and education partners; and the community at large."

Leadership Task Force

Determine the number of nurses who sit on Boards

- A process to collect the data has been proposed
- Survey tool developed—to be presented for approval in the first quarter 2014

Recognize and recruit young leaders.

- Decision to not limit age but recognize emerging leaders

- Application process developed referencing AONE leadership competencies
- Co-chair attended Coalition Leadership conference in November

Practice & Care

Adopt the Consensus Model

- The Arizona Nurses Association is taking the lead on initiating consensus model legislation with support from AZBN and AZAC. They are meeting regularly to craft sunrise legislation.
- Leaders in this effort are engaging diverse stakeholders

Implement nurse residencies/transition to practice programs

- The Education-Practice Collaborative has adopted both the preparation and transition of nurses to safe practice as a goal. Residencies are being worked on and data collected.

Workforce Data

Identify and convene a coordinated, statewide collaborative of committed health care stakeholders to address current and future health care workforce issues.

- Co-chairs Schaeffer and Randolph joined the Phoenix Health care Sector Partnership group to work on this initiative with diverse business and health care stakeholders
- Workforce Committee to meet with Arizona Commerce Authority representative

Facilitate the design and implementation of a sustainable infrastructure to collect, analyze and maintain inter-professional health care workforce supply and demand data.

- Plan to build the nursing demand survey in first quarter of 2014 and disseminate in second quarter 2014. Working on contacts and lists of various nurse-employers.



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3-STEP Call to Action for Arizona's Nurses You're the One

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!

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Western Multi-State Division Pilot Update

Arizona is Making History!

*Robin Schaeffer, MSN, RN, CNE,
Multi-State Division Leader, Western MSD*

You are reading this article because Arizona is one of 16 states making nursing association history by joining a 2-year regional pilot called the Multi-State Division (MSD). In 2013 the American Nurses Association (ANA) created the MSD 2-year pilot plan with the goal of helping state nurses association attain 21st century sustainability. It is not news to anyone that with recent economic

challenges, advancing technology and innovative business models, our state nurses associations must change with the times in order to remain relevant and sustainable. The association model used by ANA that worked in the 1980's, has become obsolete and outdated 34 years later. The goal of the MSD pilot is to develop innovative business models that combine best practices from our various state participants so that we can continue to deliver exceptional products and services to the nurses in our states, while still affording to stay in business; in other words, a win-win for our nurses.



Western States Multi State Division members are Holly Carlson, Idaho Nurses Association (INA), Kathleen Kauffman, Utah Nurses Association (UNA), Lisa Trim, UNA, Carol Stevens, AzNA, Mary Ciambelli, Colorado Nurses Association (CNA), Carol O'Meara, CNA, Robin Schaeffer, AzNA and Regina Robuck, INA.

Special Thanks to the Holiday Fundraiser Donors

The Annual Holiday Ornament Fundraiser raised over \$1400 that will be placed in the AzNA "Building Fund" which is used to maintain the AzNA office building in Tempe.

Thank you to the following AzNA members who contributed to the 2013 Holiday Ornament Fundraiser.

- Barbara Miller
- Mary Killeen
- Shannon Perry
- Pamela Randolph
- Sharon Rayman
- Jeannine Dahl
- Rose Emery
- Pamela Fuller
- Santa Carol Houggard
- Crystal Jenkins
- Ellen Stephenson
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- Jean Stengel
- Joella Williams
- Amy Charette
- Ruth Ludemann
- Carol Dobos
- Barbara Brillhart
- Judith Celik
- Kyle Herman
- Jessie Pergrin
- Patricia Hastings

Western State Multi-State Division

The Western States Multi-State Division (WSMSD) will function as an entity to implement a stream-lined business operations model that combines common capabilities of State Nurses Association's (SNA) with key ANA resources. Each SNA will retain its own identity and board structure with shared goals of becoming more efficient and profitable. An example of a shared goal is: develop new initiatives for membership recruitment and retention. The overarching goal is for SNAs to grow and become even more vital and visible in the future. There is great opportunity to combine best practice of state operations with unifying tools and technologies, while providing each state association their unique state-specific experiences and practices. Criteria for success of the Western MSD will be to increase the value proposition for our nurses (what's in it for me?). Increasing the value proposition is the equation for sustainability.

$$\uparrow \text{Value Proposition} = \uparrow \text{Member Retention} + \uparrow \text{Member Recruitment} = \text{Sustainability}$$

History

The concept for the MSD model was introduced by ANA in 2012. The formation of the MSD model was approved by the ANA board of directors in 2013 as a two year "pilot." ANA has made a commitment to support the MSD pilots which includes both financial and human resource support. ANA staff meet often with MSD leaders (see below) to help individual pilots meet their various goals; for example, new membership initiatives, shared association management models, group purchasing and development of a

Multistate Division of Professional Development. The ANA board of directors as well as the individual SNA boards will re-evaluate the division model in 2 years and will at that time decide if the model is sustainable.

