

# ARIZONA Nurse



Arizona Nurses  
ASSOCIATION

Volume 65 • No. 2

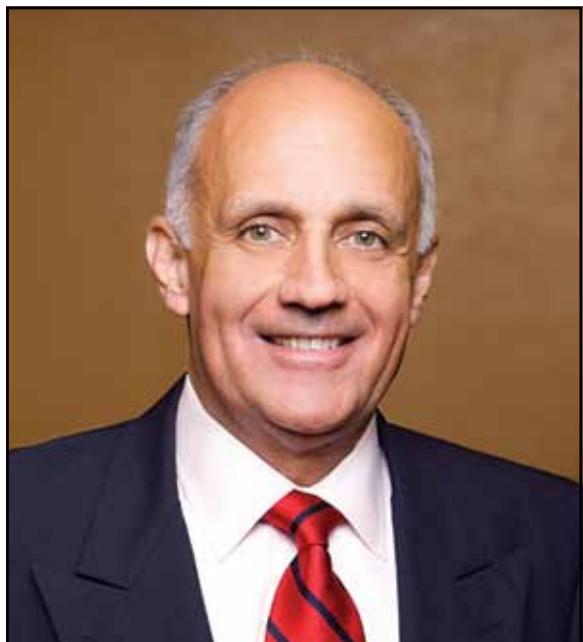
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May 2012

The Official Publication of the Arizona Nurses Association  
Circulation 79,000 to every Registered Nurse, Licensed Practical Nurse and Student Nurse in Arizona

## “Nurses at the Table: Bridging the Gap from Acute Care to Community”



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17th Surgeon General of the United States  
(2002-2006)  
Vice Chairman, Canyon Ranch, President,  
Canyon Ranch Institute, Distinguished Professor,  
Zuckerman College of Public Health,  
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Administrator Health Resources and Services  
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U.S. Department of Health and Human Services



**Jennifer Mensik, PhD, RN, NEA-BC, FACHE**  
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**Nurse Lobby  
Day  
Page 5**



**Public Health  
Nursing  
Page 8**



**That is  
Simulation  
Page 7**



**Scholarship Golf  
Tournament  
Page 12**



## President's Message

Teri Wicker, PhD, RN, President

We have all heard the saying, "a nurse is a nurse is a nurse" and if you are like me it makes you cringe. There is no such thing as a nurse is a nurse and in fact nursing has never been more diversified than it is today allowing each of us opportunities to develop our own unique practice. Essentially we are able to design the professional nurse we desire to be, develop our career, and practice to our potential.

Ongoing professional development is core to the foundation of professional nursing. Expert knowledge, its application to practice, and ongoing learning can be demonstrated through achieving a higher level of education, clinical advancement, and obtaining certification. Professional nurses are a reflection of engagement with a strong level of commitment to their profession. As stated in the Code of Ethics the nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge of development (ANA, Code of Ethics, 2001).

Through life-long learning, self-assessment, and education a nurse can create a plan that will facilitate his/her journey as a professional nurse. Life-long learning is the continuous building of skills and knowledge that allows one to grow into an expert. Through self-assessment we can take an inventory of our personal characteristics, values, wants and needs that can be used to redirect our career goals. And, while nursing education has been determined



Teri Wicker

as the first step toward advancing practice there are numerous other activities nurses as individuals can engage in to evolve as professional nurses. More advanced nurses progress at learning the art of delegation, taking accountability for their actions, using autonomy to make decisions, and utilize evidence-based practice, join professional organizations, and serve on shared leadership (Lackman, 2009). Regardless of our role we can demonstrate professionalism by being engaged in activities where our expertise is valued.

As a director of professional practice in the Banner system, I witness nurses at every level develop and grow into experts and the difference in the way they practice is palpable. I realize not every nurse wants to return to school but every nurse should commit to continuously improving their practice and become engaged in their role as a nurse. Professional nurses practice at an advanced level and are moving the profession to a higher standard.

The Arizona Nurses Association's mission is "To Advance and Promote Professional Nursing in Arizona" which is a good reminder that Arizona is on the journey to move professional nursing to the highest level.

Teri

### Reference

American Nurses Association (ANA), (2001), Code of Ethics for Nurses, American Nurses Association, Washington, D.C.  
 Lackman, V. (2009). Practical use of the nursing code of ethics: Part II. *MedSurg Nursing*, May/June, (18), 3, 191-194.

## Article and Submissions for Peer Review

Articles (manuscripts) must be typed, double spaced and no more than four pages. Manuscripts must be original, unpublished and not under review for another publication. Members of the Communications Committee will review manuscripts. Format for publication will be according to the *Publication Manual of the American Psychological Association*, 6th ed., 2010.

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- Include name, credentials and current professional position. The author's picture would enhance the offering and a vita would provide information about the author if the manuscript were published.
- Mail to AzNA office with notation "For the Editor" or email to AzNA at [mary@aznurse.org](mailto:mary@aznurse.org) with "For the Editor" in the subject line. AzNA does not accept responsibility for loss or damage of unsolicited manuscripts or pictures. No fee will be given for manuscripts that are published in the *Arizona Nurse*.
- If a manuscript is not accepted for publication, the manuscript will be destroyed. If the author wishes to have any materials returned, a postage paid, self addressed envelope should be enclosed.



**Arizona Nurses  
ASSOCIATION**

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No material in the newsletter may be reproduced without written permission from the Executive Director. Subscription price: included in AzNA membership or \$30 per year. The purpose of the *Arizona Nurse* is to communicate with AzNA members and non-members in order to 1) advance and promote professional nursing in Arizona, 2) disseminate information and encourage input and feedback on relevant nursing issues, 3) stimulate interest and participation in AzNA and 4) share information about AzNA activities.

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## Executive Director's Report

# Advancing and Promoting Professional Nursing in Arizona

Robin Schaeffer, MSN, RN, CNE, Executive Director



**Robin Schaeffer**

The slogan of 2012 ANA Nurses Week is Nurses: Advocating, Leading and Caring. This slogan fits well with the lessons that the Institute of Medicine (IOM), government agencies and other health related organizations have learned and continue to learn: nurses have been identified as playing a key role in the health care transformation of this nation. On the national level the American Nurses Association (ANA) works to assure that non-nursing groups continue to see the value and strength of our profession.

On the local level the Arizona Nurses Association (AzNA) is poised to move key health and nursing related initiatives forward because it is what we have been doing for the last 93 years! So, how familiar are you with the current work of the Arizona Nurses Association? Do you know how we advocate, lead and care? Have you participated in this important work? Would you like to advance your career and our profession by advocating, leading and caring? Here is your first step: Take the **AzNA Challenge** and see how you score.

