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The Official Publication of the Arizona Nurses Foundation  
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## Mission Statement:

*To Advance and Promote Professional Nursing in Arizona*

## Executive Director's Report



### Why Workforce Data is Critical for the Future of Nursing Jobs

**"Arizona lacks a consistent, reliable, valid, and integrated system for capturing healthcare workforce data."**

The Arizona Nurses Association is a driving force and key partner in what you are about to read. As an AzNA member, you can feel proud that your membership dollars contribute to the future of nursing in Arizona. If you are not currently a member, I hope you will see the relevance and value of our work and join the association. See page 13 for more information.

**The Workforce Issue:** The demand for healthcare in Arizona is fueled by population growth, an aging population, transient or retirement residents, and the prevalence of chronic illnesses such as diabetes and obesity. Healthcare delivery is focused on new models of care that combine cost savings, integrated healthcare, wellness, and primary care. These changes will require building the capacity of health care workers, professionals, educators, and community infrastructure. Arizona must be able to timely adapt to demands for professional education and training, and inform these healthcare planning needs with a sustainable model and process for managing healthcare workforce information.

**The Workforce Challenge:** High quality healthcare workforce supply and demand data is needed to plan for Arizona's future healthcare system needs. Arizona lacks a sustainable

infrastructure and central repository for healthcare workforce data that can be used by a broad group of Arizona stakeholders for healthcare delivery system decision-making and statewide planning efforts. (see *Who Uses Data and For What?* p. 15) Currently, healthcare workforce supply data in Arizona is available from professional licensing organizations, and collected from multiple sources by multiple organizations and groups. The system of capturing and using available workforce data is inefficient, fragmented, and untimely, and thus, not reliable for planning or anticipating supply or need for various types of healthcare professionals.

**The Workforce Grant:** The Arizona Nurses Association plays a major leadership role in The Arizona Action Coalition (AZAC). AZAC has been awarded a 2-year Robert Wood Johnson Foundation State Implementation Plan Grant (RWJF SIP Grant) to facilitate the development of an inter-professional statewide healthcare workforce collaborative and steering committee that will guide the development of a sustainable model for healthcare workforce data collection, dissemination and management for Arizona. This workgroup will review and analyze existing structures, systems, processes, and professional and regulatory requirements, and make recommendations for adoption and implementation of a continuous and sustainable model for a central workforce data repository

*Executive Director's Report continued on page 15*

## President's Message

### “A Nurse’s Ethical Obligation”

The American Nurses Association (ANA) has deemed 2015 as the Year of Ethics; a designation underscored by the impact ethical nursing practice has on patient safety and the quality of care. On Jan 1, 2015, the revised Code of Ethics with Interpretive Statements was released. The revision was the first since 2001; a revision that included an extensive four-year revision process involving thousands of nurses. I was not directly part of that process but after reviewing the revised Code and participating in ANA’s two educational webinars (archived for ANA/AzNA members) describing the changes made to the Code, I regret I missed a wonderful opportunity to participate in and shape my profession. However, I can say with confidence that I am ecstatic about the work that was done and the changes that have made the Code relevant, stronger and applicable to our ever-changing health care environment.

Examples of real situations such as an ICU nurse refusing to care for the man accused of the Boston bomb attack or a nurse experiencing moral distress due to a family conflict over the life of a brain dead patient or a nurse without symptoms of Ebola refusing state quarantine

orders because she knows the evidence for and against quarantine – these are the ethical issues facing nurses today and these are the reasons nurses should read the Code carefully and, I believe, repeatedly.

Nurses face bigger challenges than ever before. We must strive for ethical work environments where conscientious objection (see page 10), whistle blowing without reprisal and incivility and bullying are addressed using established principles and rules of ethical behavior. Other areas that have emerged and have been strengthened in the Code include research and evidence-based practice (EBP), care coordination, interdisciplinary collaboration, end of life care, social media and genetics/genomics. As a nurse, I not only want to, but need to, know the profession’s guiding principles in relation to these areas that impact my nursing practice.

For 65 years, the Code of Ethics has been the most meaningful document for our profession. It is a reflection of the proud ethical heritage of nursing, and a guide for all nurses now and into the future (Hegarty et al., 2009).

Fortunately, we have the Code of Ethics for Nurses with Interpretive Statements at our finger tips – [www.nursingworld.org](http://www.nursingworld.org). Please join me in revisiting the core values of our profession by reading, learning and using the revised Code while we celebrate the national Nurses Week theme, “Ethical Practice: Quality Care.” After all, it is our ethical obligation.

Regards,  
Carol



Carol J. Stevens,  
PhD, RN

### Article and Submissions for Peer Review

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## International Nursing

Carol O. Long, PhD, RN, FPCN, FAAN

One of the most rewarding adventures during a professional career is to work with nurses across the globe and international nurses here in the United States. For the past 12 years this has been my mission and vision. My experience as a university professor, with research and training in gerontology, home health and palliative care, and a love for travel sent me on a path of fulfillment and even wonder.

During a trip in March, 2014, I spent time with two large faith-based organizations in New South Wales, Australia. Like many aged care organizations, both are grappling with the special needs of people with dementia. During my time with them, I visited many facilities and met with nursing staff to understand, guide and train nurses and direct care workers about palliative care needs of people with dementia.

Starrett Lodge is renowned in Australia for person-directed dementia care and creative programming (Edwards et al., 2013). I had the pleasure of meeting resident Mrs. Lorna Martin who shared her written life story with me. While it was only a glimpse into the life of one individual, I was reminded how special each older adult is and how their vast contributions have paved the way for the rest of us to learn and grow.



