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 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 501c3 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.
“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 its 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 open wide 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 J. Stevens
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 is 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!
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

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.
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 a 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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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, rather 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 (MSN) or MSN 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 212 in 2012; enrollments 862 (2006) to 11, 575 (2012) toward the practice doctorate representing our most advanced practice. This supports the IOM Future of Nursing report 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 (MSN) is evolving to represent special (enhanced) generalist practice preparation - enhanced by greater knowledge of case 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 Nursing 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 who 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 preparation 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 MSN/MN degree evolving to an enhanced generalist practice pathway – we have opportunity to place the future in the hands of the 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 the new degree candidate represents special and knowledge and should 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 MSN/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." 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 was 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 prepared candidate is selected for any practice position. 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/
dep
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 culture 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, workflow processes, new drugs and treatment modalities, 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 and practitioners, case managers, increased numbers of 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.

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 that nurses with advanced education can 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 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 this happen? Clearly, educators, researchers, boards of nursing, professional nursing organizations and practice leaders would need to participate in these discussions. Expertise from administrators, human resource departments, 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 schedule flexibility 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 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 around 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 of how to integrate the DNP and the ‘generalist’ Master’s degree nurse? This discussion needs to occur soon to eliminate confusion in the workplace.

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.
Arizona Nurses Foundation

Congratulations to the Spring 2014 AzNF Scholarship Winners

Angela Allen
PhD – ASU

Stephanie Brusuelas
ADN – Central Arizona

Jahrya Castro
RN-BSN – Chamberlain

Roxanne Chavez
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
BSN – Northern Arizona

Sarah Little
ADN – Yavapai

Shauni MacLean
RN-BSN – Grand Canyon

Kara Mangold
DNP-ASU

Jacob Marshal
BSN – Northern Arizona

Kelly Parker
DNP – U of AZ

Ginny Riggins
ADN – Scottsdale

John Risi
BSN – Brookline

Nicole Streich
ADN/BSN – Phoenix

Antonia Van Kampen
ADN – Arizona Western

Ashley Williams
ADN/BSN – Northern Arizona

David Zavala
ADN/BSN – Northern Arizona

AzNF scholarships are available for nursing students who are enrolled or accepted for enrollment in nursing schools and are committed to nursing practice in Arizona.

Visit www.aznurse.org to apply.
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

Leadership Task Force
Determine the number of nurses who sit on Boards
• 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.”

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 to plan to build the nursing demand survey in first quarter of 2014 and disseminate in second quarter 2014. Working on contacts and lists of diverse stakeholders to address current and future health services for adults, and we are the leading provider of comprehensive and accessible mental health services while specializing in the treatment of serious mental illness. We are Denver’s source of mental health care issues.

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.futureofnursing.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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JOIN A GREAT TEAM
Valley Hospital is a private freestanding psychiatric hospital specializing in mental health and chemical dependency care. At Valley Hospital we care about individuals and families experiencing mental health and/or chemical dependency problems. Each and every one of our staff is dedicated to this cause. As a group we define our mission statement to include:

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www.valleymemorahospitalphoenix.com

MHCD is a private, nonprofit community mental health center for the City and County of Denver. MHCD employs over 500 highly trained professionals and offers a wide array of mental health services while specializing in the treatment of serious mental illness. We are Denver’s source of comprehensive and accessible mental health and substance abuse treatment. MHCD offers treatment, housing, education, and employment services for adults, and we are the leading resource of treatment for families and children.

Opportunities Available in both Adult Services and Child and Family Services are:
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Equal Opportunity Employer
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 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. Increasing the value proposition is the equation for sustainability. Value Proposition = + Member Recruitment + + Member Retention + 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 to ensure that strategic goals and objectives are met.

State Participation & Leadership

Western MSD: Arizona, Colorado, Idaho, Utah MSD Leader: Robin Schaeffer, MSN, RN, CNE

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.

Westem States Multi State Division members are Holly Carlson, Idaho Nurses Association (INA), Kathleen Kaufman, 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.

Register to volunteer today!

The Arizona Emergency System for Advance Registration of Volunteer Health Professionals

www.azdhs.gov/volunteer

Disasters can strike when we least expect it. Help your community prepare by registering as a volunteer health professional. Sign up at www.azdhs.gov/volunteer
Grow your career.

Grow with purpose.

Choose a career that gives back: careersatdignityhealth.com/ArizonaRN

Join a team bringing human kindness to a growing number of communities throughout the country. Dignity Health, one of the nation’s five largest health care systems, is a 21-state network of nearly 9,000 physicians, 55,000 employees, and more than 380 care centers.

Dignity Health is experiencing significant growth in Arizona’s East and West Valley. We invite you to see for yourself why the Phoenix metro area is such a great place to live and work.

We invite you to grow with purpose by joining Dignity Health in Arizona.

Follow our conversation on Twitter at @dignityhealthaz.

EOE
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

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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

AzNA/AzNF 2014 Calendar of Events

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

Mark your calendar! Details will be available soon!

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Exciting nursing opportunities, breathtaking allure of the Navajoland and its people await committed & highly motivated nurses at

Winslow Indian Health Care Center
Located in Northern Arizona, Winslow is near the Navajo reservation and 50 miles via interstate from Flagstaff, a university town with extensive winter activities. You can go from “Standing on a Corner in Winslow, Arizona” to hiking through many scenic and majestic landscapes.

Explore our variety of RN Opportunities that include:
Clinical Nurses (Ambulatory Care, Specialty Care & Urgent Care),
Nurses Clinical Care Coordinators, Public Health Nursing,
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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.

We offer competitive salaries including extra pay for working nights, Sundays, and federal holidays. We also offer great law enforcement retirement benefits including Health/Life Insurances, a Thrift Savings Plan (like a 401K Plan), and a possible recruitment bonus. We are an EOE.

The Federal Correctional Complex (FCC), Tucson, Arizona, is located in southeast Tucson just south of I-10. Tucson is located approximately 110 miles south of Phoenix and 60 miles north of the Mexican border. There are many attractions all throughout the city including sporting events, parks, museums, and the beauty of the area.

For more information, contact Belinda Hardy, Human Resource Specialist, at (520) 663-5049.

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Milk is nutrient-rich, with nine essential nutrients. It is the #1 food source of three of the four nutrients the 2010 Dietary Guidelines for Americans (DGA) identify as falling short in the diets of both children and adults – calcium, potassium and vitamin D.

Motivate parents to be role models. Parents are important influences on children’s behavior, including eating right and being physically active. So encourage them to eat fruits and vegetables and drink milk. Their actions speak louder than words.

The DGA recommends low-fat or fat-free milk and milk products daily

- 3 cups for 9 years or older
- 2 1/2 cups for 4-8 year olds
- 2 cups for 2-3 year olds

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