AZNA Challenge	Yes
Did you know that the <i>AzNA Professional Issues Steering Committee</i> (PISC) is a group of volunteer nurses that are working for all nurses in Arizona?	<input type="checkbox"/>
Are you aware of at least one of these PISC advocacy initiatives? <ul style="list-style-type: none"> <li>• New Graduate Nurse Residency Program</li> <li>• Workplace Civility, Nurse Fatigue</li> <li>• Health Literacy</li> <li>• Continued Professional Development</li> </ul>	<input type="checkbox"/>
Do you know where to find the "Nurses List" (tracking of current legislative bills)?	<input type="checkbox"/>
Have you attended <i>AzNA Lobby Day</i> and visited with your legislators?	<input type="checkbox"/>
Have you attended an <i>AzNA CE</i> activity (symposium, convention)?	<input type="checkbox"/>
Have you used the <i>AzNA CE</i> services to receive contact hours for an educational activity at your workplace?	<input type="checkbox"/>
Have you applied for a <i>nursing scholarship</i> through the Arizona Nurses Foundation (AzNF)?	<input type="checkbox"/>
Have you visited the <i>AzNA Career Center</i> on our website: <a href="http://www.aznurse.org">www.aznurse.org</a> ?	<input type="checkbox"/>
Do you know that <i>AzNA</i> is available to speak to small and large groups on current trends, issues and hot nursing topics? (see column at right).	<input type="checkbox"/>
Did you know that <i>AzNA</i> is one of two main nursing groups leading the Arizona initiative to address the 8 recommendations of the <i>IOM Future of Nursing: Leading Change, Advancing Health report</i> ?	<input type="checkbox"/>
Have you read the <i>AzNA Strategic Plan</i> ? (worth 2 checks!) (see page 4)	<input type="checkbox"/> <input type="checkbox"/>
Are you an <i>AzNA Facebook Fan</i> ? (if not, do it now and check this box!) <a href="http://www.facebook.com/arizonanursesassociation">http://www.facebook.com/arizonanursesassociation</a>	<input type="checkbox"/>
Total Score	

### How did you do?

**10-13:** You are an *AzNA* superstar! Pass the word on to others!

**6-9:** You **could** be an *AzNA* superstar if you had some more knowledge. Try exploring [www.aznurse.org](http://www.aznurse.org)

**0-5:** Take this test again after you explore [www.aznurse.org](http://www.aznurse.org) (Bet you will get a higher score ☺)

**BONUS:** Visit our *AzNA Facebook Fan* page and let us know that **you took the AzNA Challenge!** You will be entered into a contest to win Harkins movie tickets. Contest runs from May 7th through May 20th <http://www.facebook.com/arizonanursesassociation>

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## Nursing Presentations: Book Now!

The following is a list of presentations that an AzNA representative is prepared to talk about at your upcoming meeting or conference. Please contact AzNA if you are interested: 480-831-0404 or e-mail [info@aznurse.org](mailto:info@aznurse.org).

### 1. Health Care at a Turning Point: Transforming Nursing

Both the Affordable Care Act (ACA) and the Institute of Medicine (IOM) Future of Nursing report call for nurses to step up and become a primary force in reshaping the nation's health care. This presentation identifies the unprecedented opportunities available for nurses to embrace leadership roles and help redesign the health care system.

### 2. Advocacy: Creating Change at the Bedside

This presentation describes the integral role that advocacy plays in the nursing profession, making the case that nurses must not only advocate for their patients, but also engage more broadly to effect change at the state and federal policy levels. Included is a discussion of how nurses can become actively involved to accomplish meaningful change.

### 3. Nurse as Professional: What's in it For Me? (Practicing RNs)

This motivational presentation provides an overview of AzNA's strategic plan with specific examples of how the work of the association provides nurses with the tools they need to provide the best possible care for their patients, maximize their professional development, and enhance the practice of nursing.

### 4. Transitioning into the Nursing Profession (Student nurses)

This interactive presentation provides an overview of the importance of joining a professional nursing organization. Exemplars are used to show how the work of the Arizona Nurses Association provides new nurses with the tools they need to provide the best possible care for their patients, maximize their professional development, and enhance the practice of nursing.



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## Arizona Nurses Association Strategic Initiatives 2011-2013

*Mission: To advance and promote professional nursing in Arizona*

Strategic Imperative #1 Advocate for Professional Nursing Practice	Strategic Imperative #2 Strengthen Membership and Partnerships	Strategic Imperative #3 Influence Public Policy/ Governmental Affairs	Strategic Imperative #4 Enhance the Education and Development of Nurses	Strategic Imperative # 5 Develop Social Media to Promote Membership Engagement
<b>Goal 1.1</b> Advocate for safe and healthy workplace environments	<b>Goal 2.1</b> Establish a focused marketing plan to increase awareness of membership benefits.	<b>Goal 3.1</b> Advance Public Healthcare Policy Agenda in both the legislative and regulatory arenas	<b>Goal 4.1</b> Increase awareness to healthcare entities of importance of continued professional development for nurses	<b>Goal 5.1</b> Create a platform for the exchange of timely information
<b>Goal 1.2</b> Promote educational advancement and learning	<b>Goal 2.2</b> Expand partnerships and relationships with other nurse-related groups	<b>Goal 3.2</b> Advance Nursing Practice Agenda Issues in both the legislative and regulatory arenas	<b>Goal 4.2</b> Maintain compliance with ANCC guidelines while streamlining CE application process	<b>Goal 5.2</b> Promote collaboration, conversations and communication related to nursing within Arizona
<b>Goal 1.3</b> Expand and promote leadership initiatives	<b>Goal 2.3</b> Expand relationships with student nurses in all degree programs	<b>Goal 3.3</b> Increase public policy knowledge and advocacy with three members per legislative district	<b>Goal 4.3</b> Establish AzNA as the premier resource for continuing education in Arizona	<b>Goal 5.3</b> Support membership engagement, address concerns and reinforce value of AzNA
<b>Goal 1.4</b> Expand partnerships to advance professional nursing practice	<b>Goal 2.4</b> Expand partnerships with other healthcare and community organizations	<b>Goal 3.4</b> Promote safe staffing by acuity through research and processes that improve direct care	<b>Goal 4.4</b> Enhance communication and training with CE applicants and reviewers	<b>Goal 5.4</b> Implement metrics to measure and track success of social media campaign

### AzNF Scholarship Winners

#### 2011 October Winners

Lena Cornell  
Susan Jostes  
Amy Dillingham  
Stacey Alexander  
Julie Manning  
Sally Dean  
Cecilia Espinoza  
Karen Smith  
Elizabeth Benyo  
Andrea Hunt  
Leticia Suarez  
Crystal Woods  
Reanna Rentschler  
Alma Escobedo  
Angela Dupuis  
Sabrina Norgord  
Kelly Simpson  
April Childress

