Since early spring, UIMC nurses have been preparing for negotiations with the University. This work has been hampered by the interference of other unions wishing to represent the nurses. For two months, the nurses have been forced to defend their choice of INA 30 plus years ago. During this time of upheaval, new leaders forged forward to bring the nurses together.

“This is an inspiring story of triumph and perseverance. The nurses at UIMC spent the first part of the summer being bombarded with misinformation and “shaky” promises. This only served to distract us from the job we have to do and that is securing a contract that is 2nd to none in Illinois” stated Alice Johnson, program director for INA. With a resounding vote on July 19th of 683 to 6 in support of INA, the nurses sent a clear message. They are a force to be reckoned with.

“This election has demonstrated our unity and commitment to our professional affiliation with the Illinois Nurses Association,” said Marcia Hymon, RN member of the union’s negotiating committee. The Chicago medical center is comprised of a 491-bed hospital, an outpatient facility, specialty clinics and six health science colleges including the College of Medicine.

“UIC nurses spoke loudly and clearly on the 19th,” said INA executive director Susan Swart. “They wanted to be represented by a professional nursing union that was based in Illinois and knew Illinois nursing.”
UPHOLDING THE NURSE STAFFING BY PATIENT ACUITY LAW—IS YOUR HOSPITAL IN COMPLIANCE?

President Robbins BSN, RN

INA has been made aware that hospitals are ignoring specific language in the law—specifically the sections regarding the Nursing Care Committees. To help nurses understand the value and power embedded in these laws, let’s review some of its tenets.

Portions of the nurse staffing law are (italics)

Nursing care committee’s recommendations “must be given significant regard and weight in the hospital’s adoption and implementation of a written staffing plan.”

• “The Acuity Model, an assessment tool selected and implemented by a hospital as recommended by a nursing care committee that assesses the complexity of patient care needs requires professional nursing care and skills aligns patient care needs and nursing skills consistent with professional nursing standards”—and is the cornerstone to building appropriate nurse staffing levels.

“Registered professional nurses on the nursing care committee shall be as broadly representative of the clinical service areas as practically reasonable.” The Illinois Nurses Association proposed the Nurse Staffing by Patient Acuity based on patient acuity and a nurse’s skills and abilities. INA acknowledges the individual makeup of every hospital and every unit’s registered nurses are at different skill and expertise levels. The American Nurses Association’s Principles of Nurse Staffing is the bedrock that INA’s nurse staffing law was built. INA’s investigation and implementation of a written staffing plan.”

• “Data that examines nursing contributions to improving patient outcomes” and “Hospital Report Card Act, Illinois Adverse Health Care Events Reporting Law and the American Nurses Association’s National Quality Indicators (NDNQI)” which identifies linkages between nurse staffing and patient outcomes and well as the individual hospital’s nurse sensitive data.

Today

In 2011, demonstrating quality is even more important. With changes in reimbursement, hospitals are challenged with providing high quality, cost effective care. Hospitals strive to improve care at the patient level and sustain those improvements over time. NDNQI is a tool hospitals can utilize to improve their outcomes in 18 nursing-sensitive measures and RN work environment with the use of the RN Survey.

Over 1800 hospitals now participate in NDNQI nationwide and internationally. NDNQI uniquely measures nursing care from the nursing unit perspective. Measuring care on the unit level empowers nursing units to improve patient care from where it matters most—the nursing unit. NDNQI research has demonstrated nursing units vary by patient population and type and the structure of care and processes of care should be designed to meet the needs of the nursing unit. With state, regional, and national comparison data, hospitals can benchmark themselves against the best of the best. Nurses can and have demonstrated with the use of NDNQI ways to improve patient outcomes. Using resources to improve healthcare delivery systems is aligned with the government’s future reimbursement of payment which will essentially be connected to outcomes. Use these resources: https://www.nursingquality.org/documents/public/NDNQI%20Publications.pdf

• Does your hospital utilize the Illinois Nurse Staffing Law with “Nursing Care Committee and existing or newly created hospital-wide committee or committee of nurses whose functions in part or in whole contribute to the development, recommendation and review of the hospital’s nursing care plan” or simply purport your nurse staffing by number grids?

Nurses are the link to safety and appropriate staffing must be defined. Staffing plans must be fashioned with multiple healthcare safety resources, utilizing the expertise of the skilled direct care nurse.

• The Written Staffing Plan shall include but not be limited to the following considerations:
  ○ The complexity of complete care, assessment on patient admission, volume of patients admissions, discharges and transfers, evaluation of the progress of a patient’s problems, ongoing physical assessments, planning for a patient’s discharge, assessment after a change in patient condition, and assessment of the need for patient referrals;
  ○ The complexity and clinical professional nursing judgment needed to design and implement a patient’s nursing care plan, the need for specialized equipment and technology, the skill mix of other personnel providing or supporting direct patient care and involvement in quality improvement activities, professional preparation and experience;  
  ○ Patient acuity and the number of patients for whom care is being provided;
  ○ The ongoing assessments of a unit’s patient acuity levels and nursing staff needed, routinely made by the unit nurse manager or his or her designee;

• The identification of additional registered nurses available for direct patient care when patient’s unexpected needs exceed the planned workload for direct care staff;

• A written staffing plan shall consider the time required for nursing staff documentation of patient care;

• In order to provide staffing flexibility to meet patient needs, every hospital shall identify an acuity model for adjusting the staffing plan for each level of patient acuity;

• Nursing Care Committee recommendations must be given significant regard and weight in the hospital’s adoption and implementation of a written staffing plan;

• Hospital Report Card Act requires “the written staffing plan must be posted in a conspicuous location for both patients and direct care staff”.