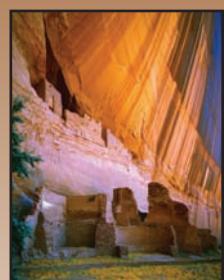
**Dr. Long with resident Mrs. Lorna Martin, at the Magnolia Unit, Starrett Lodge, NSW, Australia**

At Anglican Retirement Villages, I met Christine Lancaster, a Master's prepared palliative care nurse. I learned how palliative care is being woven into the fabric of long-term care settings and how this could be a model for the US. Our short time together led to her contribution in my chapter of the "Textbook of Palliative Communication." I met nursing staff, older adults, families, care staff, and researchers searching for better ways to care for older adults with dementia.

There are many organizations and resources that support international nursing efforts. If you are interested and want to experience aged care work in Asia, please contact me at [carollong@cox.net](mailto:carollong@cox.net) and I will be happy to help you explore the process.

Edwards, E. A., McDonnell, C., & Merl, H. (2013). An evaluation of a therapeutic garden's influence on the quality of life of aged care residents with dementia. *Dementia, 12*(4), 494-510.

Long, C. O. (in press). Team communication in the nursing home setting. In E. Wittenberg-Lyles, B. Ferrell, J. Goldsmith, T. Smith, S. Ragan, M. Glajchen, & G. Handzo. *Textbook of palliative care communication*. New York, NY: Oxford University Press.



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## Highlights from Nurse Lobby Day

I have been a member of AzNA since the 1980's, but am hesitant to say this is my first time attending Nurse Lobby Day at the Arizona Legislature. Due to various reasons, such as being in school either as a student or a teacher, I never took the opportunity to engage in the political process. I am here to say it is never too late!

The day started with a group meeting for a legislative briefing, group assignments, and strategy planning. Our lobbyist Rory Hays briefed us on the current makeup of the individuals who are in the 52nd Arizona Legislature as well as hot topics and bills of interest. We got clarification on key terminology used in the legislative process and helpful hints and tips for meeting with our legislators. Robin Schaeffer, our Executive Director, shared with us that while we are communicators, educators, and advocates, today was all about being an educator. How easy is that! As a nurse, I participate in the teaching process with students, patients, and their families on a regular basis, so this sounded easy to me.

Armed with a few talking points, we were off and running. Our appointments were already made throughout the day



**Selina Bliss, MSH**

with the legislators from our districts, so all we had to do was show up at the right office. I was reminded to build the trust we as nurses are famous for, so our legislators feel comfortable in sharing their thoughts and posing questions to us.

One of the best parts of the day was that novice first-timers were paired with seasoned experts in our assigned groups. I was fortunate to be paired with Patricia Mews who flew in overnight from San Francisco just to attend Lobby Day. From her I learned the complicated aspects of the legislative process. Speaking to our legislators is not as scary as it sounds. They were truly interested in what we had to say and asked plenty of questions we could easily answer. After meeting with our legislators, we filled out legislator feedback forms for the AzNA folks to track what conversations occurred as well as what follow-up might be necessary with the legislators.

While I learned in eighth grade how a bill becomes a law, there is nothing like seeing and being part of the real thing. Realizing how easy it is to be part of the legislative process is very empowering. If you don't get a chance to attend Nurses Lobby Day in the future, be sure to attend as a citizen to take in the legislative process.



*A group of nurses gathers under the sign on the Arizona State Senate Building during APRN Lobby Day at the Arizona State Capitol.*



*Lindsay Stream, Andrea Homing, and Eddie Valdez discuss upcoming legislation while attending Nurse Lobby Day at the Arizona State Capitol.*



*Senator Nancy Barto (center), Chair of the Health and Human Services Committee meets with two of her constituent APRNs – Joan Ralph-Webber, CNS (left) and Lisa Warren-Heft, NP (right)*



*RNs gather during AzNA's APRN Lobby Day at the Arizona State Capitol for the Morning Briefing. They are being updated on issues within the legislature that pertain to their field of practice and on how to meet and speak with their legislators. Later in the day, they will attend pre-arranged appointments to speak with the legislators of their individual districts to discuss these issues.*

## Open Positions Available for Leadership – Call for Nominations

AzNA strives to be the go-to resource for Arizona Nurses. You can help AzNA continue to move forward with its mission to advance and promote professional nursing in Arizona. With a strong strategic plan and many new initiatives on the horizon, AzNA needs and welcomes the enthusiastic participation of its members on the Board of Directors and in Elected Committee Positions.

AzNA's Board members oversee the direction of the association, take responsibility for specific projects and teams, recruit new members, ensure a solid, balanced budget, contribute to the association's financial success, and represent AzNA members at the American Nurses Association. AzNA's Board of Directors is an active board that makes a difference in our profession.

Five seats are open on the 2015 board. Terms are two years and a member may serve two consecutive terms. Members elected in 2015 will serve on the board from September 24, 2015 through 2017 Biennial Convention.

If you or a member nurse you know wish to run for one of the AzNA Board of Directors or an Elected Committee position, please submit a bio consent to serve form, available at [www.aznurse.org](http://www.aznurse.org) by hovering over the 'About AzNA' tab and selecting 'AzNA Elections 2015' from the drop down menu. Deadline for submission is July 24, 2015. Please note that this date has changed.

### The committee is seeking nominations for the following:

#### Officer positions:

**President** – Provides leadership to AzNA and serves as ANA Delegate to Membership Assembly in Washington, D.C.

**Vice President** – Supervises event planning committees and serves as ANA Alternate Delegate

**Treasurer** – Monitors the association's fiscal affairs and long range strategic financial planning and serves as ANA Alternate Delegate

**Secretary** – Assumes responsibility for correspondence and documentation of records for the Board of Directors and serves as ANA Alternate Delegate

**Governmental Affairs Officer** – Oversees the Public Policy Agenda and Public Policy Committee

#### Committees:

**Nominations** – Develop a slate of candidate for nominations

**By-Laws** – Review and revise bylaws

AzNA leadership positions provide opportunities for career advancement as well as being professionally and personally rewarding. Volunteer to take a seat at the table.

The current Nominations Committee will contact all applicants. Chair, Beth Hunt; members, Laura Blank & Tammy Hostetler; board liaison, David Hrabe.