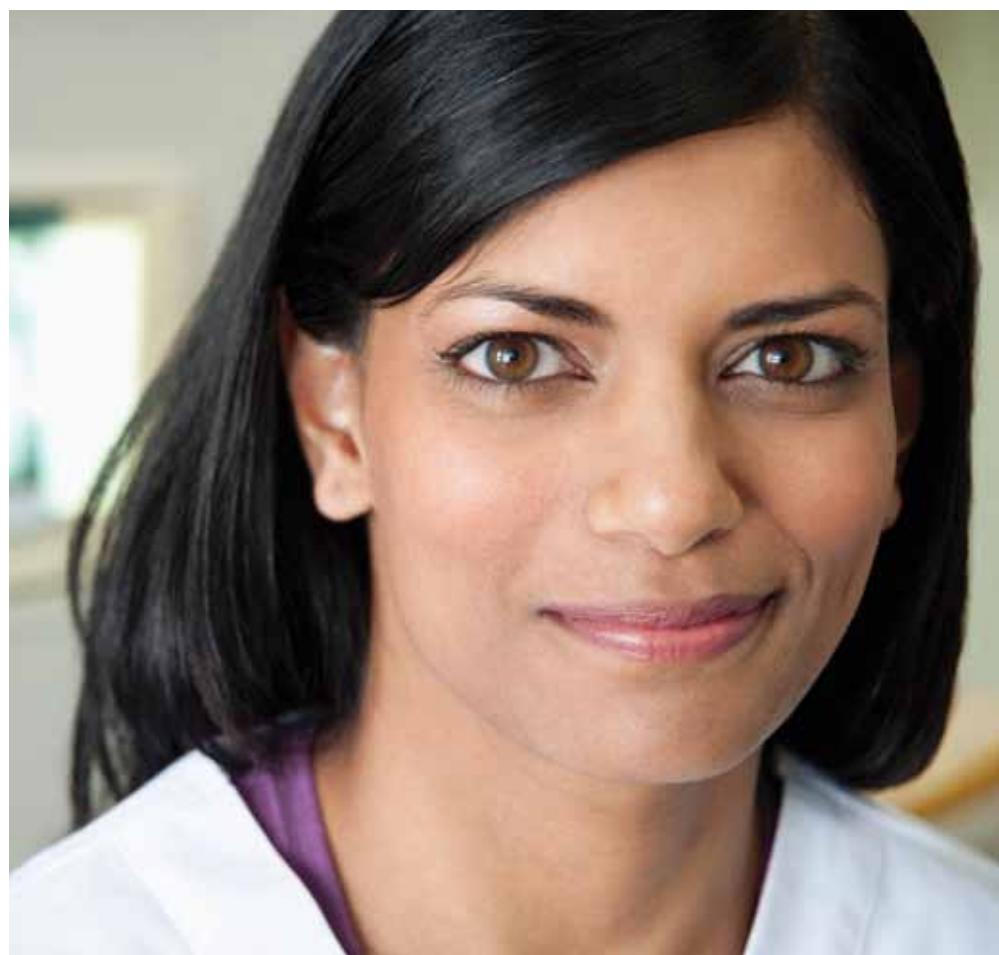
### Bank of America Credit Card Program Cancelled

Notice is hereby given that Bank of America, the affinity credit card program for the Arizona Nurses Association has been cancelled effective January 2012. This means that for all of you who are carrying the AzNA credit card, your purchases, loans or advances will no longer provide royalty income for AzNA.

This program has been a revenue producing product for many years. AzNA used those funds to assist in the work of the association.

What does this mean for the credit card holder? Your card will still be available to use if in good standing with Bank of America. Your card, should you want to continue it when the expiration date comes up, would be changed to a plain Bank of America card. It will no longer display the Arizona Nurses Association logo on the card.

AzNA thanks all of you who supported AzNA's credit card program through the years. It has provided a good income stream. AzNA is among several state nurses associations that have been cancelled through Bank of America. AzNA Board of Directors will continue to explore opportunities for another card contract.



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## Arizona Nurses Advocate at the State Capitol

Ray Kronenbitter, RN, MSN, PCCN  
Director, Governmental Affairs

The Arizona Nurses Association sponsored advocacy for nursing and patients at the state capitol in February organizing and hosting Registered Nurse (RN) Lobby Day on February 7th and Advanced Practice RN (APRN) Lobby Day on February 28th.

72 registered nurses and nursing students gathered at the state capitol for RN Lobby Day to advocate in support of child restraint systems, nursing board continuation, certified nurse anesthetists, prohibited restraints for pregnant prisoners and budget proposal increases for seriously mentally ill (SMI) program funding & AHCCCS provider reimbursement. The RN Lobby Day program included an Arizona Legislative Healthcare briefing by AzNA lobbyist Rory Hays, JD, Keys to Effective Lobbying, appointments with legislators, visits to caucus meetings and committee hearings, the Senate and House floor sessions and legislator meeting debriefs.

80 Advanced Practice RNs and nursing students assembled at the state capitol for APRN Lobby Day to advocate in support of the same bills and issues, and in opposition to the interstate purchase of health insurance, which would leave consumers without the protection of the Arizona health insurance mandates. The APRN program agenda included the same lobbying and advocacy opportunities for attendees as RN Lobby Day.

Advocacy at the legislature continues. The AzNA Public Policy Committee, AzNA 90 Public Policy Group and AzNA lobbyist Rory Hays, JD continue to lobby every week that the legislature is in session for nursing practice and healthcare policy issues. AzNA builds partnerships with our legislators and healthcare organizations and associations to give nursing a powerful voice in our state. Visit the AzNA web site and click on the public policy drop down menu to see more about how AzNA is advocating for you and your patients, and how you too can advocate for your profession and patients.



Ray Kronenbitter, AzNA's Director of Governmental Affairs discussed "Grassroots Lobbying" with the participants at Lobby Day.



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## Nurse Lobby Day February 7, 2012

Maureen Buhl, PHN, RN



Maureen Buhl

Nurse Lobby Day is an annual event that every nurse in Arizona can benefit from attending. This year, on February 7th, I made my inaugural journey to the state capital for Nurse Lobby Day. Events of the day proved to be informative and very exciting. Participants had an opportunity to prepare for the interactive sessions through materials and links shared by the planning committee weeks in advance. The introduction to effective lobbying by Ray Kronenbitter helped prepare participants to meet with their legislators (which can be very intimidating if you have not done this in the past). Nurse Lobby Day facilitators scheduled appointments with district legislators and provided talking points related to several bills that were being proposed.

The nurse lobbyists for Legislative District 8 consisted of myself and three other nurses. It was great getting to know them and hear about their nursing expertise. We talked about which bills



Evert Sufficool, Susan Bast, Teri Wicker, Donna-Linda Livergood, Mary Peters, Rita Anderson and Dawn Horak at Lobby Day outside the Arizona State Senate building.

we wanted to discuss with our legislators. We strategized about how to impress the legislator with our collective nursing experience and wisdom. Senator Michele Reagan sponsored a bill that would prohibit restraining pregnant prisoners (SB1181, 2012). We decided to thank her for sponsoring the bill, and explain that AzNA supports it. Things didn't turn out exactly as we planned. What we thought was going to be a formal meeting turned out to be a hallway conversation outside the caucus meeting room!! As a nurse, we are always prepared for the unexpected and acted quickly to make the event meaningful. It was informal; however, her genuine interest in AzNA's position on the bill she was sponsoring and AzNA's positions on various others, was refreshing.

It's easy to see how one could become 'tongue-tied' as in our visit with Representative John Kavanagh. After a few uncomfortable moments of silence, I was able to sputter something half-way intelligent about the four different Advanced Practice Nurse (APN) roles. The rest of the group added some pertinent information about the role of the nurse practitioner. He was gracious and seemed happy to receive the talking points we presented on AzNA's legislative positions. I realized that a legislator doesn't know everything about all bills. It was also apparent that our representatives do not fully understand the different practice scopes of registered nurses. We, the profession of nursing, have a responsibility to educate and inform legislators as to the expansive knowledge and expertise possessed by nurses. It is evident that we can impact the health care environment on a local and national level if we are willing to participate and educate our legislators.

While I regret that I waited so long to participate in Nurse Lobby Day, I am glad I went. AzNA is doing a great job staying on top of bills that can directly impact the people of Arizona. I urge all nurses to attend Nurse Lobby Day—you won't regret it.



Jeanne Thompson, Shawn McGarvey, Deanna Daniel, Donna Cheek, Sue Adams and Renae Wright visit with Rep. Katie Hobbs (D) District 17 in her office, at Nurses Lobby Day at the Capitol on February 7th.

