

The Nursing Voice

The Official Publication of the Illinois Nurses Foundation
Quarterly publication direct mailed to approximately 177,000 RNs in Illinois.

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Student Nurse Political Action Day



Over 1100 Student Nurses March to the Capitol!

SPRINGFIELD, IL - More than a 1100 nursing students, faculty, RNs and LPNs converged on Springfield Tuesday, April 12, 2016 for the ANA-Illinois' Student Nurse Political Action Day. During their day in our state's capitol, the student nurses were able to network with nursing leaders, vendors and faculty from all the schools represented while learning about how the legislative system affects their nursing practice. Student Nurse Political Action Day continues to be an important part of the students' education. This opportunity provides nursing students with the knowledge base to allow them to grow into many of the state's strongest nurse leaders for our future.

The streets were filled with nursing students as far as the eye could see. Observers on the capitol steps stood in admiration at the sight of students marching up Capitol Street.

"Student Nurse Political Action Day is an opportunity for nursing students to come to Springfield and learn why it is important to be politically active," said Dan Fraczkowski, President, ANA-Illinois.

The day focuses on providing students and new RNs education on how to lobby their legislators on current nursing/healthcare bills in the Illinois General Assembly. ANA-Illinois stresses the importance for all nurses to become politically active.

Through early education, and continued communication with the nursing schools throughout the year, the ANA-Illinois continues to be the leader in nursing regulation/legislation in Illinois.

Student Nurse Political Action Day continued on page 4



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MESSAGE FROM THE INF PRESIDENT

Dear Illinois Nurse Colleagues,



**Maureen Shekleton
PhD, RN, DPNAP,
FAAN**

It is well accepted that advocacy is a major part of the professional nursing role. This part of our nursing role is constantly reinforced throughout our education and consistently plays out in hospital units, clinics, offices and anywhere else nurses practice. In these settings, nurses are strong advocates for others as they recommend and work for changes in patient care and the health care system.

We all accept that part of our role. Do we embrace as strongly our role as an advocate for nurses and nursing?

There are many ways and many levels with which we can exercise advocacy on behalf of nurses and nursing. Many nurses already do this by serving on committees and workgroups and participating in shared governance within their workplace setting. Many nurses participate in their alumni organizations. These settings are comfortable for us because they are known to us. Opportunities for advocacy on behalf of nurses and nursing also exist through nursing organizations. It is estimated that only about 20% of all nurses take advantage of membership in a nursing organization, and I am guessing that this is because such participation is an unknown and takes us out of our comfort zone.

I would challenge nurses who aren't already members of a professional membership organization at the state, regional, or national level to join and become involved in the many advocacy efforts on behalf of nurses and nursing that are available through a nursing organization. Your membership alone supports advocacy work, but it becomes so much more meaningful when you participate! Both specialty and general nursing organizations provide the opportunity to advocate for and set standards of practice and credentialing criteria for practitioners. Advocacy in this type of work shapes the future of our discipline!

ANA-Illinois, the state professional nursing organization, and ANA, at the national level, offer many opportunities to advocate on behalf of our discipline through volunteer governance, committee work, issues panel participation, and legislative grassroots action. Here in Illinois, our Nurse Practice Act will sunset in 2017. This is an opportunity for nurses to get involved in volunteer advocacy on behalf of legislation that will authorize a new Nurse Practice Act. Many nurses are already involved in the volunteer effort to craft an act that reflects the true abilities and education of nurses while protecting the public – our patients – from the unlicensed practice of nursing. All nurses can engage in this work. Go to the Advocacy portal on the ANA-IL website (<http://cqrccengage.com/ilnurses/home>) and check out what is happening and how you can participate.

Another way that you can become an advocate for nurses, and nursing is through philanthropy – by giving of yourself as a volunteer or with financial support to not for profit groups that rely on volunteers and donations to benefit nurses and nursing. One example is the Chicago Bilingual Nurse Consortium (CBNC) that provides assistance to internationally educated nurses living in the greater Chicago area who want to become licensed in Illinois. The CBNC was recently featured on a WGN news program making the public aware of this very worthwhile program helping nurses achieve their full potential while adding valuable resources to the Illinois nursing workforce.