Is the written staffing plan posted in your hospital in such a transparent manner?


NURSE ACTION:

Consider bringing the INA Nurse Staffing Survey to your facility—Discover if your hospital is complying with the law!

INA’s survey will allow you for choose whether or not to include your name and contact information at the end of your nurse staffing assessment. The ability to hold healthcare employers accountable will make it easier for your involvement. Get active, get involved and begin to change your staffing plans within your hospitals with the first step, adherence to existing Illinois law!

INA recommends to every registered nurse providing direct care working in an acute care facility should complete the Nurse Staffing By Patient Acuity assessment survey. Contact INA today if you would like more information regarding the Nurse Staffing Survey. Email Sharon Canariato at scanariato@illinoisnurses.com

Pam Robbins

September 2011 The Illinois Nurse
Plans For Summit III Underway

by Sharon Canariato, MSN, MBA, RN

In April of 2010 and 2011, statewide meetings were held on the Educational Advancement of Registered Nurses in Illinois. The purpose of those meetings was to develop strategies to reach the recommendations made in the Future of Nursing report. There have been 80 per cent of nurses with a bachelor’s degree by 2020. Since then, the meeting name “Educational Advancement of Registered Nurses” has changed to “Nursing Vision 2020.”

The second summit was held on April 1, 2011. The meeting was sponsored by Illinois Association of Colleges of Nursing (IACN); Illinois Nurses Association (INA); Illinois Organization of Associate Degree Nursing (IOADN); Illinois Organization of Nurse Leaders (IONL); and Illinois Council of Deans and Directors. Much information was obtained at this summit when the larger group broke into regional working groups. These groups were challenged to develop models that would meet the 80 per cent goal within their region of the state. The results and recommendations of those groups were synthesized and formatted into a meaningful structure. The results of the April 1, 2011 meeting are available for review and can be found on our website at: http://www.inurses.org/advocacy/nursing-practice/issues_practice/draft

Plans are readily underway for Summit III. I invite and encourage all nurses around the state who have an interest in this topic to attend the meeting. The date of this meeting is not yet set but the program planning committee is meeting soon to begin scheduling the event. Please check our website frequently for further information at www.inurses.org.com, under advocacy and nursing practice. If you want to read the Future of Nursing report, visit www.thefutureofnursing.org.

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The 2011 Legislative Summary

The 97th Illinois General Assembly was sworn into session in January and adjourned May 31st, by midnight as required by the Illinois Constitution. There were 6,278 bills proposed during the session. 637 passed both chambers. The following are bills of interest to nursing that passed and were sent to the Governor for his signature. Once he receives the bills, he has 90 days to act on them or the law prevails. Bills that have been signed by Governor Quinn are assigned a PA number and are in parenthesis. As of this writing, the deadline for his signature on many bills has not passed.

SB 2255: Removal of barriers to APN practice! CONGRATULATIONS!! THE BILL PASSED BOTH CHAMBERS. The Governor has until August 9th to sign the bill. All indications are that he will do so.

SB 1555 (PA-97-0142): Insurance Exchanges: This bill was a first step in reforming insurance exchanges. The bill forms a legislative task force to make recommendations by September 30th for implementing Illinois exchanges. To date no legislators have been assigned. Once the task force is assigned then INA will need to get specific requests regarding governance, payees, etc. to the legislators.

HB 1530: Health Insurance Parity, HB 1530, passed the Senate last year. The bill would require employers to establish a PPO and provide the same coverage for mental health and substance abuse disorders that they provide for all other conditions. This is on the Governor’s list to sign.

HB1698 (97-0013): Workers compensation reform package passed both the House and the Senate. The bill was a first step in reforming the workers compensation system, many hours of negotiations and hard work went into crafting this legislation. This was a huge victory for the business community. Labor and trial unions were neutral and providers were opposed.

This bill first passed the Senate. Then on Sunday, May 29th, the House Republicans took a caucus position to oppose the bill and introduced an amendment that would bar the bill to fail on the floor vote. SB 1339 was then called out of order and the bill failed to pass out of the Senate. SB 1339 would have ‘blown up’ the entire workers compensation system by requiring all arbitrations to go through the judicial court system. In exquisite game-posturing, SB 1933’s passage out of the Senate committee in both chambers was drafted as a balanced budget bill but rather one to require surgical technologists to pass an exam to be able to work in hospitals. SB 1933 was then called for a floor vote in the Senate.

SB 175: State Employees Healthcare. This bill was proposed that after January 2012, retired employees would need to pay a portion of their healthcare benefit. The bill was not called for a floor vote in the Senate.

SB 178: In January, Gov. Quinn, by executive order, announced the State would no longer do business with insurance companies currently covering state employees. SB 178 negated that executive. The Governor totally vetoed this bill. It will be among the issues discussed in the fall veto session.