## Special Dates

### May 15, 2015

**Bylaw amendments** to be considered by the membership at the September 24-25, 2015 membership meeting are now being accepted. The meetings will be held at AzNA's Biennial Convention. Please submit bylaw amendments to the AzNA Office by May 15, 2015.

### July 24, 2015

Please note the date change to the above.

**Call for nominations:** If you are planning to run for one of the AzNA Board of Directors/Committee positions, you must have your bio consent to serve submitted by July 24, 2015. Forms are available at [www.aznurse.org](http://www.aznurse.org) by hovering over the About AzNA tab and selecting "AzNA Elections 2015."

**Committee reports** from committee chairs must be submitted by June 1, 2015. The reports are published in the August issue of the Arizona Nurse. These reports are a great way to let members know about the important work being done by AzNA committees.

### September 23-25, 2015

#### AzNA's Biennial Convention

Please contact AzNA with questions: [info@aznurse.org](mailto:info@aznurse.org) or by calling 480.831.0404

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### AZ Pilot Project to Streamline the Transition from Student to Nurse

Dawna L. Cato, RN, PhD

Nursing is navigating a period of rapid change. The Future of Nursing Report *Leading Change Advancing Health* recommended implementing nurse residency programs that support a seamless transition into the professional role. Here in Arizona, I had the opportunity to spearhead a partnership between Grand Canyon University College of Nursing and Health Profession and Banner Health resulting in a pre-licensure nurse residency program. The program begins the last semester of the nursing program and extends through the post-hire onboarding process within the practice organization.



Dawna L. Cato,  
RN, PhD

The goal of a pre-licensure Nurse Residency Program is to promote patient safety by providing an experiential learning environment that builds on the new nurse's knowledge, skill, and attitude. By optimizing the clinical hours associated with the final semester of nursing school, student nurses focus on specific learning outcomes that transition into their identified practice roles. An academic curriculum utilizing the Nurse of the Future Competencies provides the framework for the program. Practice partners select participating student nurses based on organizational needs and student career goals and interests. Participants are placed in a 1:1 preceptorship in the clinical area where they plan to work post-graduation. Students engage in orientation and onboarding elements of the institution while meeting the goals and objectives of the last semester clinical course.

A major barrier to implementing transition to practice models is the prohibitive cost of programs to the practice arena. This model provides a significant return on investment for

the practice institution (a conservative cost savings of approximately \$10,000 per participant). This model promotes an attachment between the student and organization with the intent to foster a "right fit" upon hire and decrease the historically high first year turnover rate of new grads. Practice organizations are accepting the student as a professional colleague. Students are encouraged to take ownership of their practice and engage in the professional role. One student reported, "They allowed me to take a sense of ownership over the patients and I felt included in the team environment and the unit's culture." Another student stated "I feel ready to start as a competent and confident new nurse."

The Arizona Action Coalition Education-Practice Collaborative (EPC) is currently working on best-practice approaches for curricular implementation of the Nurse of the Future Competencies. For more information on this model and how you can become involved in bridging the gap between the student experience and beginning practice, please contact me at [dcato3@cox.net](mailto:dcato3@cox.net).

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## Money CPR

*Shawn Harrell, MS, RN*

A young friend of mine struggling with a high interest loan, recently stated, "They should forget calculus in high school and teach something practical like what to know about getting a loan and interest rates." I had to agree, but that's another article.

My friend got her lesson from the School of Hard Knocks after she was already committed to a high interest auto loan. Most of us have already gotten car loans, but what does the average nurse know about home mortgages? If you already have a mortgage or are thinking of buying, here is some useful information.

Mortgage payments usually have 4 components, **PITI**; **P**rinciple which is how much you borrowed, **I**nterest which is what you are paying to borrow the money or principle, **TI**nsurance. Let's just talk about the **P** and **I**. There are many mortgage calculators on the Internet that will determine the monthly payment for a purchase to help you decide how much you



**Shawn Harrell,  
MS, RN**

can afford or if refinancing your current loan is a good idea. Remember, many factors determine your cost including prevailing rates and your own credit history.

The biggest part of your mortgage payment is interest. At today's rate, in the first year of a 30 year \$200,000 mortgage, almost half of the payment goes to interest. That is \$186,511 of interest over 30 years. You might be interested in building equity and reducing the total dollars you pay for interest over the life of the loan. To do that, pay extra on the principle, either a lump sum each year or increase your monthly payment. On a 30 year \$200,000 mortgage your **PI** would be about \$1075 a month. If you paid an additional \$100 you could reduce the term almost 5 years and save over \$37,000 in interest! In this example you can get almost the same result by paying half your mortgage every 2 weeks. That results in an extra payment each year. Be sure to tell the lender to apply the extra payment to the principle only. One note of caution; avoid paying lenders for setting up a biweekly payment schedule. That helps them more than you.

There is much more to know about mortgages. Nurses are committed to lifelong learning. Not just professionally, but in our personal life, too. Find out what you need to know and make better informed financial decisions.

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## Members on the Move

**Jennifer Mensik**, PhD, RN, NEA-BC, FAAN has published a new book, Lead, Drive & Thrive in the System available on the ANA nursebooks.org website. Her book focuses on theory, practice and "ah ha" moments from nurse peers about what it means to work in a healthcare system.



Jennifer Mensik

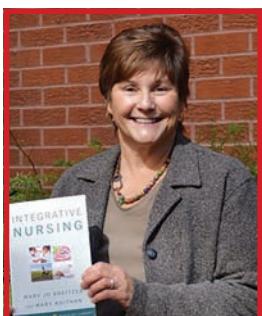
**Susan Phillips**, MSN, RN, PMHCNS-BC, authored Chapter 18 "Working With Abusive, Bullying, or Violent Patients and Families" of the book Person and Family Centered Care (Sigma Theta Tau, June 2014) which has been named the AJN 2014 Book of the Year for the Nursing Management and Leadership area.