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**What's New? What's different? Two words: A Lot!!!**

## **Attention Nurses Who Teach Nurses: AzNA Announces New CE Form**

*Amy Charette, MS, RN, Director, Continuing Education*

Whether you are a preceptor, a novice presenter, a specialty topic expert, a nurse manager who identifies skills or knowledge gaps for your staff and develops programs to address them or you are a formal educator -- you all teach nurses! Each of you provide nurses with effective ways to:

- keep abreast of the **changes in healthcare**
- learn about **new technologies and research**
- stay informed on **policies and practices** affecting their practice
- **earn or maintain certifications** in their specialty
- provide **high quality patient care**

AzNA supports the availability of quality continuing education (CE) programs by holding national (ANCC) accreditation as an approver for Individual CE Activities and Provider organizations. **Your hard work deserves recognition—nurses value CE for attendance—let AzNA help you award nationally recognized contact hours.**

At AzNA we have created a new streamlined CE Application Form to make it easier to apply for contact hours for your activities:

- **Reduced** the length of the application by more than 50% (from 21 pages to 9 pages)
- **Changed the order** of the required elements to improve ease of understanding
- **Changed the format** for ease of completion

If you are planning a presentation or a program and need assistance in determining if it meets criteria for CE or you need help developing your application for contact hours please contact Debby Wood at [debby@aznurse.org](mailto:debby@aznurse.org) or call 480.831.0404. Application form available at [www.aznurse.org](http://www.aznurse.org) under Education.

**Together we are an essential part of supporting the professional development of nurses in Arizona!**



**Amy Charette**

Hospital Executive  
Rhonda Anderson,  
RN, DNSc, FAAN, FACHE  
CEO, Banner Health Cardon  
Children's Medical Center



**Rhonda Anderson**

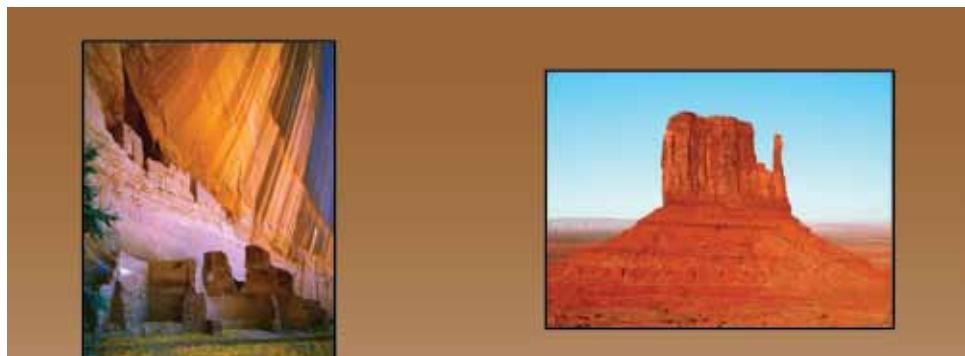
Nursing Advocate  
Anne McNamara, PhD, RN  
Dean and Professor, College  
of Nursing  
Grand Canyon University



**Dr. Anne McNamara**



**Robin Schaeffer, AzNA's ED (far right) spoke to over 250 Phoenix College students at their Leadership Day. Pictured with Robin are (left to right), Pat Novak, Dawn Klecka (both Phoenix College nursing faculty), Shellie Fedis and Shirley Righi (both from Scottsdale Healthcare).**



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# Really?!? Now *That* Is Simulation

John C. Witwer, RN, MSN

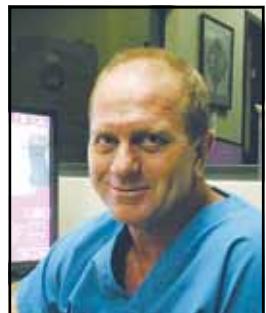
Simulation Manager

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The notion that "simulation" is only a specialized lab experience distorts its true identity as a learning concept. So, nursing uses simulation to change perceptions and manipulate environments to stimulate new ways of thinking. "Learning by observing and imitating experts in the culture is a powerful social learning mechanism" (Meltzoff, Kuhl, Movellan, and Sejnowski, 2009, p 3).

From the first day in nursing school, students are expected to order and begin to wear scrubs. They have not earned the right through education and practice to be identified as a nurse. However, the wearing of a uniform begins to model, or simulate, a pattern of dress that is recognizable as a part of the culture of the nursing profession.

Simulation is a constant of pre-licensure learning instruction. Each program and every instructor



John C. Witwer

has access to different resources and methods to help make the didactic world come alive. The use of education-based electronic health records, task trainers (e.g. audio recordings, manikins and IV arms), and environments manipulated to replicate "real world" settings—such as a patient care area, nurse's station, or medication room, all use simulation to create neuronal connections for the integration of cognitive and psychomotor learning.

Simulation does not stop at graduation. It continues to be a useful device for teachers, learners, and designers in practice areas. Preceptors and specialty instructors use simulation tools to measure clinical judgment and skill performance. Orientees and staff are aided in gaining proficiency through simulation by the use of learning-health record systems and annual Objective Structured Clinical Examination (OCSE) stations. Nurse educators look for objects/situations that will be exemplars for simulating real-world events.

There are many frames of reference to understanding and determining the usefulness of simulation. Evidence-based concepts, Quality and Safety Education for Nurses (QSEN) competencies, and Institute of Medicine (IOM) recommendations are resources for developing encounters with simulation activities. Modeling and outlining clear

expectations for performance while allowing self-exploration in safe environments aids in developing nursing clinical judgment by providing context for deliberate, conscious decisions (Benner, Tanner, & Chesla, 2009).

Reframing the context and perception of simulation is useful in demystifying preconceived notions. Identifying ways simulation can improve safe clinical practice and the nursing culture are vital to professional growth. Using simulation as an adjective, i.e. *simulated clinical event* or *simulated skills training*, aids with contextualizing the learning. As a result, "real" simulation holds true to the precepts of nursing, builds connections between knowledge and skill, and provides unmistakable meaning to learning activities.

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of Veteran's health care. Chris, VA Nurse



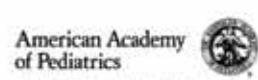
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# Public Health Nursing Opportunity

LTJG Nathan Caulk, BSN, RN  
Center for Drug Evaluation and Research,  
Academic Collaboration Program

If you walked on the Arizona State University (ASU) campus in the last two years, you may have noticed a khaki-colored uniform in addition to traditional Maroon and Gold. Seven active duty officers in the United States Public Health Service Commissioned Corps (USPHS) represent a unique academic collaboration program between the Food and Drug Administration (FDA), Center for Drug Evaluation and Research (CDER), and ASU. Lieutenant Junior Grade (LTJG) Nathan Caulk is currently stationed, in a long term training capacity at ASU College of Nursing and Health Innovation while completing graduate training in regulatory science and health safety. LTJG Caulk and 1,572 USPHS nurses work on the front lines of public health locally and nationally to protect, promote, and advance the health and safety of our Nation (USPHS, 2012).

This innovative academic collaboration program is one example of the wide variety of possibilities for nurses in public health. Opportunity and leadership in public health nursing traces its origins to those first graduate nurses who provided nursing



LTJG Nathan Caulk

services to underserved populations in their homes across the nation. These first public health nurses were courageous and committed to those they served. The vision of this movement came from Lillian Wald, a nurse, and the founder of the Henry Street Settlement in 1893 (Salmon & Mullan, 1993). The history of public health nursing is one of individuals doing what is within their power while making life better for others. Their remarkable and compassionate dedication resonates with us today. Those leaders, who walked before us and left their world a better place, are timeless inspirations for public health nurses of today and tomorrow.