HB 30: Medical Use of Cannabis: this bill was amended many times, but failed to pass.

HB 150/SB 1530: Multistate Licensure. Due to diligence and pressure from the bill sponsors, INA agreed to meet with the insurance commissioner to discuss this topic. SB 1530 passed out of the Senate, but per agreement was held in the House Rules Committee. There have been two meetings to date.

HB 282/SB 1296: Nursing Care and Quality Improvement Act (nursing ratios)—failed to pass out of committee in both chambers.

HB 1271: 97-0150: Health Care Worker Sex Discrimination—Passed both chambers. This bill gives the Department of Professional Regulation the authority (mandate) to terminate the license of any healthcare worker convicted of a sex crime.

HB 1380: Requires the Department of Public Health to establish a nurse-surgeon training program. This passed both chambers.

HB 1665: Home Birth Integration Act: The bill would require hospitals to establish policies to transport and provide care for those patients served by non-nurse midwives. Failed to pass out of the House Committee.

HB 2940: Home Birth Safety Act: This proposal is a licensure bill for non-nurse midwives. Failed to pass out of the House Committee.

HB 3294: Emergency Epinephrine Act: The bill provides for policies in Illinois schools to allow the administration of Epinephrine to a child with no known allergy if a registered nurse in the schools determined it necessary. The bill initially was controversial in language and was amended and agreed to. Passed both chambers.

SB 140: Interventional pain management—threatened APN scope of practice by restricting APNs from practicing pain management (only physicians could do it) and included language in the definition section that pain management was penetration of the skin; held in the Senate Licensed Activity Committee due to intense opposition from all of nursing!

SB 145 (PA-97-0038): Amends several Acts concerning patient safety and surgical technologists in institutes of higher learning, mental health and DD group homes. The bill passed both chambers and will be sent to the Governor for a signature.

SB 1699: Long Term Care Nurse Practitioner Excellence Act—passed both chambers. The bill requires nurses in long term care to use Georgia language a “bed tax”. Due to drafting error, the Federal Government would not approve it. This bill takes care of that issue. At stake had it not passed: no money to pay the expanded pool of survey nurses the State hired to implement the long term care reform requirement.

SB 1577: Safe Patient Handling—amendment to the current law by consumer groups; failed to pass out of the House Human Services Committee due to negotiations with INA.

SB 145 (PA-97-0038): Amends several Acts concerning patient safety and surgical technologists in institutes of higher learning, mental health and DD group homes. The bill passed both chambers and will be sent to the Governor for a signature. The bill authorizes the State to implement the long term care requirement.

SB 2061: AFSCME’s persistent and annual proposal regarding collective bargaining representation should a nurse become a state employee. The bill was not called in committee due to INA opposition.

Another major issue this session was the legislative map redistricting.

Every decade, Illinois is mandated by state and federal law to realign the boundaries for Legislative and Constitutional districts, including both the House and Senate. This year, the Democratic majorities were charged with crafting a redistricting proposal for the next decade.

The Illinois Senate Redistricting Committee held over two dozen open, public hearings in every region of the State. This map was, however, the first time in many years the Republicans had no input into the map as Democrats control both the House and Senate, as well as, the Governor’s office.

The new map is a model for how redistricting can work. The districts were neutral and providers were opposed. It was a session that covered many major issues, left some important ones for veto session, and it will prove to be a busy summer in preparation for the fall veto session scheduled to begin October 25th. During veto session (60 days) the legislature is given opportunity to review and take action on bills the Governor vetoed or amendatorily vetoed.

To read any of the above bills for more detail, log onto www.ilga.gov.

Nurse Practitioners and Advocates Honored During National AANP Conference

July 1, 2011—Nurse practitioners (NPs) and nurse practitioner advocates, recipients of the prestigious State Awards for Excellence, were honored during the American Academy of Nurse Practitioners (AANP) 26th National Conference in Las Vegas, Nevada June 22-26, 2011. Sue Clark, RN, APN, AANP Award for Nurse Practitioner Advocate

Peter Kale, Illinois Award for Nurse Practitioner Excellence

The State Award for Nurse Practitioner Excellence, founded in 1991, recognizes an NP in a state who demonstrates excellence in practice, research, NP education or community service. The award for Nurse Practitioner Advocate was added to recognize the efforts of individuals who have made a significant contribution toward increasing the awareness and acceptance of the NP.

The AANP was founded in 1985 and is the oldest, largest and only full-service national professional organization for NPs of all specialties. With more than 31,000 individual members and over 165 member groups, AANP provides national representation for approximately 140,000 NPs. AANP continually advocates for the unique role of NPs as providers of high-quality, cost-effective and personalized health care. For more information about AANP visit www.aanp.org.

Key points of this legislation include:

• AANP visit www.aanp.org.

• The role of NPs as providers of high-quality, cost-effective and personalized health care. For more information about AANP visit www.aanp.org.

• The largest and only full-service national professional organization for NPs of all specialties. With more than 31,000 individual members and over 165 member groups, AANP provides national representation for approximately 140,000 NPs. AANP continually advocates for the unique role of NPs as providers of high-quality, cost-effective and personalized health care. For more information about AANP visit www.aanp.org.
The goal of this continuing education offering is to provide information on communicating in difficult situations. The objectives of this article are:

1. Identify the importance of effective communication in health care.
2. Describe differences among various communication styles.
3. Demonstrate effective assertive communication techniques.
4. Identify effective ways to respond to verbal attacks.