State Participation & Leadership

Western MSD: Arizona, Colorado, Idaho, Utah
MSD Leader: Robin Schaeffer, MSN, RN, CNE- Executive Director, Arizona Nurses Association

Midwest MSD: Iowa, Kansas, Michigan, Missouri, Nebraska, North Dakota, and Wisconsin
MSD Leader: Jill Kliethermes, MSN, RN, FNP-BC, Chief Executive Officer, Missouri Nurses Association

Northeast MSD: Maine, New Hampshire, Vermont, Rhode Island, Connecticut and Maryland
MSD Leader: Donna Policastro, RNP, Executive Director, Rhode Island Nurses Association

The MSD Leader acts as a liaison between the ANA National Office and both the MSD and individual states to ensure that strategic goals and objectives are met.

Continue to look for updates in the future publications.... all MSD pilots are on the move and making history!!!!

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2013 - 2015 Public Policy Agenda

To Advance and Promote Professional Nursing in Arizona

A. Health Care Policy Issues

To assure that all Arizonans have access to quality health care services which provide effective patient outcomes, AzNA supports governmental action to:

1. Increase access to affordable, basic health care.
2. Free nurses to practice to the full extent of their education and training.
3. Foster ethical decision-making within the health care delivery system.
4. Appropriate adequate funding for state health care programs.
5. Foster the design and implementation of programs directed toward health promotion and disease and injury prevention.
6. Recognize the right of all health care consumers to make informed health care decisions and choices including their health care provider.
7. Foster the right of health care consumers to seek redress for incompetent or illegal health care.
8. Assure the delivery of safe and competent nursing care services under the direction and supervision of a professional registered nurse.
9. Improve inpatient, outpatient and community-based health and safety.

B. Professional Practice and Workforce Issues

To assure that all Arizonans have access to the safe, competent and professional nursing care services necessary to attain effective patient outcomes, AzNA supports governmental actions which:

1. Promote and protect the contributions of Arizona's professional nurses. Foster workplace environments that attract and retain nurses and engender professional satisfaction.
2. Produce modifications in the Nurse Practice Act and the practice acts of other health care providers that promote and ensure public safety.
3. Provide for representation by professional registered nurses on health policy-making and advisory boards.
4. Appropriate adequate funding for undergraduate and graduate nursing education programs.
5. Provide seamless academic progression for nurses to achieve higher levels of education.
6. Protect health care professionals from frivolous legal action.
7. Safeguard the ability of registered nurses to practice within the confines of the Nurse Practice Act.
8. Maintain the Arizona State Board of Nursing as an independent, autonomous body to regulate the practice of nursing.

Note: Numbering system is not in order of priority, but to enable AZNA to match bills to public policy agenda items.

ON-GOING TARGETED ISSUES

APRNs as in-network providers	Border health
BSN @ 80% by 2020	Collection of nursing supply and demand data
Delegation of nursing tasks	Direct reimbursement to qualified nurses for nursing services
Evidence based practice	Informatics
Informed consent and palliative care	Proactive enforcement of Provider Non-Discrimination clause of the Affordable Care Act
Nurse staffing levels	Proactive enforcement of the Network Adequacy clause of the Affordable Care Act
Nurse residency programs	Separate cost of nursing services from facility bed rate
RNs in elementary and secondary schools	Voluntary Continuing Education
Workplace safety	

Approved by the AzNA Board of Directors on December 7, 2001, Revised March 1, 2002, October 24, 2003, September 21, 2005, September 2007, December 4, 2009, December 2, 2011 and October 29, 2013.

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9/1/13 – 11/30/13

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Kristina Deveau
Linda Duong
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Angelina Radau

Leslie Ritter
Karen Rosen
Audrey Russell-Kibble
Sonia Sanchez
Melinda Semler
Pauline Senra
Tanie Sherman
Christine Smalley
Maureen Solliday
Kendall Theriault
Michelle Trautman
Dawn Trepanier
Sarah Wong
Lamont Yoder

Announcements

Important Tax Information

For the portion of your ANA/ AzNA dues that is tax deductible please visit www.aznurse.org.

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Correction

In the August 2013 issue of the *Arizona Nurse*, the article titled, "Scottsdale Health care New Graduate Scholars Focus on Fall Prevention" on page 4 listed the incorrect author. The correct authors of this article were, Cristina Savona, RN, and Leah Jansen, RN.



Cristina Savona



Leah Jansen



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AzNA/AzNF 2014 Calendar of Events



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February 14 – Nurses Making Public Policy Purposeful
The DoubleTree by Hilton Phoenix-Tempe

Nurses can be influential if they are educated about the issues!
1 in 75 Arizonans is a nurse! AzNA strives to continuously raise awareness in Arizona nurses about the power of their voice. Join us for a half-day program that will educate nurses about public policy and legislation.

February 26 – RN Lobby Day
Arizona State Capitol Museum – Historic Supreme Court Room

This is Your Chance to do Democracy Where it Counts: At the Legislature!