The Institute of Medicine: Future of Nursing Report (2010) recognizes "public health nurses as those who promote and protect the health of populations based on knowledge from nursing, social, and public health sciences." The report recommends that a "well-prepared public health nursing workforce in numbers sufficient to deliver essential public health services is critical for the health and economic well-being of communities. Public health nurses possess a core set of skills and knowledge that allow them to adapt to ever-changing community needs. In order to achieve public health nurses' potential, however, [we] must increase [our] visibility and policy advocacy." Public health nurses plan and continue to support a solid infrastructure that Lillian Wald envisioned for underserved populations.

LTJG Nathan Caulk and the other six USPHS officers will graduate this May from ASU with a

Masters of Science in Regulatory Science and Health Safety. They will continue to serve our Nation at the FDA, Center for Drug Evaluation and Research (CDER) in Maryland. LTJG Caulk will work together with many other health professionals within CDER to ensure that safe and effective drugs are available to Americans. Even though our community faces many public health challenges, nurses remain at the forefront to protect vulnerable populations, promote healthy lifestyles through education, and advance the well-being of society.

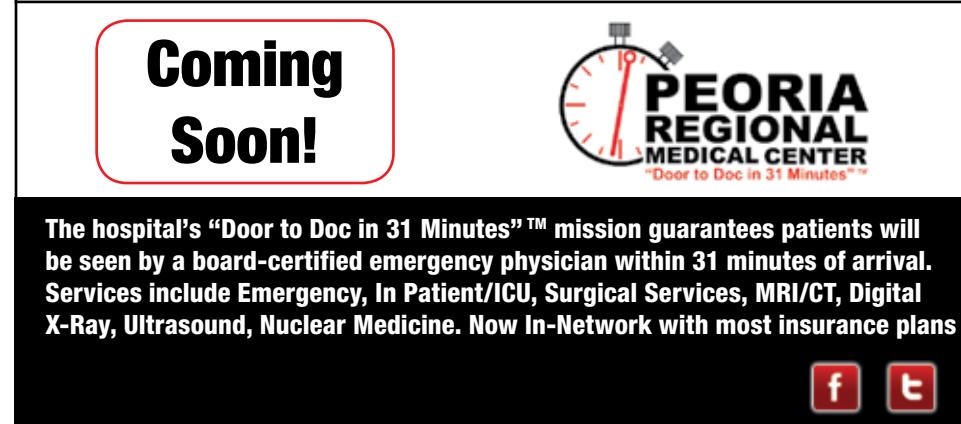
"Give me a pen and syringe, and I will give you public health nursing."

*Nathan Caulk is employed by the Food and Drug Administration. This study represents the opinions of the author and not those of the Food and Drug Administration.*

## References

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# A Code for Nurses; Professional and Social Media Ethics in Action

Barbara Halle MSN, NPD RN-BC  
Director, Communication

The use of websites such as Facebook, YouTube, LinkedIn, and Twitter have become mainstream in today's society. While these venues for communication provide exciting opportunities to share information, educate others, and stay connected; the risks to a person professionally and personally can be devastating. The profession of nursing has repeatedly been identified, as the most trusted profession because we take our obligation to protect patients and the public very seriously (Lachman, 2009).



Barbara Halle

This dedication must not change because of advances in technology and media. The ANA Code of Ethics and Social Networking Toolkit provide a valuable resource to guide our actions and activities around social media. Provision three of the Code focuses on the importance of privacy and confidentiality around the nurse-patient relationship (Fowler, 2008). Without all nurses honoring a patient's right to privacy, the position of trust held by the public may be jeopardized. By the very nature of the nursing profession patients are served at some of the most vulnerable times in their lives. Nurses are required under the Code of Ethics to share only pertinent information related to a patient's treatment with those directly involved in a patient's care (ANA 2001, p.12). Nurses must also remember that the ethical principle of non-malfeasance (do no harm) is to be maintained no matter what the circumstances.

For example, if a patient or patient's family

member gives verbal permission for a nurse to share his or her information on a social media site, professional ethics and boundaries should always dictate conduct. Because of the complexity of privacy and confidentiality laws like the Health Information Portability and Accountability Act (HIPAA) a helpful phrase to remember, as expressed by Katie Brewer, MSN, RN, senior policy analyst for the ANA is, "when in doubt, leave it out" (Larson, 2011). In addition, it is important to recognize that the Internet has no expiration date, meaning anything a person posts can remain visible indefinitely and could be discoverable at any time, by anyone.

Another valuable resource, A Nurse's Guide to the Use of Social Media was published in August of 2011 by the National Council of the State Boards of Nursing. This guide contains examples and consequences of inappropriate social media use. The various scenarios describe how social media can be used unintentionally and intentionally to share patient information in a manner that violates the code of ethics and in some cases state and/or federal laws.

Depending on the laws of jurisdiction, a state board of nursing may investigate reports of inappropriate social media use. Allegations that are proved may result in disciplinary action such as fines, sanctions, suspension, and/or revocation of license. In addition, social media postings may violate state or federal laws resulting in criminal charges. Used wisely technology and electronic media can undoubtedly advance the profession of nursing. Used unwisely it has the potential to devastate the profession.

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National Council of State Boards of Nursing (2011). *White paper a nurse's guide to the use of social media*. Retrieved March 20, 2012 from [https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf)



## 6 Tips for Nurses Using Social Media

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession.

### ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient — nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

### 6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

#### References:

American Nurses Association. (2011, September). *Principles for social networking and the nurse*. Silver Spring, MD: Author.

National Council of State Boards of Nursing. (2011, August). *White Paper: A nurse's guide to the use of social media*. Chicago, IL: Author.

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## Nurses at the Table: Bridging the Gap from Acute Care to Community

Amy Steinbinder PhD, RN, NE-BC  
2nd VP and Chair, PISC

Regardless of our individual political beliefs, health care reform in one form or another is a looming reality. As nurses in Arizona, we each have a professional responsibility to be informed, to understand the issues at hand and to find our voice in shaping delivery of healthcare to meet the needs of the communities we live in. If you are feeling a bit unprepared, the Professional Issues Steering Committee (PISC) is hard at work planning the September 14th AzNA Symposium and we are committed to organizing a program that engages all of us in actively contributing in healthcare policy discussions. Nurses are bright, ethical, compassionate and health-focused professionals. It is imperative that we equip ourselves with knowledge and strategies to address the full continuum of healthcare needs here in Arizona. We are in the position to support the shift from acute "sick" care



**Amy Steinbinder**

delivery to community-based "health" care delivery.

Come learn with us as we listen to nurse experts describe what it will take to make this vision a reality. As of this publication, Jennifer Mensik, PhD, RN, NEA-BC, FACHE, immediate past president of AzNA will be a featured speaker. Jennifer is a visionary and provocative speaker. She will be describing roles of nurses in future health care delivery models. A panel with hospital CEOs—Larry Volkmer, Patty White, and professor and researcher Marylyn McEwen who studies border health issues, will share their perspectives on balancing health care needs and cost of care in Arizona. These presenters are seasoned leaders and they just happen to be nurses. In addition, the panel moderator is Rhonda Anderson, another articulate hospital CEO and nurse. These are just a few of the speakers and presentations we have in store for you!

You won't be disappointed with this year's symposium and we are confident that you will leave the day feeling greater direction and confidence in your role as an Arizona nurse. Mark your calendars for September 14th and join your colleagues in networking, learning and collaborating to address healthcare in your state. Visit [www.aznurse.org](http://www.aznurse.org) for symposium information and to register.