Sound Familiar?

A group of nurses on a medical surgical unit describe a peer as careless and inattentive. Instead of confronting her, they double-check her work—sometimes re-checking a critical patient’s vital signs after she has done them. They’ve worked around this nurse’s weaknesses for over a year. They resent her, but never talk to her about their concerns.

Another nurse yells at you for not being here on time to help get a patient up. Your supervisor says to you: Can you EVER get here on time? Don’t you care about your patients and the other nurses around you?

Dr. Smith says to a nurse: Why is there NEVER a nurse here who knows ANYTHING about my patients? Do you nurses ever know how to take a temperature and put it on the right chart?

Is Communications an Issue in Health Care?

The Joint Commission on Accreditation of Healthcare Organizations suggests that communication is a top contributor to sentinel events. Intimidating and disruptive behaviors can foster medical errors, contribute to poor teamwork and patient satisfaction, and preventable adverse outcomes, including mistakes, lack of support, incompetence, poor teamwork, disrespect, and micromanagement. Many reported observing co-workers cutting corners, making mistakes, and demonstrating serious incompetence. However, fewer than one in ten fully discussed their concerns with the other person.

Researchers conducted dozens of focus groups, interviews, and workplace observations from more than 1,700 respondents, including 1143 nurses. More than half of those surveyed had witnessed broken rules, mistakes, lack of support, incompetence, poor teamwork, disrespect, and micromanagement. Many reported observing co-workers cutting corners, making mistakes, and demonstrating serious incompetence. However, fewer than one in ten fully discussed their concerns with the other person.

About half of the respondents say the concerns have lasted for more than a year. A significant number report that there have been serious injurious consequences of the concerning behavior (Silence Kills, 2005).

Why and how could this be true? Is it true for you?

Why don’t people speak up? It is difficult confronting people! People’s lack of ability, belief that it is “not their job,” and low confidence that it will do any good are the three primary obstacles to direct communication. Other obstacles include time and fear of retaliation. This research demonstrated that there are 5-15% of healthcare workers who do step up to these difficult conversations. These workers report observing better patient outcomes, are more satisfied with their workplace, have increased productivity, and intend to stay in their unit and hospital. (Silence Kills, 2005).

In this article we will address the main obstacles—a nurse’s lack of knowledge, confidence and ability to hold critical conversations with their co-workers. However, legally, ethically, and morally it is the individual nurse’s responsibility and their job to take action on the incompetent behavior of their peers and co-workers. The ANA Nursing: Scope and Standards of Practice (2010) states in:

- Standard #7 Ethics competencies that: “The registered nurse takes appropriate action regarding instances of illegal, unethical, or inappropriate behavior that can endanger or jeopardize the best interests of the healthcare consumer of situation.” (p. 47);
- Standard #7 Ethics competencies that: “The registered nurse speaks up when appropriate to question healthcare practice when necessary for safety and quality improvement.” (p. 47); and
- Standard #14 Professional Practice Evaluation competencies state: “The registered nurse provides feedback regarding their practice or role performance.” (p. 59)

The Illinois Nurse Practice Act (2007) includes in the RN Scope of Practice the following obligations for nurses: The provision for the maintenance of safe and effective nursing care rendered directly or through delegation; advocating for patients; evaluation of responses to interventions and the effectiveness of the plan of care; and communicating and collaborating with other health care professionals. In addition the section on disciplinary action includes the following as grounds for disciplinary action: knowingly aiding or assisting another person in violating any provision of this Act or rules; a pattern of practice or other behavior which demonstrates incapacity or incompetence to practice under this Act; and gross negligence in the practice of practical, professional, or advanced practice nursing.

CE—Communicating continued on page 6

From our clinics to our most senior leadership team,

![Figure XII](antennae_of_the_vascular_system.png)

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assertive communication. Here are some specific suggestions to becoming a more assertive communicator:

1. Use “I” messages to express your perspective, feelings, and wishes for very long, if at all.

2. Clouding/Fogging—Use if the criticism is manipulative or non-constructive. This will help give you more information about what specific behavior of yours may be causing the problem. A classic example: Dr. Smith says to a nurse: “Why is there NEVER a nurse here who knows ANYTHING about my patients?” Do you yourself know how to take a temperature and put it on the right chart? You reply: “Can you show me which patient it is?”

3. Use Broken Record technique: Calmly, succinctly repeat yourself until your message is heard. For example: “You seem to have a lot of low self-esteem. They have learned that as they put others down, they feel like they are building themselves up. This style is not effective because everyone longs to be understood. The same communication style can become aggressive and lash out inaccurately at others when the frustration of keeping it bottled up becomes too great.

Aggressive communication is characterized as competitive, controlling, manipulative, dominating, bossy, looking down, and long run. The aggressive communication style has a low intention is what is perceived and acted upon. This communication style is hard to work well as adults. A key principle here is that we each have a role in whether a communication is working well or not—even when it appears that only the other person is communicating poorly!