**Amy Franciscus**, RN, past Chair of AzNA Public Policy Committee, has been chosen to participate in the Emerge Arizona program. The Emerge program is an exciting opportunity to learn the other side of politics: fundraising, public speaking, field organization and political influence. "Emerge Arizona is changing the face of Arizona politics by identifying, training and encouraging women to run for office, get elected and to seek higher office."



Amy Franciscus

**Mary Koithan**, PhD, RN-C, CNS-BC, FAAN, associate dean of professional and community engagement with the UA College of Nursing, has been named director of the new Integrative Nursing Faculty Fellowship (INFF) program at the UA College of Nursing. Mary Koithan is an internationally recognized



Mary Koithan

leader in whole-systems healing and research methodologies. She is co-editor of Integrative Nursing, a practical guide for nurses on how to apply the principles of holistic healing in the current health-care system.

**Dawna L. Cato**, PhD, RN recently joined Abrazo Health/Tenet as Market Director of Professional Development. This position is responsible for building the capability of healthcare professionals within the Abrazo/Tenet organization. This position supports Abrazo's RN clinical ladder and the Nurse Residency/Nurse Fellowship programs.



Dawna L. Cato

**Lamont Yoder**, RN, MSN, MBA, NEA-BC, FACHE – has been named CEO at Banner Gateway Medical Center and Banner MD Anderson Cancer Center. Lamont is the immediate past CNO of the same institutions and is also the president of the Arizona Organization of Nurse Executives.



Lamont Yoder



## MARDY TAYLOR

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Arizona has lost a beloved nurse leader in the passing of Margaret "Mardy" Ellen Taylor.

Tim Barnett, YRMC CEO retired, said of Mardy, "She touched many lives. Her smile and energy were infectious. Mardy made me feel special. But the truth of the matter is, Mardy made everyone feel special!"



Mardy Taylor

Mardy began her healthcare career delivering meal trays at Hurley Hospital in Flint Michigan at age 15. Her start as a Registered Nurse at Hurley Hospital prepared her for her first leadership position as Head Nurse of the ICU. After moving to Arizona, Mardy joined the Cardiovascular Services team at St. Joseph's Hospital in Phoenix and later became Director and then interim Vice President of Nursing. In 1991, Mardy joined Yavapai Regional Medical Center in Prescott and soon became Chief Nursing Officer. Mardy was a strong advocate for nurses and held many leadership positions in Arizona. Mardy, her energy and smile, will definitely be missed by her family, friends and colleagues.



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## American Nurses Association

# Conscientious Objection

## When care collides with nurses' morals, ethics

Last winter, two high-profile — and very tragic — cases pitted family members against hospital administrations and stirred debates nationwide about brain death, policies and laws, and ethics. No matter where they practice, nurses may have wondered what they would do if they found themselves in similar circumstances — whether they could object to providing patient care. The answer is a qualified "yes."

### First, the two cases

According to published reports, Jahi McMath, 13, was admitted into a California children's hospital for surgical procedures to address sleep apnea. Following surgery, she developed a complication, went into cardiac arrest, and was declared brain dead by two hospital-associated physicians and ultimately a court-ordered physician. Her family fought to have her remain on a ventilator until she could be transferred to an undisclosed facility where she could be given additional "life-sustaining" measures.

Marlise Munoz was 14 weeks pregnant when she was found unconscious at home. She was declared brain dead and carrying a nonviable fetus; her family wanted her taken off life support, noting her wishes, the media reported. But this time, the hospital where she was admitted objected — citing a Texas law it believed required them to keep her on life support until her fetus could be delivered. Again, a legal battle ensued. A judge ultimately ruled that the hospital was misapplying the law, and the hospital removed her from life support.

Members of the American Nurses Association (ANA) Ethics and Human Rights Advisory Board were not aware whether RNs objected to providing care in these specific cases. However, nurse ethicists did find it crucial to ensure that all RNs understand that they can conscientiously object to participating in interventions if certain criteria are met.

### Confronting difficult decisions

Nurse ethicist Anita Catlin, DNSc, FNP, FAAN, followed the Munoz case in the national press.

"Nurses have a right to conscientiously object to participate in technologically supported

treatment of a brain-dead person," shared Catlin, a member of ANA's ethics advisory board. "Additionally, when a woman and her surrogate have made their wishes known, it is unethical to go against these wishes as stated in ANA's *Code of Ethics for Nurses with Interpretive Statements*.

"If members of the nursing staff wished to be excused from participating in this patient's care for anything other than palliative care and comfort measures, they have every right to do so."

When it comes to nursing practice, there are two broad categories in which RNs can conscientiously object to participate — based on provisions addressed in the *Code of Ethics*, according to Marsha Fowler, PhD, MS, MDiv, RN, FAAN, a member of the ANA's professional issues panel steering committee, which has been leading a revision of the *Code*.

Nurses can refuse to participate in all instances of an intervention — such as an abortion or sexual reassignment surgery — based on religious or moral grounds, said Fowler, an ANA\California member. RNs who hold these strong beliefs should make their objections to participate in these types of interventions or procedures known at the time of hiring, Fowler said.

"If that's not possible for some reason, the nurse should make her or his objection as timely as possible so the nurse manager can find a replacement," she said.

Vicki Lachman, PhD, MBE, APRN, FAAN, added that for nurses to ethically object to participating in an intervention, that intervention "must challenge their moral integrity — and not be based on false motivation. It really has to violate a deeply held conviction of what's right or wrong. A nurse might believe that the sanctity of life trumps all."

The *Code* does not allow nurses to refuse care based on prejudice, discrimination or dislike. For example, they can't refuse to take care of someone because the patient abuses alcohol or because the patient is homosexual, according to Lachman, chair of ANA's ethics advisory board.

To decrease the chances of having to object on moral or religious grounds, nurses ideally should practice in settings where they are less likely to be confronted with interventions — such

as abortions, cardiac transplants or palliative sedation — that conflict with their beliefs, Lachman said.