The Illinois Nurses Foundation (INF) relies on volunteers and donations to achieve its mission and is another example of a group that offers the opportunity to advocate for nurses and nursing through philanthropy. A tax-deductible donation provides funds for scholarships and projects that promote nursing interests. You can donate using the form provided in every issue of *The Nursing Voice* or by going to the website <http://www.illinoisnurses.foundation/> and clicking the Donate button.

Please consider how you can expand the advocacy part of your nursing role – through participating in or providing financial resources to one or more organizations that support nurses and nursing. I hope that you will consider the INF and ANA-IL as organizations worthy of your advocacy efforts!

Illinois League for Nursing (ILN)

Thanks to a grassroots movement, the Illinois League for Nursing (ILN) will now serve as a voice for all Illinois nurse educators and nursing faculty. Through the efforts of an ambitious Board of Directors, ILN has become a constituent league of the National League for Nursing (NLN). The ILN will serve as a mechanism to promote excellence in nursing education at the state level while supporting the core values, goals, and mission of the NLN.

The ILN is a professional nursing organization dedicated to the education and preparation of a diversified nursing workforce. Its members are nurse educators and nursing faculty who perform in diversified nursing education roles found in health care organizations such as hospitals, universities, colleges, and health departments.

In Fall 2015 the ILN held its inaugural conference at Memorial Medical Center in centrally located Springfield. The program included speakers from the NLN, National

Council State Board of Nursing, and EverThriveIllinois and several other organizations. The NLN provided continuing nursing education units for attendees. At the end of the day attendees were offered tours of the high-fidelity simulation lab at Memorial.

This coming Fall ILN will be sponsoring another program at Memorial Medical Center in Springfield. The tentative theme of the conference is "Concept-Based Curricula." We are currently working on gaining the services of a nationally known expert on the topic to be our keynote speaker. And the conference is growing. We will be offering a half-day pre-conference on preparation for the Certified Nurse Educator examination. Save the dates- October 20- 21st and join us!

One of ILN's goals is to gain a strong voice for nursing education in Illinois. Please consider joining the ILN and becoming a voice for nursing education in our state. NLN membership is not required. For further information, please access our website: www.nln.org/membership/constituent-leagues/illinois or contact:

Carmella Mikol, PhD, RN-BC, CPNP-PC, CNE
President, ILN
847-543-2329



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- Must include the name of the author and a title.
- INF reserves the right to pull or edit any article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the *Nursing Voice* has been submitted.
- INF does not accept monetary payment for articles.

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Article Submission Dates (submissions by end of the business day)
July 15th, October 15th

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PRESIDENT'S MESSAGE

Greetings,

As we enter the summer months, the work of the profession will not slow down here at ANA-Illinois. We would like to begin by thanking all who did the work of democracy and volunteered for the Alex Acevedo, RN for state representative, 2nd district campaign. The nursing community was heavily involved in canvassing, phone-banking and fundraising for Mr. Acevedo. Despite coordinated efforts with our organizational affiliates, the Illinois Hispanic Nurses Association and Illinois Society for Advanced Practice Nursing Alex lost by only 515 votes, of over 20,949 ballots cast. In this election, and so many others, the statement, "all votes count" rings true.



**Dan Fraczkowski
MSN, RN**

This November we have one more opportunity to elect a nurse to the state legislature. Martha Shugart, RN, is a candidate for state representative in the Illinois 75th district (Morris, Minooka, Plano). Our efforts and focus are now underway to elect Martha, as she was unopposed in the March primary, but faces an incumbent in the upcoming general election. Please be sure to sign up for our Illinois Grassroots Action Coalition website at <http://cqcengage.com/ilnurses/home> in order to join us in our shared efforts to send a nurse to Springfield this year!