In our general communication feedback loop works well when there is no stress. Communication is what you perceive, the goal of reducing stress and maximizing the chance that the sender and the receiver to communicate in such a way.

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● Human Resources at (309) 353-0946

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ACCREDITATION
Illinois Nurses Association is an approved provider of continuing nursing education by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Test Questions

1. More than half the nurses in the Silence Kills study reported that they had discussed concerns they had with mistakes and incompetence with the person involved.
   a. True
   b. False

2. Passive behavior is characterized by all of the following except:
   a. Inhibited
   b. Poor eye contact
   c. Blaming
   d. Apologizing

3. All of the following are assertive techniques except:
   a. Yelling
   b. I messages
   c. Probing
   d. Broken record

Submit entire form below for contact hours

ANSWER FORM
CE #37: Communicating for Success in Difficult Situations

Please circle the appropriate letter
1. A  B
2. A  B  C  D
3. A  B  C  D
4. A  B  C  D

When you ____________________________
I feel ______________________________
Because ______________________________

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EVALUATION- CE #0211-37

Learner achievement of objectives:
1. Identify the importance of effective communication in health care
   5 4 3 2 1
2. Discuss differences among various communication styles
   5 4 3 2 1
3. Demonstrate effective assertive communication techniques
   5 4 3 2 1
4. Identify effective ways to respond to verbal attacks
   5 4 3 2 1

How many minutes did it take you to read and complete this program?

 Suggestions for improvement? Future topics?

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References


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National Database of Nursing Quality Indicators

History
The National Database of Nursing Quality Indicators® (NDNQI®) had its beginnings in the early 1990’s when the American Nurses Association (ANA) wanted to identify the linkages between nurse staffing and patient outcomes. Health care organizations were downsizing and restructuring replacing registered nurses with unlicensed staff. ANA knew the value of keeping registered nurses where they mattered most… at the bedside with the patient. As a result, The Patient Safety and Quality Initiative was launched in 1994 by ANA to conduct pilot studies to capture the impact of nursing care on patient outcomes1.

Using Donabedian’s framework of process and structure affect outcome, nursing-sensitive indicators or measures were developed and tested. In 1998, with the final set of 10 nursing-sensitive indicators identified NDNQI was established along with the National Center for Nursing Quality at ANA. NDNQI is housed and managed at the University of Kansas Medical Center (KUMC) School of Nursing with oversight by KUMC Research Institute1.

Today
In 2011, demonstrating quality is even more important. With changes in reimbursement, hospitals are challenged with providing high quality, cost effective care. Hospitals strive to improve care at the patient level and sustain those improvements over time. NDNQI is a tool hospitals can utilize to improve their outcomes in 18 nursing-sensitive measures and RN work environment with the use of the RN Survey.

Over 1800 hospitals now participate in NDNQI nationwide and internationally. NDNQI uniquely measures nursing care from the nursing unit perspective. Measuring care from the unit level empowers nursing units to improve patient care from where it matters most—the nursing unit. NDNQI research has demonstrated nursing units vary by patient population and type and the structure of care and processes of care should be designed to meet the need of the nursing unit. With state, regional, and national comparison data, hospitals can benchmark themselves against the best of the best. Nurses can and have demonstrated with the use of NDNQI ways to improve patient outcomes.

The ANA and NDNQI continue to promote evidence-based practices with the Annual NDNQI conference where hospitals have the opportunity to share best practices, network and learn the latest developments in health care from leading experts. The Nursing Quality Network was launched in 2011 in response to the request of our member hospitals to network with each other. An online collaboration and learning community for nurses, The Network offers learning events such as forums, webinars and learning voyages as well as access to a quality resource library. Nurses and hospitals can connect with other nurses and share best practices, information and find solutions together. To learn more about The Nursing Quality Network please visit www.nursingqualitynetwork.org.

NDNQI’s Future
Researchers at NDNQI continue to work to improve data collection and reporting from all types of nursing units as well developing new measures. Currently, 400 hospitals are participating in the Pain Care Quality Study and NDNQI researchers will soon be recruiting for hospitals to participate in the development of mixed acuity unit measures development. To learn more about NDNQI please visit www.nursingquality.org.


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For more information about Illinois Helps, email: illinois@mchc.com

Why nurses need their own malpractice plan:
Because an employer’s plan generally won’t cover you if you provide care outside of work

• You come across a car accident with bad injuries on your way home from work.
• Another child gets hurt at one of your children’s soccer games.
• A neighbor falls from a ladder while cleaning the eaves and his frantic wife calls you for help.
• As a nurse, it’s not unusual to use your skills outside of work. But lending a hand at an accident or helping a neighbor child can spell trouble if something goes wrong. That’s because if you aren’t at work, your employer’s malpractice coverage generally won’t cover you.
• That’s also the reason ANA recommends personal malpractice coverage for every practicing nurse.

Your personal malpractice plan gives you seamless protection that constantly travels with you … giving you reliable protection if a claim suddenly arises from acting as a Good Samaritan or giving assistance at a community event.