The other broad category in which nurses can conscientiously object involves a specific intervention with a specific patient, Fowler said. A common example of this ethically sound objection is when a nurse is asked to participate in an intervention that goes against a patient's autonomy and expressed desires, as in the patient's not wanting a blood transfusion, antibiotics or other lifesaving measures.

Given the fast pace of technology and other advances, nurses may increasingly find themselves in ethically challenging situations, Lachman noted.

Additionally, many sensitive cases that might have been kept private in decades past are now being played out in the media, according to Fowler.

### Parting words

To make a conscientious objection, Fowler said nurses should follow the lines of authority and the structures that are in place in their facilities. They also can contact their organization's ethics committee or patient ombudsman.

And they must be aware of an obligation not to abandon a patient.

"Once a nurse begins treating a patient, she or he is legally bound to care for that patient until another nurse is available to assume responsibility for the patient," Lachman said.

And although it may take courage to conscientiously object — particularly given some workplace cultures — not doing so can have dire consequences for the individual nurse and for the nursing profession.

"Most of the time, nurses just remain silent and do not make their objections known. They also worry that their decision will place a burden on colleagues by giving them more work," Lachman said. "If nurses cannot move away from these situations, it becomes intolerable. They experience moral distress, emotional and physical fatigue, and burnout. Therefore, organizations must provide nurses with the staffing necessary to maintain their moral integrity, and nurses need to participate only in patient care that is not morally compromising."

Fowler added, "Nurses need to accommodate and support colleagues who conscientiously object and provide an environment that preserves professional integrity."

— Susan Trossman is the senior reporter for *The American Nurse*.

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## American Nurses Association

# Better, Safer Patient Care Through Evidence-Based Practice and Teamwork

In today's health care environment, patients rely on multiple providers for their care. For that care to be safe and of the highest quality, the Institute of Medicine, the nursing community and others have recognized the need for health care providers to embrace a collaborative, team-based approach to care. Patients, health care team members and the organization all benefit from interprofessional teamwork.

### How can evidence-based teamwork be implemented?

Providers need to promote a change in organizational culture from an environment of working in silos to one that supports interprofessional collaboration. This, in turn, improves communication and reduces errors. One approach supported by the Agency for Healthcare Research and Quality (AHRQ) is TeamSTEPPS®, an evidence-based system that supports improving teamwork and communication skills with the goal of optimizing patient outcomes and improving patient quality and care.

TeamSTEPPS has been successful as the foundation for many evidence-based teamwork and quality improvement initiatives by using a three-phase approach. The first phase is for the organization to establish a multidisciplinary change team that assesses the need for practice change and that is committed to providing quality care by implementing evidence-based practices (EBP). Phase two focuses on planning, staff education and putting EBP into practice. Honest communication is crucial in this phase, because some team members may be resistant to practice changes and will need to share concerns and ask questions. The last phase of TeamSTEPPS is sustainability. The purpose of phase three is to sustain and spread improvements regarding teamwork performance. Sustainability can be achieved by asking for honest feedback from staff and by providing continual reinforcement and support.

To move away from silos to a team-based approach, Chaboyer, Wallis and Getherston make the following recommendations in their article "Implementing bedside handover: strategies for change management," as reported in the *Journal of Clinical Nursing*. An organization's leadership team should:

- Commit to a collaborative and interdisciplinary, or interprofessional, team approach.
- Be open to input from all staff members.

- Encourage frequent and honest conversation.
- Be patient. Change in organizational culture takes time.

### Case scenario

Mrs. Hall was a frequent visitor to the pulmonary unit in the small urban community hospital. She acquired COPD from years of smoking, gained 30 pounds and needed frequent medication changes just to maintain her current oxygenation needs. Alex was the nurse assigned to care for Mrs. Hall and remembered her from previous admissions. What Alex didn't realize was that Mrs. Hall lived alone and had been cared for inconsistently by multiple unlicensed caregivers since her last discharge. Since Alex "knew" the patient and was unusually busy that shift, the admission assessment was unfortunately swift and incomplete.

Tara, a new physical therapist, was assigned to evaluate Mrs. Hall's mobility. Before the assessment, she read the patient's history and physical exam report and quickly identified Mrs. Hall as being at high risk for pressure ulcers. Tara asked Alex and a nursing student, Angela, to help her with getting Mrs. Hall out of bed. Without hesitation, both the nurse and the nursing student agreed to assist in Mrs. Hall's mobility assessment. Alex noticed that Mrs. Hall's mobility status had declined, as she was no longer able to sit unassisted.

Immediately, Tara determined that Mrs. Hall was exceptionally weak and unable to support her own weight while sitting. Recognizing this as an opportune time to teach, Alex recommended that Angela examine the patient's skin during the transfer in order to complete her admission assessment. Although Alex had previous experiences working with Mrs. Hall, she was surprised to learn that Mrs. Hall had developed a stage-three pressure ulcer on her sacrum and had breakdown on her hips and heels bilaterally.

### Lessons learned

Alex, Tara and Angela worked together as a team and were able to identify a care issue that required immediate attention and action. It takes an interprofessional team to optimally care for a patient. If it weren't for Tara, Mrs. Hall's pressure ulcer might not have been noticed until later in the shift. Input from each health care team member influences the patient's plan of care regardless of the health care setting. A team-based approach provides unique

perspectives that will benefit patient care quality and safety.

### Practice recommendations

- Teamwork is essential in improving patient safety.
- Speak up...recognize that you have a unique perspective to share.
- Acknowledge interprofessional expertise and value input from others.
- An evidence-based teamwork system improves communication among health professionals and impacts patient care.

### Implications

Highly functioning teams:

- Are one element in high-quality care.
- Protect patient safety.
- Reduce duplication of services and save organizational resources.
- Improve community access to care.

— Marie-Elena Barry is a senior policy analyst in Nursing Programs at ANA.