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—Patty White, Chief Operating Officer, S. Joseph's Medical Center

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—Patricia Hess, Clinical Coordinator, EAU/PPU

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**June 2, 2012, AzNF Open Golf Tournament, Orange Tree Golf Resort, Scottsdale**

**June 21, 2012, New Grad Forum, Grand Canyon University, Phoenix**

**July 28-29, 2012, Southwest Regional Nurse Practitioner Symposium, High Country Conference Center, Flagstaff, AZ**

**September 14, 2012, AzNA Symposium, The DoubleTree Resort by Hilton Paradise Valley, Scottsdale**

**October 26, 2012, SNAAz 5K Walk For Education, Rio Salado Trailhead, Phoenix**

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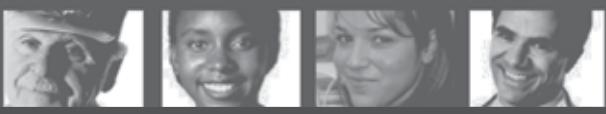
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# National Nurses Week: RNs as Leaders

During National Nurses Week 2012, ANA is calling attention to registered nurses (RNs) and their contributions to the health care system, both in the role they play as expert clinicians in diverse care settings and as leaders who can dramatically influence the quality of care and overall performance of the system into the future.

Now more than ever, RNs are positioned to assume leadership roles in health care, provide primary care services to meet increased demand, implement strategies to improve the quality of care, and play a key role in innovative, patient-centered care delivery models. The nursing profession plays an essential role in improving patient outcomes, increasing access, coordinating care, and reducing health care costs. That is why both the Affordable Care Act and the Institute of Medicine's (IOM) Future of Nursing report place nurses at the center of health care transformation in the United States.

The public wants leaders they can trust — and nurses consistently rank at the top of a respected annual poll as the most trusted profession.

Here we outline the history of National Nurses Week and the characteristics, opportunities, and challenges of the nursing profession.

## How a recognition week was established

A "National Nurse Week" was first observed in 1954, based on a bill introduced in Congress by Rep. Frances Payne Bolton of Ohio, an advocate for nursing and public health. The year marked the 100th anniversary of nursing profession pioneer Florence Nightingale's mission to treat wounded soldiers during the Crimean War. The International Council of Nurses (ICN) established May 12, Nightingale's birthday, as an annual "International Nurse Day" in 1974. But it wasn't until the early 1990s, based on an American Nurses Association Board of Directors action, that recognition of nurses' contributions to community and national health was expanded to a week-long event each year: May 6-12.

## Nursing: The nation's most trusted profession

In 2011, Americans again voted nurses the most trusted profession in America for the 12th time in 13 years in the annual Gallup poll that ranks professions for their honesty and ethical standards. Nurses' honesty and ethics were rated "very high" or "high" by 84 percent of poll respondents.

## The nursing workforce

**RN survey and projections** — Nursing is the largest of the health care professions, and continues to grow. More job growth is projected in nursing than in **any other occupation** between 2008 and 2018. But a convergence of demographics — an aging population of nurses who will soon leave the workforce coupled with the demands of an overall aging nation — will widen the gap between the supply of nurses and the growing demand for health care services.

Despite growth in the proportion of younger nurses for the first time since 1980, the nursing workforce still features a disproportionate number of nurses nearing retirement age.

Other trends show that nurses' educational level has increased significantly over three decades, and that the workforce has become more racially and ethnically diverse. In addition, more men are choosing nursing as a career.



Key facts from the most recent U.S. Health Resources and Services Administration's National Sample Survey of Registered Nurses (2008), an every-four-years snapshot of the nursing workforce, include the following:

- The U.S. has 3.1 million licensed RNs, of whom 2.6 million are actively employed in nursing.
- The profession has grown by 5.3 percent since 2004, a net growth of more than 150,000 RNs.
- Nearly 450,000 RNs, 14.5 percent of the RN population, received their first U.S. license after 2003.
- The average age of employed RNs is 45.5.
- The proportion of RNs under age 40 increased for the first time since 1980, to 29.5 percent.
- About 250,000, or 8 percent of all RNs, are advanced practice registered nurses (APRNs) — nurses who have met advanced educational and clinical practice guidelines. Common APRN titles include nurse practitioner, certified nurse midwife, certified registered nurse anesthetist and clinical nurse specialist.

## Nurses' role in health care system transformation

The public's high regard for the profession, coupled with nurses' education and skills, makes them well positioned to help transform the health care system into one that places more emphasis on prevention, wellness, and coordination of care.

Significant events occurred in 2010 that set the stage to optimize nurses' contributions, including the following:

**Health reform** — The Patient Protection and Affordable Care Act of 2010 expanded opportunities for nurses to provide primary care and wellness services and serve as key participants in new and innovative patient-centered care systems. The law also spurs movement toward the goal outlined in ANA's *Health System Reform Agenda*: a redesigned health care system that provides high-quality, affordable, accessible health care for all. And it makes strides toward improving what ANA has identified as the four most critical elements of reform: access to care, quality of care, health care costs, and a workforce that can meet demand.

**The Future of Nursing report** — *The Future of Nursing: Leading Change, Advancing Health* provides a blueprint to transform nursing so the profession can meet future health care demands and contribute fully to improve the quality of health care. The recommendations from the joint Robert Wood Johnson Foundation and Institute of Medicine

initiative include removing barriers that prevent RNs from practicing to the full scope of their education and training and ensuring that RNs are full partners with physicians and other health care professionals in a redesigned health care system.

## Nurse shortage and safe nurse staffing

Numerous studies have shown that patients fare worse when there is inadequate nurse staffing on a care unit — problems include poorer health outcomes, more complications, less satisfaction, and greater chance of death. A current study on nurse staffing, published in the *New England Journal of Medicine* in March 2011, links inadequate staffing with increased patient mortality.

Nurse shortages contribute to higher error rates, diminish time for bedside care and patient education, and lead to fatigue and burnout that decrease nurse job satisfaction and prompt nurses to leave the profession.

One recent estimate by prominent nursing workforce researchers pegged the shortage of nurses at 260,000 by 2025, primarily the result of a wave of impending nurse retirements. A shortage of nursing faculty at teaching institutions, which restricts capacity and results in qualified applicants being turned away, also compounds the problem.

To help ensure patient safety, ANA helped craft and supports a current bill in Congress (S. 58/H.R. 876) that would require hospitals to establish flexible staffing plans for each nursing unit and shift, based on varying unit conditions and with direct-care nurse input.

For more information about National Nurses Week and the profession, go to: [www.nursingworld.org/NationalNursesWeek](http://www.nursingworld.org/NationalNursesWeek).

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Email: [mark.green@asu.edu](mailto:mark.green@asu.edu)

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## **Arizona Action Coalition Joins National Campaign for Action to Ensure High-quality, Patient-centered Health Care**

### **FUTURE OF NURSING™** Campaign for Action

Phoenix, Ariz. (March 6, 2012) – The Arizona Action Coalition has been selected as an Action Coalition by the Future of Nursing: *Campaign for Action*, coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF), to ensure that all Americans have access to high-quality, patient-centered health care, with nurses contributing to the full extent of their capabilities.

The Arizona Action Coalition will work with the campaign to implement the recommendations of the landmark Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. The Arizona Action Coalition includes four co-lead coalition members: Arizona Nurses Association, Arizona State Board of Nursing, Arizona Hospital and Healthcare Association and UnitedHealth Group.

"We are thrilled to add the Arizona Action Coalition to the Action Coalition network," said Susan B. Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF and director of Future of Nursing: *Campaign for Action*. "The *Campaign for Action* is working at every level to build and sustain the changes necessary to improve health care for all Americans, and we know the contributions of the Arizona Action Coalition will be invaluable as we move forward."