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81st Biennial INA / ISAPN Convention
October 20-22, 2011

Agenda at a Glance

Thursday
October 20th

4:00 pm – 7:00 pm Registration
4:30 pm – 6:30 pm Exhibitors Welcome Reception
6:00 pm – 9:30 pm INA Awards Banquet

Friday
October 21st

7:00 am – 4:00 pm Registration
7:00 am – 9:00 am Breakfast for Attendees with Exhibitors
9:00 am – 11:00 am Onsite Voting
9:00 am – 11:15 am CE Sessions
11:30 am – 12:45 pm How to Stay Energized in a Changing World
12:00 pm – 1:30 pm Luncheon for Attendees with Exhibitors
2:00 pm – 4:15 pm CE Sessions
4:00 pm Exhibit Hall Closes
4:45 pm – 5:45 pm Illinois Nurses Foundation Reception
6:00 pm – 9:00 pm PAC Event

Saturday
October 22nd

7:30 am – 8:30 am Registration / Credentialing
7:00 am – 8:00 am Breakfast for Attendees
8:30 am – 12:00 pm House of Delegates
12:00 pm – 1:30 pm Lunch for Delegates
12:00 pm – 1:30 pm New Board of Directors Luncheon
1:30 pm – 4:00 pm House of Delegates
4:00 pm Convention Closes

Contact Convention Office—Phone: 312.419.2905—Email: conv@illinoisnurses.com

Final Slate of Candidates
For the 2011 INA Election

Note: Candidate names appear on the ballot in alphabetical order beginning with a letter drawn at random. The letter drawn for 2011 is “V.”

PRESIDENT: One to be elected, 2-year term
1. Kelly, Karen

1st VICE PRESIDENT: One to be elected, two-year term
1. Williams, Joseph
2. Fraczkowski, Dan

2nd VICE PRESIDENT: One to be elected, two-year term
1. Bortodotti, Mary
2. Reese, Ruby

SECRETARY: One to be elected, two-year term
1. Gallien-Patterson, Queen

TREASURER: One to be elected, two-year term
1. Varga, Carleen
2. Brown, Pamela

DIRECTOR AT LARGE: Ten to be elected, two-year term
1. Varga, Carleen
2. Anema, Cheryl
3. Draine, Susan
4. Egenes, Karen
5. Hasse, Mary
6. Luxner, Karla
7. Petrella, Mary
8. Salvetti, Bonnie
9. Silva-Odes, Maria
10. Simon, Gloria

DIRECTOR, STAFF NURSE: Four to be elected, 2-year term
1. Williams, Terri
2. Camacho, Bonnie
3. Cropp, Magdalene
4. Hymon, Marcia

CONEEGRS ON HEALTH POLICY & PRACTICE: Four to be elected, 4-year term
1. Varga, Carleen
2. Anema, Cheryl
3. Bomba, Carole
4. Hackbarth, Diana
5. Hasse, Mary
6. Patrick, Dianne “Dee-Dee”
7. Quinn, Lauren
8. Silva-Odes, Maria

COMMISSION ON CONTINUING EDUCATION: Four to be elected, 4-year term
1. Wilson, Carol
2. Gibbons, Linda
3. Howard-Ruben, Josie
4. Labanski, Alma
5. Ludwig-Beymer, Patti
6. Patst, Mary
7. Roberson, Jean

COMMISSION ON ECONOMIC AND GENERAL WELFARE: Four to be elected, 4-year term
1. Briggs, Linda
2. Hymon, Marcia
3. Neuman, Catherine
4. Silva-Odes, Maria

COMMISSION ON WORKFORCE ADVOCACY: Three to be elected, 4-year term
1. Christopher, Beth-Anne
2. Neuman, Catherine
3. Salvetti, Bonnie
4. Silva-Odes, Maria

COMMITTEE ON NOMINATIONS: Four to be elected, 4-year term
1. Williams, Terri
2. Neuman, Catherine

ANA DELEGATE: 21 to be elected
1. Williams, Joseph
2. Williams, Terri
3. Anema, Cheryl
4. Bortodotti, Mary
5. Briggs, Linda
6. Camacho, Bonnie
7. Egenes, Karen
8. Hasse, Mary
9. Fischer, Sandra
10. Fraczkowski, Dan
11. Hymon, Marcia
12. Kelly, Karen
13. Neuman, Catherine
14. O’Sullivan, Ann
15. Reese, Ruby
16. Salvetti, Bonnie
17. Silva-Odes, Maria
18. Swart, Susan
19. Taylor, Mildred

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Professional Advancement

Most health organizations support the professional aspirations of Nurses and encourage career assessments. Professional development is often viewed as a key to excellent patient care outcomes.

The development of the Professional Advancement track illustrates the initiative that the role of the registered nurse is pivotal to the success of the healthcare delivery system and empowers them to drive their own careers.

These sessions provide opportunity for nurses the choice to move beyond entry level roles based on interest in, and increasing responsibility and accountability for leading nursing practice and care delivery.

CE PROGRAM SCHEDULE, OCTOBER 21, 2011, PROFESSIONAL ADVANCEMENT TRACK

• RWJI/FOM Initiative on the Future of Nursing and Illinois Healthcare Action Coalition
• Prepare and Enable Nurses to Lead Change to Advance Health
• Nursing Vision 2020
• Entrepreneurial at Heart? Discover Your Role

Each session earns 1 CE Credit.