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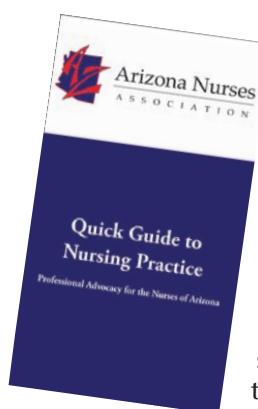
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## American Nurses Association

### The Year of Ethics Commences with First Revision of Code since 2001



*ANA Plans Ethics Educational Activities for 2015 to Highlight Importance in Nursing Practice*

In December 2014, the Gallup survey ranked nurses as the top profession for honesty and ethical standards for the 13th consecutive year. In recognition of the impact ethical practice has on patient safety and the quality of care, the American Nurses Association (ANA) has designated 2015 as the **"Year of Ethics"** highlighted by the release of a revised code of ethics for the profession.

"The public places its faith in nurses to practice ethically. A patient's health, autonomy and even life or death, can be affected by a nurse's decisions and actions," said ANA President Pamela

F. Cipriano, PhD, RN, NEA-BC, FAAN. "ANA believes it's important that all nurses practice at the highest ethical level, and therefore, we will be offering a full range of activities to inform and support nurses to achieve that goal in a stressful and ever-changing health care environment."

The foundation of the 2015 ethics initiative is the revised **Code of Ethics for Nurses with Interpretive Statements**, which was released Jan. 1 and now available on [nursingworld.org](http://nursingworld.org) under ANA publications. Several thousand registered nurses submitted comments during a four-year revision process for the new *Code of Ethics*, which was last updated in 2001. The update ensures that the Code reflects modern clinical practice and evolving conditions, and fully addresses transformations in health care.

Activities emphasizing the importance of ethics in nursing practice include:

#### 2015 Designated as Year of Ethics

- The National Nurses Week (NNW) theme, "Ethical Practice. Quality Care," May 6-12. Visit [nursingworld.org](http://nursingworld.org) for more information on NNW and the free national nurse week seminar.
- The 2015 ANA *Ethics Symposium* designed to facilitate dialogue across the nursing spectrum, June 4-5 in Baltimore. Additional registration information is on [nursingworld.org](http://nursingworld.org).
- Publication of the *Guide to the Code of Ethics for Nurses*, scheduled for a July release.

In 2014, ANA participated as a strategic partner in the National Nursing Ethics Summit convened by the Johns Hopkins University's Berman Institute of Bioethics and School of Nursing to strengthen ethics in the profession. The summit resulted in the Blueprint for 21st Century Nursing Ethics: Report of the National Nursing Summit. Summit leaders are encouraging individuals and organizations to adopt and implement the ethics blueprint to "create and support ethically principled, healthy, sustainable work environments; and contribute to the best possible patient, family and community outcomes."

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- Five (5) years of experience as a registered nurse, two (2) years of documented experience as a nursing instructor in a program leading to a baccalaureate degree or higher, and two (2) years of documented nursing program administration preferred.
- Resident of Arizona or willingness to relocate to the Phoenix/Tucson area preferred.
- Knowledge of curriculum design, program administration, evaluation, instruction and advising.

To apply please visit: [jobs.pmi.edu](http://jobs.pmi.edu) or contact Theresa Neuhaus at [tneuhaus@pmi.edu](mailto:tneuhaus@pmi.edu) • 520.323.5966

## ASU College of Nursing & Health Innovation

### Join Us.

The College of Nursing & Health Innovation at ASU placed 24th in the country for its master's programs in nursing, making it the highest-ranked in Arizona.

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- Bachelor of Science in Nursing (BSN)
- Post-Baccalaureate BSN
- RN-BSN

### Graduate Programs

- Doctor of Nursing Practice (DNP)
- Master of Healthcare Innovation (MHI)
- Master of Science (MS)
  - Care Coordination
  - Nurse Educator
  - Patient Safety and Health Care Quality
- PhD in Nursing & Health Innovation (PhD)

For more information please visit [https://nursingandhealth.asu.edu/programs](http://nursingandhealth.asu.edu/programs)

Faculty opportunities available, visit [https://nursingandhealth.asu.edu/employment/index.htm](http://nursingandhealth.asu.edu/employment/index.htm)

## ANA/Arizona Nurses Association Membership Application

For other information, please contact ANA's Membership Billing Department at (800) 923-7709 or email us at [memberinfo@ana.org](mailto:memberinfo@ana.org).



### Essential Information:

First Name/MI/Last Name

Date of Birth

Gender: Male/Female

Mailing Address Line 1

Credentials

Mailing Address Line 2

Home Phone

Mobile Phone

City/State/Zip

Email Address

How did you hear about ANA/AzNA?  Colleague  Mail  Magazine  Online  Other: \_\_\_\_\_

### Professional Information:

Employer

Current Employment Status: (e.g. full-time, part-time, per diem, retired)

Type of Work Setting: (e.g. hospital, clinic, school)

Current Position Title: (e.g. staff nurse, manager, educator, APRN)

Practice Area: (e.g. pediatrics, education, administration)

RN License #

State

### Ways to Pay:

#### Monthly Payment

Checking Account *Attach check for first month's payment. Please make checks payable to ANA.*

Credit Card

#### Annual Payment

Check

*If paying by credit card, would you like us to auto bill you annually?  Yes*

### Authorization Signatures:

Monthly Electronic Deduction | Payment Authorization Signature\*

Automatic Annual Credit Card | Payment Authorization Signature\*

### Credit Card Information:

Visa  Mastercard

Credit Card Number

Expiration Date (MM/YY)

Authorization Signature

Printed Name

\*By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts. ANA & State and ANA-Only members must have been a member for six consecutive months or pay the full annual dues to be eligible for the ANCC certification discounts.

Please Note — American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with ANA for the correct amount.

### Web

Join instantly online  
Visit us at [www.joinana.org](http://www.joinana.org)

### Mail

ANA Customer & Member Billing  
P.O. Box 504345  
St. Louis, MO 63150-4345

### Fax

Completed application with credit card payment to (301) 628-5355



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# Without AzNA there would be...