May 2nd – Promise of Nursing Celebration Luncheon
The Fairmont Scottsdale Princess

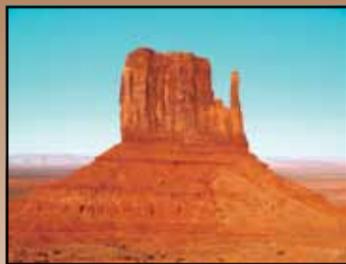
Don't Miss the 12th Anniversary Celebration!
Join us as we celebrate nurses and all they do on a daily basis!

July 26-27 – 26th Annual Southwestern Regional – Nurse Practitioner Symposium
High Country Conference Center in Flagstaff

Join us in the cool mountain country of Flagstaff as we celebrate our 26th anniversary of providing this wonderful educational opportunity for advanced practice nurses. Details will be available soon!

October 24 – AzNA Symposium
The DoubleTree Resort By Hilton Paradise Valley, Scottsdale

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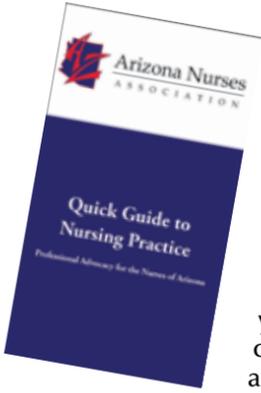
FCC Tucson is comprised of a Medium security facility, a Camp, and a U.S. Penitentiary (USP). The Medium facility is a CARE Level II and the USP is a Care Level III. Our mission is to provide competent and appropriate medical, dental, and mental health care to male and female inmates while protecting society.

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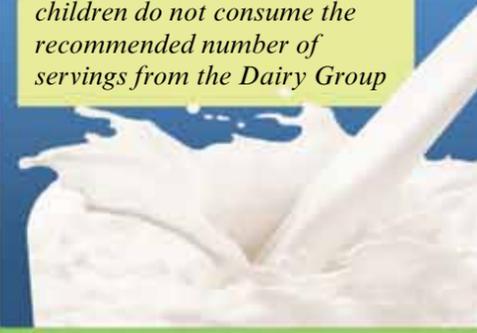


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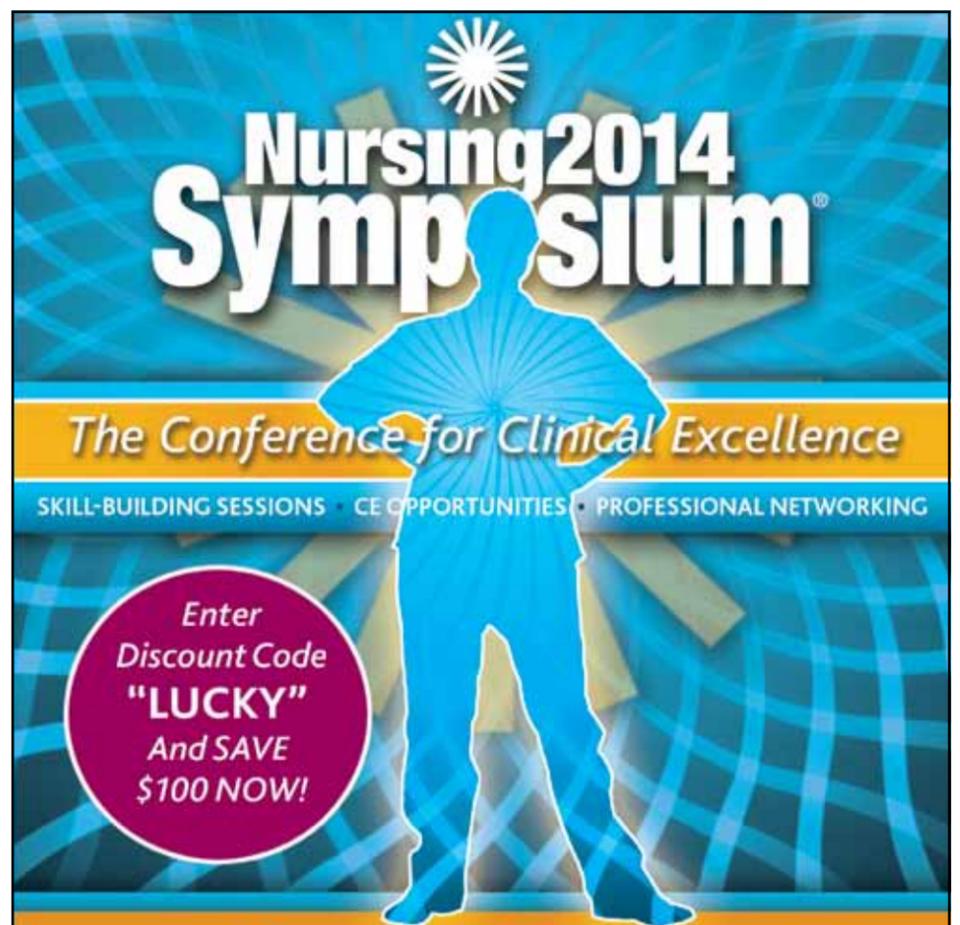
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