Since its release in October 2010, the landmark report has made a considerable impact on the way stakeholders are viewing the nursing workforce:

- The report remains one of the most viewed online reports in the IOM's history and has sparked widespread activity to address the recommendations.
- CCNA, in its role as campaign coordinator, is working with key stakeholders through its Champion Nursing Coalition of 47 national health care, consumer, business and other organizations and Champion Nursing Council of 23 national nursing organizations to implement strategies to advance the IOM recommendations.

Action Coalitions also were announced in 11 other states:

Alabama, Connecticut, Iowa, Maine, Nevada, New Hampshire, North Dakota, Oklahoma, South Dakota, Tennessee and Vermont.

The Arizona Action Coalition joins 36 previously-designated Action Coalitions. "The expertise of our coalition members and our proven capacity were key factors in being selected," said Pamela Randolph, co-lead, Arizona State Board of Nursing. "As a participant in the movement to maximize the contributions of the nurses who deliver health care in our state and nation The Arizona Action Coalition is excited to bring its energy and ideas to this groundbreaking effort."

Robin Schaeffer, RN, co-lead, Arizona Nurses Association noted that the Arizona Action Coalition plans to focus on the areas of increasing

opportunities for nurses to lead healthcare improvement efforts and the establishment of a health care workforce center.

Action Coalitions comprised of nursing, other health care, business, consumer and other leaders are the driving force of the campaign at the local and state levels. Comprised of diverse groups of stakeholders, these coalitions capture best practices, determine research needs, track lessons learned and identify replicable models. Examples of accomplishments to date:

- Texas is collaborating with nursing education leaders to adopt a common menu of core required classes across 106 schools in the state.
- New Jersey is advancing practice by disseminating best practice models that demonstrate the benefits of staff nurses working to the full extent of their education and training.
- Indiana has worked with Indiana University to include interprofessional education into the newly designed curriculum of its schools of medicine and nursing.
- Virginia is advancing nursing leadership by recognizing and mentoring 40 Virginia registered nurses younger than 40 who positively represent and lead their profession.

"Adding this new wave of Action Coalitions represents a major step forward in the campaign's evolution," said Susan Reinhard, PhD, RN, FAAN, senior vice president of the AARP Public Policy Institute and CCNA chief strategist. The Arizona Action Coalition has already made great strides in Arizona, and their application reflected capable leadership, clear goals and strong action plans."

The campaign seeks active participation from states, national organizations and individuals from health care, business, education, government and philanthropic sectors to ensure that the recommendations are translated into actions that result in improved patient-centered care. Specifically, the *Campaign for Action* is working to implement the recommendations of the IOM report with an emphasis on:

- Strengthening nurse education and training;
- Enabling nurses to practice to the full extent of their education and training;
- Advancing interprofessional collaboration among health care professionals to ensure coordinated and improved patient care;
- Expanding leadership ranks to ensure nurses have a voice on management teams, in boardrooms and during policy debates; and
- Improving health care workforce data collection to better assess and project workforce requirements.

For more information about the *Campaign for Action* go to [www.thefutureofnursing.org](http://www.thefutureofnursing.org) or [www.futureofnursingaz.com](http://www.futureofnursingaz.com).

*The Future of Nursing: Campaign for Action* envisions a health care system where all Americans have access to high-quality patient-centered care, with nurses contributing to the full extent of their capabilities. The campaign is coordinated through the Center to Champion Nursing in America, an initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, and includes 48 state Action Coalitions and a wide range of health care providers, consumer advocates, policy-makers and the business, academic and philanthropic communities.

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## LEGAL NOTICE

**If you worked as a temporary per diem or traveling nurse at a hospital in Arizona between 1997 and 2007 and were placed there or worked through a nurse staffing agency, your rights could be affected by a lawsuit and you could get a payment from a class action settlement.**

*A federal court authorized this notice. It is not a solicitation from a lawyer.*

The purpose of this notice is to notify you about a class action lawsuit and an Abrazo Class Settlement Agreement and Release dated April 12, 2012 ("Abrazo Settlement") that has been reached with certain hospitals in Arizona that participated in the Arizona Hospital and Healthcare Association ("AzHHA") relating to temporary per diem and travel nurse services. The case is *Cindy Johnson, et al. v. Arizona Hospital and Health Care Association, et al.*, Civil Action No.07-1292 (the "Lawsuit"). Judge Susan R. Bolton of the United States District Court for the District of Arizona is overseeing this class action.

The Lawsuit alleges that AzHHA and certain hospitals, through the AzHHA Registry Program, illegally agreed to fix the prices the hospitals paid for temporary travel and per diem nurse services, including for RNs, LPNs, OR Techs, CNAs, and others, obtained through outside nurse staffing agencies. Defendants have denied the allegations. Most of the Defendants previously settled, and the Court granted final approval to those settlements on March 4, 2011. The remaining defendants have now settled. They are Hospital Development of West Phoenix, Inc. (c/b/a West Valley Hospital), VHS Acquisition Subsidiary No. 1, Inc. (d/b/a Paradise Valley Hospital), VHS Acquisition Corporation (d/b/a Maryvale Hospital Corporation), VHS of Arrowhead, Inc. (d/b/a Arrowhead Hospital), VHS of Phoenix, Inc. (d/b/a Phoenix Baptist Hospital) and VHS Acquisition Company Number 1, L.L.C. (f/k/a Phoenix Memorial Hospital) (collectively, the "Abrazo Defendants" or "Abrazo"). The Abrazo Settlement is not an admission of wrongdoing by Abrazo Defendants of any kind. The Court has not decided whether Abrazo Defendants violated any laws. No trial has taken place. The Abrazo Settlement provides money to certain persons who provided temporary per diem and travel nurse services to certain hospitals from **January 1, 1997 to September 12, 2007**. The Abrazo Settlement also includes relief to prevent the alleged wrongful conduct from happening again.

Judge Bolton will hold a hearing on August 13, 2012, to decide whether to finally approve the Abrazo Settlement. If it is approved, then class members who submit timely and valid claims will receive money from the settlement funds. Eligible class members have legal rights and choices, including (1) whether to exclude themselves from the Lawsuit and Abrazo Settlement; or (2) whether to object to the Abrazo Settlement. You can obtain a detailed notice about this lawsuit and Abrazo Settlement, review the Abrazo Settlement and the release, find out how to obtain a claim form, and get more information about the Lawsuit and Abrazo Settlement at [www.rg2claims.com/azhha/](http://www.rg2claims.com/azhha/) or by calling (866) 742-4955.

**WHO'S INCLUDED**

There are two classes:

**1) all persons who, between January 1, 1997 and September 12, 2007, provided temporary per diem nurse services in Arizona for any Defendant or other hospital that participated in the AzHHA Registry Program, and who were placed there or worked through an outside staffing agency (the "Per Diem Settlement Class"); and**

**(2) all persons who, between January 1, 1997 and September 12, 2007, provided temporary travel nurse services in Arizona for any Defendant or other hospital that participated in the AzHHA Registry Program, and who were placed there or worked through an outside staffing agency (the "Traveler Settlement Class").**

You may be a member of both classes, if you qualify for both.