Clinical Skills

Clinical skills sessions are integral to the improvement of practice standards among healthcare staff. Skill acquisition is widely encouraged since the volume and the complexity of skills and knowledge of current technical equipment and procedures is evolving at such a rapid pace.

The Clinical Practice Track has been developed to offer peer exposure to new skills, offer solid insight into new clinical procedures, and to encourage personal motivation in skills development.

The sessions offer the participants an opportunity to participate in the learning process. As healthcare professionals who are dedicated to the best patient care, education is more than the mastery of a skill, but fosters a spirit of lifelong learning.

CE PROGRAM SCHEDULE, OCTOBER 21, 2011, CLINICAL PRACTICE TRACK

• Perioperative and Interoperative Care of the Liver Transplant Patient
• Pharmacologic Abuse: A National Epidemic
• A Team Approach to Hypoglycemic Management of Impatient Rehabilitation Patients
• Evidence Based Risk Control in Nursing Practice
• Diabetes Care—Balancing Guidelines with Common Sense
• Preventative Care Across the Adult Life Span

Each session is eligible for 1 CE Credit.

Patient Acuity

Workplace Strategies Track – 8/1

Patient Acuity and Workplace Strategies: Use your voice

Nurses in Illinois are lucky.

Recent legislation is mandating that nurses be involved in administrative decisions regarding patient care and staffing and so ensure that Nurses have a voice.

Healthcare is in a cycle of relentless change. Nurses have a great opportunity to be engaged in the clinical councils that drive staffing plans. Organizations must do more with less and maintain the highest levels of patient care. Patients are getting sicker and demand a more complex mix of care giving skills.

Patient acuity helps nurses provide more optimal care. It is not blind automation. When patient needs drive nurse staffing, the result is safer staffing and better patient outcomes.

Workload distribution, or rather, equitable workload distribution is the key to managing growing patient care needs and staffing morale.

Patient acuity is not new. But it is gaining in popularity because it does more than create schedules. It makes it possible for nurses to understand the fiscal responsibility that comes with staffing needs and it allows healthcare administrators a clearer insight into bedside capability.

Utilizing a data driven solution to grasp the relationship between patient acuity, outcomes, and patient safety is the focus of the session “Patient Acuity: Be in the Know” conducted by Gail Mulrooney, MSN, RN at the upcoming convention.

Gail will look forward to hear your voice. 1 CE credit hour is available.

Workplace Strategies Track

Successful healthcare environments exist when all employees from intern to CEO work together in creating a culture of self-development, team development and communication development.

Now more than ever nursing needs vibrant and dedicated leaders and nursing leadership goes well beyond clinical competency and nurse – physician collaboration.

The Workplace Strategies Track has been designed to provide more management and communication skills sessions. These are important for nursing leaders as they strive to improve process standards and professionalism.

By participating in policy and governance committees nurses gain this competitive advantage.

CE PROGRAM SCHEDULE, OCTOBER 21, 2011, WORKPLACE STRATEGIES TRACK

• Communicating for Success in Difficult Situations
• Overview of the Nursing Practice Act and IDFPR
• The Student Nurse Association of Illinois: Potential for the Creation of INA’s Future
• Shift Work Disorder: An Often-Missed Diagnosis
• Patient Acuity: Be in the Know

Each session is eligible for 1 CE Credit.

Med Spa Session

Session Title: Entrepreneurial at Heart? A New Role for Nurses

Today’s trends in medicine focus on health not disease. Hours upon hours of television programming tout the latest in skin care, exercise and health food.

The growth in Med Spas represents the convergence of business and entrepreneurial opportunity and clinical expertise. So how does this translate into business opportunity and career path for nurses?

Nurses can be very involved in all aspects of Med Spas. They can call upon their inner design skills to create a unique clinical service setting. They can call upon their front and back office skills. They can participate in growing a business in a way that traditional clinical settings cannot offer.

Nurses who are self starters and have entrepreneurial attitudes will find a new fulfilling career path as a clinical coordinator with a vested interest in the growth of the company.

In Illinois, regulations governing Med Spas are vague and confusing. It is important to understand the regulatory, legislative and operational issues related to this growing sector. Alex R. Thiersch, Esq. will outline the nuts to bolts of the Med Spa industry and the opportunities for nurses.

1 CE credit hour is available.
INA files Unfair Labor Practice charges against Provena St Joseph’s Medical Center

The Illinois Nurses Association (INA), your collective bargaining agent, has filed unfair labor practices (ULPs) against the employer, Provena Saint Joseph Medical Center (PSJMC), July 16, 2011 to the National Labor Relations Board.

These charges include: the Employer unlawfully has established, maintained, used and enforced policies and practices which discriminate with the Clinical Leadership Council (CLC) on a regular basis, and with respect to terms and conditions of employment. The CLC deals with all manner of issues involving terms and conditions of employment (e.g. lunch breaks, clinical guidelines, nursing documentation and concerns, employee safety, staffing and equipment issues), all manner of nursing practice etc. which all is in derogation of the INA’s role as the exclusive bargaining representative. Further, the employer unlawfully and discriminatorily enforced its Rules and unlawfully aided, abetted and promoted the deauthorization Petition.