**NO** influence on laws, rules and Scope of Practice

**NO** national collaboration

**NO** professional protection

**NO** state accrediting body for continuing education

**NO** role model for the next generation

**NO** voice for nursing

[www.aznurse.org](http://www.aznurse.org)

# It Pays to Join.

[www.aznurse.org](http://www.aznurse.org)

Register to volunteer today!

The Arizona Emergency System for Advance Registration of Volunteer Health Professionals

[www.azdhs.gov/volunteer](http://www.azdhs.gov/volunteer)



A Stronger State of Health Preparedness

## Welcoming New and Returning Members

### New Members

12/01/14 – 02/28/15

#### Chapter 1 – Greater Phoenix

Odionyenfe Adelakun  
Chiemene Andrew  
Kathryn Baxter  
Denise Betcher  
Kelley Bonowski  
Helen Brogan  
Barbara Browder  
Margaret Calacci  
Kelly Chavez  
Susan Constantine  
Jacque Cushard  
Rovianne Dela Cruz  
Mariene Diaz-Cruz  
Diana Dombrowski  
Kayla Ford  
Amy Forker  
Cheryl Gallaga  
John Grace  
Amory Godwin  
Grijaldo  
Delia Guerrieri

Anne Hillier  
Veronica Hurd  
Donna Hutchins-Miller  
Kathleen Hutter  
Kim Keene  
Julia Lee  
Debra Lemenager  
Tamara McDonald  
Tara Neuheisel  
Adelaide Okoree-Siaw  
Clare Parkinson  
Sarah Pile  
Elizabeth Plata  
Kari Rocco  
Stephanie Roth  
Kelly Schultz  
Sheryl Shantz  
Kristin Smith  
Therese Speer  
Cheryl Steffen  
Marlene Steinheriser  
Anabell Thompson  
Ashley Watkins  
Laura Westfall  
Karen Wilds  
Leslie Wilkie  
Anthony Zielke

#### Chapter 2 - Tucson

Noranita Arms  
Jennifer Biresch  
Julie Carlson  
John Casey  
Sarah Gates  
Angela Gaul  
Nancy Henning  
Amy Katherine Horne  
Cynthia Kennedy  
Misty Levitt  
Willard Lynch  
Kathleen McLeod  
Theresa Ouellette  
Roberta Purrier  
Amy Rice  
Melissa Still  
Tracie Vineyard

#### Chapter 5 - Prescott Valley/Northern Arizona

Becky Babers  
Wendi Campbell  
Lisa Church  
Toni Coleman  
Elaine Elek

Sabrina Finklea-Strickland  
Lillian Gilmore  
Melissa Homan  
Kristina Huddleston  
Lesa Lock  
Shelly Potts  
Dawn Rivas  
Najia Russell  
Jeannette Sasmor  
Sheri Shamon  
Lisa Stanley  
Jesse Van Leeuwen-Beloussow

#### Chapter 7 – Yuma, Rio Colorado

Barbara Cruz  
Lizhanka Mendez  
Nicole Schug  
Gail Smith  
Eric Vaughn

#### Chapter 30 – East Valley

Heidi Alton  
Penny Baker

Shannon Bell  
Lynn Blair  
Elizabeth Bryant  
Valerie Burt  
Edwviges Castillo  
Amy Chenoweth  
Katie Cordaro  
Daniel Crawford  
Cristi Foster  
Emily Frye  
Robert Gage  
Wendy Gallagher  
Iris Garcia  
Dusty Glackin  
Blaire Glennon  
Miki Goodwin  
John Gutzwiller  
Michelle Hardesty  
Sherry Hottenstein  
Nirva Jean Baptiste  
Mary Jerde  
Kori Ann Johnston  
Chanda Jones  
Mary Kaithakkal  
Melinda Kirchhefer  
Laura Leal  
Abigail Marley

Holly Mesnard  
Paul Moreno II  
Robyn Olson  
Kelly Parker  
Angela Poulos  
Karen Prendergast  
Charlotte Pride  
Cheryl Proctor  
Erin Quick  
Lisa Rodriguez  
Marie Rozell  
Irma Ruiz  
Meliza Salandanan  
Donna Snow  
Becci (Melinda) Stoflet  
Judy Torrey  
Nancy Velarde-Franks  
Isidora Vidallon  
Stephanie Vigil  
Dree Wilkinson-May  
Karla Yonts  
Shelly Lanagan  
Tyrene Robertson  
Kathy Rodman  
Vanessa Rogong  
Shelley Vaughn



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Email: [JenelT@sbhservices.org](mailto:JenelT@sbhservices.org)  
Call: 602-351-6901  
EOE



Seeking Solutions, Creating Change

## 2 Year Anniversary Members

12/01/2015-02/28/2015

#### Chapter 1

Emily Braganza  
Elaine Clayton  
Ruby Mae Dacuan  
Patricia Dotts  
Giovanna Goldman  
Kimberly Haelen  
Mary Harden  
Shana Hofberger  
Kassandra Hyde  
Julie Jackson  
Joseph Jenneford  
Monika Keith  
Jennifer Kent  
Brittany Nail  
Charon Pierson  
John Ponce De Leon

#### Chapter 5

Dena Quaranta  
Mary Walsh  
Robert Wingenter  
Jillian Young

**Chapter 2**

Barbara Bauwens  
Irma Campuzano  
Victoria Fass  
Stephen Frates  
Deana Gil  
Brandie Griffin  
Helen Hess  
Misty McGillem  
Krista Olinger  
Milton Spivack

#### Chapter 7

Floye Bradford  
Janis Burger  
Jo Ann Ottis  
Candice Panton  
Deborah Siebken  
Sara Stanford  
Maria Thomas  
Robert Wallace

**Chapter 30**

Peggy Jessen  
Amanda Schmidtmann

Cheryl Dworman  
Barbara Ginn  
Kathryn Good  
Allison King  
Carol Long  
Jennifer Mays  
Jerry McGowan  
Emma Schofield  
Mary Thomas  
Whitney Tripp  
Hailey Valentine  
Dedra Wadsworth

#### Mountain Health & Wellness

We are a Federally Qualified Community Health Center that provides family medicine/primary care services, behavioral health services and substance abuse services for all ages.  
Presently serving seven communities in Arizona, Mountain Health & Wellness is looking for nurses to join our team in Apache Junction, Casa Grande or Yuma.