To decide whether you are a member of one or both classes, you should go to [www.rg2claims.com/azhha/](http://www.rg2claims.com/azhha/). The website will direct you to a page titled: "Am I a class member?" You need to review the list of hospitals that participated in the AzHHA Per Diem or the AzHHA Travel Registry from January 1, 1997 to September 12, 2007, and see whether you worked for at least one of these hospitals while the hospital belonged to the Per Diem or Travel registry. The website also lists all nursing positions that are included, such as per diem or travel RNs (specialist and non-specialist), LPNs, OR Techs, CNAs, and others. You should review this page to determine if you are a class member and thus affected by this lawsuit and entitled to receive money from the Settlement. You may also call a toll-free number: (866) 742-4955 to find out whether you are a class member.

Excluded from the classes are Defendants and their parents, officers, directors, subsidiaries and affiliates.

To be a class member, you must have worked on a temporary basis, either per diem or as a traveler, at an AzHHA Registry hospital in Arizona, sometime between Jan. 1, 1997 and Sept. 12, 2007, and have been placed there through an outside staffing agency. You are NOT a class member if your only work at an Arizona hospital from Jan. 1, 1997 to Sept. 12, 2007 was for a hospital's internal pool or internal registry or through direct employment by the hospital and not through an outside nurse staffing agency.

**WHAT DOES THE ABRAZO SETTLEMENT PROVIDE?**

The Abrazo Defendants have agreed to pay, together, \$1,600,000 to settle all claims against them (the "Abrazo Settlement Fund"). Class Counsel will ask the Court for an award of attorneys' fees of up to 25% of the gross Abrazo Settlement Fund (the Abrazo Settlement Fund plus any interest). Class Counsel also will ask to use part of the Abrazo Settlement Fund to reimburse counsel for litigation expenses advanced on behalf of the classes; for incentive awards to the three Class Representatives totaling \$6000, and for the costs of providing notice to class members and administering the Abrazo Settlement up to \$275,000 (or more with Court approval). Class Counsel's application for fees, expenses and incentive awards will be filed with the Court and be available for download and/or viewing on or before **June 1, 2012**, on the website [www.rg2claims.com/azhha/](http://www.rg2claims.com/azhha/) or may obtained by calling (866) 742-4955, as well as at the office of the Clerk of the United States District Court for the District of Arizona, Sandra Day O'Connor U.S. Court House, 401 W. Washington Street, Phoenix, AZ 85003, during normal business hours.

The remaining funds (the "Net Abrazo Settlement Fund") will be paid to eligible class members who submit signed, valid and timely claim forms, net of applicable withholding taxes (including the employers' portion of payroll taxes, as required, of approx. 9.5%), and be accompanied by W-2s. The amount a person receives will depend, first, on whether the person provided per diem or travel services. Overall and on average, for each hour claimed, Per Diem Class members will receive four times the amount of Traveler Class members. Previously, the Court certified a Per Diem Class but denied a Traveler Class. The Court has certified a Traveler Class in light of settlement, but the difference in payments reflects the risk that, without a settlement, no Traveler Class might ever be certified, so that Traveler Class members would get nothing and would have to hire their own lawyers to see if they could sue and recover on their own. Next, higher wage positions (such as RN) will receive more per hour than lower wage ones (such as LPN). Also, generally, the more temporary per diem or travel hours you worked, the more you will receive. You can obtain a copy of the Allocation Plan at [www.rg2claims.com/azhha/courtdocuments.html](http://www.rg2claims.com/azhha/courtdocuments.html).

The Abrazo Settlement also provides for relief designed to prevent the alleged wrongful conduct from happening again. That relief will benefit all class members.

**HOW DO YOU PARTICIPATE?**

If you want to participate in the Abrazo Settlement, you do not have to do anything right now. All class members who do not exclude themselves by **July 10, 2012** (explained below) will automatically remain part of the class action against Abrazo. All the Court's rulings about the lawsuit as to Abrazo will apply to any claim you may have. To obtain money from the Abrazo Settlement, however, you must submit a signed, timely and valid claim form. You may receive, in the mail, a claim form. If not, you can get one, and other information about this lawsuit and Settlement, by going to [www.rg2claims.com/azhha/](http://www.rg2claims.com/azhha/) or by calling (866) 742-4955. You will be able to download a claim form, or request that one be mailed to you. You can also fill out a claim online at [www.rg2claims.com/azhha/](http://www.rg2claims.com/azhha/). If you have already submitted a claim regarding the earlier settlements, you do NOT need to submit another claim. If you have not yet filed a claim, you may now do so. The claim form instructs you to submit available work records. Claims must be filed no later than **August 7, 2012**.

**CAN YOU OBJECT TO THE ABRAZO SETTLEMENT?**

Yes. You can choose to remain part of the Classes, but tell the Court that you do not agree with the Abrazo Settlement or some part of it. To object, you must send a letter via first class U.S. mail postmarked no later than **July 10, 2012** to Clerk of the Court, *Johnson et al. v. Arizona Hospital and Healthcare Association et al.*, No. 07-1292, United States District Court for District of Arizona, Sandra Day O'Connor U.S. Courthouse, 401 W. Washington St., Phoenix, AZ 85003, with copies to David F. Sorensen, Berger & Montague, P.C., 1622 Locust Street, Philadelphia, PA 19103; and Kerry S. Martin, Ogletree Deakins Nash Smoak & Stewart 2415 E. Camelback Road, Suite 800, Phoenix, AZ 85016, saying that you object to *Johnson et al. v. Arizona Hospital and Healthcare Association et al.*, Civil Action No. 07-1292. Be sure to include your name, address, e-mail address (if you have one), telephone number, your signature, and the reasons you object to the settlement.

**FAIRNESS HEARING**

The Court will hold a Fairness Hearing at **1:30 p.m. on August 13, 2012**, in Courtroom 502 at the United States District Court for District of Arizona-Phoenix, Sandra Day O'Connor U.S. Court House, 401 W. Washington Street, Phoenix, AZ 85003. At this hearing, the Court will consider whether to approve the Abrazo Settlement and the request by Class Counsel for fees and expenses, incentive awards to the Class Representative, and payment for any additional costs of administering the settlement fund. You or your own lawyer may ask to appear and speak at the hearing at your own cost, but you don't have to. You do not have to attend the hearing to participate in this lawsuit or the Abrazo Settlement. In addition you do not need to attend the hearing for the Court to consider your objection, provided it was submitted correctly. The hearing date may change so please check [www.rg2claims.com/azhha/](http://www.rg2claims.com/azhha/).

**HOW DO YOU EXCLUDE YOURSELF FROM THIS LAWSUIT AND ABRAZO SETTLEMENT?**

If you don't want to be legally bound by this lawsuit against Abrazo or the Abrazo Settlement, you must exclude yourself by **July 10, 2012**. If you exclude yourself (also called "opting out"), you will NOT get any money from the Abrazo Settlement. You can hire your own lawyer, if you wish, to pursue any claim you may have against the Abrazo Defendants. To exclude yourself from the Class, send a letter by first class U.S. mail to AzHHA Claims Administrator, c/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479, postmarked no later than **July 10, 2012**, saying you want to be excluded from *Cindy Johnson et al. v. Arizona Hospital and Health Care Association et al.*, Civil Action No. 07-1292, **Be sure to include your name, address, email address (if you have one), telephone number, and signature**. Also please include your Arizona nursing license number (whether it has expired or not) if you have one.

Finally, you are requested to provide in the opt-out letter the following information: the positions you worked (such as RN, LPN, CNA, etc.); the Arizona hospitals you worked in, and the nurse staffing agency that placed you. You do not need to provide this information to opt out. It is up to you.

**For more information go to the website or call the toll free number shown below.**  
**Visit: [www.rg2claims.com/azhha/](http://www.rg2claims.com/azhha/)** **Call: (866) 742-4955**

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\* U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008

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