INA believes Provena will be attempting to explain away their violation of labor law to its nurse employees. Be clear, the underlying agenda for the deauthorization is to weaken your union, and your nursing voice in your work environment!

Take Care Clinic Nurse Practitioners Vote to Form Union

Nurse practitioners from Walgreen’s Take Care clinics voted 88 to 52 to form a union under the organization of the Illinois Nurses Association. The vote count was conducted at the National Labor Relations Board in Chicago on May 29th and was attended by representatives from both INA, nurse practitioners from Take Care clinics and attorneys and management from Walgreen’s.

Balloting was conducted by mail from May 13 through May 27th. NLRB opened each ballot by hand with members of both Walgreens and INA present. “The nurse practitioners saw that their clinical autonomy was being eroded,” said Alice J. Johnson, INA Program Director, Economic & General Welfare, and lead labor attorney representing the nurse practitioners. “Nurse practitioners have fought for decades for their professionalism and autonomy as health care professionals and they saw that there was too much corporate interference in clinical decisions and they felt it was important to make a stand against that.”

INA was approached in February by a group of nurse practitioners from a majority of Take Care Clinics about representation and INA filed a petition with the National Labor Relations Board to form a union of nurse practitioners working at those clinics. “The group told us that attempts to address their grievances directly with Take Care management through established channels were rebuffed and the nurse practitioners felt strongly that seeking representation from the INA was the best course of action to ensure safe working conditions and fair compensation,” said Johnson. “We will now turn our attention to immediately negotiating a good faith contract with Walgreen’s and Take Care Clinics,” she said.

A National Labor Relations Board administrative decision in March cleared the way for the union election. In March, attorneys representing the nurse practitioners and the Illinois Nurses Association argued that a group of approximately 33 nurse practitioners, who held the position Clinical Coordinator II, did not meet the description of a supervisor as described in Section 2 (11) of the National Labor Relations Act. Walgreen’s attorneys argued that these nurse practitioners did meet the description of a supervisor and should not be allowed to vote in an election to form a union of Take Care Clinic nurse practitioners.

NLRB Region 13 Director Joseph Barker ruled Walgreen’s did not meet its burden of proof in showing the Clinical Coordinator IIs should be considered supervisors and ordered an election to proceed in a timely fashion that would include all Clinical Coordinator IIs. As part of the ruling, Take Care Health was required to submit a list of eligible employees to the NLRB by April 25th.

Take Care Nurses elect interim board

Take Care Nurses wasted no time in organizing after the strong pro-union vote. At a summer conference call members elected an interim board to be forming negotiations with Walgreen’s Members include: Penny Strong - Chairperson Kathryn Cavit Kathy Fischer Ingrid Forsberg Nancy Gazdziai Hana Malik Charlie Yingling

Congratulations and good luck!
INA Opposes Governor Quinn’s Attempted Rollback of State Employee Raises

While the rest of the state was celebrating the Fourth of July holiday, Illinois Governor Pat Quinn issued an edict stating that 30,000 state workers, including nurses who are employed by the state and represented by INA, won’t be getting pay raises they are due.

“The INA is moving swiftly and decisively to protest and counter this action,” said INA executive director Susan Swart, RN. “We have filed an unfair labor practice and are seeking an injunction. We will not let this action go unopposed—Illinois nurses have worked too hard and sacrificed too much to tolerate any further cutbacks or salary losses,” she said.

Swart pointed out that this development is a continuation of anti-union action that several governors and legislators have attempted in the last year to curtail or reduce the influence and strength of unions while balancing budgets on the backs of working men and women. “INA stands in unity with fellow unions in the state in opposition to these measures and we will use every resource at our disposal to voice our criticism of the Governor’s action,” she said. Swart said she will soon instruct her members to contact the Governor’s office, as well as their state legislators to voice opposition to this.

“Remember that collective action has worked for Illinois nurses in the past—recall our hard fought victories this spring and the gains INA won with the Illinois Nurse Practice Act. This effort, when duplicated, can result in a successful attack against politicians who are backtracking on their promises,” she said.

Nurses at Provena St. Joseph’s Medical Center Ambulatory Surgery Center Vote to Organize with INA

Nurses working in the Ambulatory Surgery Center at Provena St. Joseph’s Medical Center in Joliet voted on July 7 to organize as a union under the direction of the Illinois Nurses Association. INA has been representing nurses at Provena St. Joseph’s Medical Center since 1993.

The 11 to 7 vote means that INA will soon begin negotiations on a contract with the nurses and management of the Surgery Center. The Surgery Center has three operating rooms and two procedure rooms.

“We chose INA because they understand nursing and have a lot of experience negotiating in good faith with the management here at Provena,” said Joan Macklin, RN, one of the lead negotiators for the nurses.

“We welcome our union sisters in Provena Ambulatory Surgery Center joining their Joliet labor nurse counterparts the INA/Saint Joseph Nurses Association (SJNA) choosing to be represented in collective bargaining by their professional nursing organization, the Illinois Nurses Association,” said Pam Robbins, RN, president of the Illinois Nurses Association.
The work of INA-PAC is supported through the generous contributions of its members. In the coming years, some of the most significant nursing issues could be decided legislatively—making it crucial to maintain a powerful position among lawmakers in Springfield. Help PAC, help YOU!

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