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Current RN license in AZ is required.



Send resume, letter & salary to [hr@mhwaz.org](mailto:hr@mhwaz.org)

#### EL RIO

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El Rio Community Health Center is a highly respected, non-profit community health center with 17 locations based in Tucson. We serve over 83,000 patients a year and employ over 1,000 team members. El Rio offers a competitive, comprehensive benefits program to regular full time employees.

We are looking for experienced (bilingual preferred) candidates to fill the following positions:

**Registered Nurse, Care Coordinator  
Licensed Practical Nurse**

For details please visit [www.elrio.org/careers](http://www.elrio.org/careers)

#### Change is happening...

Visit [www.nursingALD.com](http://www.nursingALD.com) to access over 600 issues of state nurses publications from around the United States - Stay informed about nursing in Arizona and around the country!



#### O:A:S:I:S Hospital

Orthopedic and Spine Hospital  
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Diane Nieman, HR Director  
[dnieman@oasishospital.com](mailto:dnieman@oasishospital.com)

for Arizona. Robust inter-professional collaboration and attention to development of a diverse healthcare workforce are integral components of Arizona's plan.

**Our Community Partners:** Matching Funds and in-kind donations were necessary to qualify for the RWJF SIP grant. A large thank-you goes out to all of our state-wide supporters listed below.

Arizona Nurses Association	Arizona Hospital and Healthcare Association
Arizona State Board of Nursing	Arizona Association for Home Care
Maricopa County: Workforce Development Division	City of Phoenix: Community & Economic Development
Arizona Commerce Authority	St. Luke's Health Initiatives
Arizona Nurses Foundation	Arizona Organization of Nurse Executives
Greater Valley Area Health Education Center	Northern Arizona Area Health Education Center
Eastern Arizona Area Health Education Center	Southeast Arizona Area Health Education Center
ASU College of Nursing & Health Innovation	Regional Center for Border Health
Northern Arizona University School of Nursing	Scottsdale Healthcare
Bilingual Nursing Fellowship Program Partnership with South Mountain Community College and Phoenix College Center for Nursing Excellence	National Association of Hispanic Nurses, Phoenix Chapter
Arizona College	Personal Contributors: Pauline Komnenich, Pamela Randolph

**What Next?** We will keep you updated on the progress of the grant through an ongoing column in the Arizona Nurse. You can also visit [www.futureofnursingaz.com](http://www.futureofnursingaz.com). Next issue we will introduce the second part of our SIP grant: *Preparing a diverse RN workforce by providing mentorship opportunities for nursing students from diverse backgrounds to engage in preceptor clinical experiences with underserved populations and communities.*

I would personally like to thank our grant-writing team who put in countless volunteers hours to make this grant possible: Carla Clark, Ed Jones, Tanie Sherman, Adriana Perez and Pam Randolph.



One of the many SIP grant-writing sessions

AzNA Members; Robin Schaeffer, Carla Clark and Tanie Sherman and Ed Jones (community partner from Greater Valley Area Health Education Center).



## “Lady with the Lamp” Pendants Designed Especially for AzNA

These beautiful pieces are part of the “Lady with the Lamp Collection” designed especially by Coffin and Trout Fine Jewellers and are available by contacting Coffin and Trout at 800.684.8984 or [sales@coffinandtrout.com](mailto:sales@coffinandtrout.com). The pendant is available in gold, white gold, silver and with or without diamond trim. A portion of the proceeds benefits AzNA.

## Who Uses Data & For What Purposes?



Adapted from: Health Workforce Technical Assistance Center  
[www.HealthWorkforceTA.org](http://www.HealthWorkforceTA.org)



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## Southwest Region Indian Health Service

The Southwest Region Indian Health Service is seeking Registered Nurses with **Medical/Surgical, ICU, Emergency, and OB/L&D** experience that have an innovative spirit to improve the health status of our Native American population. We support this effort by providing:

- **Loan Repayment Program – Up to \$20,000 annually.**
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- A proven health care team
- Exceptional **Federal Benefits**, including Health and life insurance benefits
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Our nursing career opportunities are based on needs identified by our nursing executives and patient population located at various rural sites throughout the states of **Arizona, Nevada and Utah**. The Southwest Region also has the largest Medical Center in the Indian Health Service located in downtown **Phoenix**.



If you, or someone you know has an interest, please contact **CDR Stephen Navarro** at **602-364-5222**, or email Stephen at [Stephen.navarro@ihs.gov](mailto:Stephen.navarro@ihs.gov).

*I hope we'll talk soon.*

*P.S. Your Southwest adventure awaits you.*

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## AFTER A BUSY DAY, A FATAL ERROR OCCURRED.



We can all make a mistake. But as a nurse, one mistake can lead to disaster. Consider this real-life example.

After receiving treatment in an emergency department (ED), a 36-year-old woman died of undiagnosed sepsis. The physician and nurse who treated her were sued by the family.

The lawsuit claimed that the nurse — who had worked a busy, 14-hour shift in the ED — failed to document an elevated heart rate on discharge and failed to tell the physician that the patient had had her spleen removed. The jury awarded the plaintiffs \$1.2 million. The nurse was responsible for 40% of that award: \$480,000.<sup>1</sup>

It's because of cases like this that the **American Nurses Association (ANA)** offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

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<sup>1</sup> Source: Clinical Advisor, November 1, 2013

<sup>2</sup> Please contact the program administrator for more information or visit [proliability.com](http://proliability.com) for a free quote.

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OF ARIZONA  
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