As the Presidential election cycle intensifies, there is significant media coverage around Political Action Committees (PAC's) and candidate fundraising. Across the state, many organizations have PACs, and nursing is no different. Yet, nurses are often reluctant to making a contribution, or taking a more active role in the political process, and it is to our detriment. Nurses PAC donates to candidates from both parties, Democrat and Republican alike who are strong advocates for the nursing profession. If you already contribute to our Nurses PAC, thank you. If you haven't before, I'd encourage you to take a moment and consider contributing \$20.17 for the 2017 Sunset of the Nurse Practice Act. <http://www.ana-illinois.org/Main-Menu-Categories/Health-Policy/Political-Action/PAC>

In a recent Illinois Psychiatric Nurses Association Conference, where ANA-Illinois co-presented, State

Representative Sara Feigenholtz said, "Even if you have to hold your nose when you do it" nurses need to contribute to their political action committees. Our legislative adversaries are very successful in building their PAC's, let's work together to build ours and level the playing field. Similarly, I hope you've RSVP'd for your nurse license plate. I have for mine- time is running out for nurses to rule the road #nursesruletheroad.

We would also like to thank the 1,200 students and nurses who attended our lobby days this spring. If you haven't already joined ANA-Illinois for Lessons in Leadership, we will be hosting the half-day CE event at other locations in June and September. Work is also underway for us to host a networking event in the Northern region of the state, as well as an event near Springfield in the fall to leverage our relationships for the spring 2017 legislative session, where the Illinois Coalition of Nursing Organizations (ICNO) will introduce an updated nurse practice act. Thank you to the many ANA-Illinois members who reviewed and made comments to early revisions to the nurse practice act. Your feedback will then be shared with ICNO, the broad group of nursing organizations who are meeting in July to agree on final Nurse Practice Act revision priorities. In the fall town hall style meetings will be held across the state to share proposals that have been developed from diverse organizations.

I'd like to conclude by welcoming our newest organizational affiliates, the Chicago Chapter National Black Nurses Association, and Illinois Organization of Associate Degree as well as our new educational partner, Purdue University-Calumet. Be sure to save the date for our Annual Membership assembly on Saturday, October 15, 2016 in Lisle, IL. Students, members and non-members alike are always welcome at our membership meeting - I hope to see you there. Finally, you may have seen our call for nominations for the Board of Directors. If you have the ability and desire to take an even more active leadership role within the association consider running for a board position. On behalf of the entire board of directors and staff, we'd like to wish you a very happy Nurse's Week.

Dan Fraczkowski MSN, RN
@NurseDanF

Profiles of Rush College of Nursing's Most Recent Distinguished Alumni

**2015 Distinguished Alumni Award Recipient:
Christine E. Kasper, PhD, FAAN, FACS (MSN '76)**



Kasper is a senior research scientist and professor with the U.S. Department of Veterans Affairs and Uniformed Services University of the Health Sciences. Kasper's 32-year research career has focused on cellular mechanisms underlying skeletal muscle atrophy after prolonged immobilization and spaceflight, as well as intervention for explosive blast-induced traumatic brain injury and genotoxic changes deriving from embedded military-relevant heavy metals. She has published more than 110 research papers, book chapters and books. She was the founding editor of *Biological Research for Nursing* and is the current editor of the *Annual Review of Nursing Research*. Kasper has been principal investigator of multiple National Institutes of Health, NASA and VA grants. In 2015 she was inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame.



**2015 Excellence in Practice Award Recipient:
Jane G. Llewellyn, PhD, RN, NEA-BC (PhD '82)**



Llewellyn is a founding faculty member of Rush University College of Nursing. Llewellyn helped to shape the practitioner-teacher role, was active in the development of one of the nation's first shared governance models for nursing and pioneered the primary nursing care model. As a vice president and chief nursing officer at Rush for 15 years, Llewellyn was an early champion of the Magnet Recognition Program, guiding the nursing staff to achieve Magnet designation and two re-designations.

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Application Process: Application available at <http://www.trnty.edu/job-openings/330-adjunctfacultyjobs/2306-n-appc2.html>. All inquiries should be directed to: Tina Decker, MSN, RN, CNS | Chair, Department of Nursing | Trinity Christian College
Phone: (708) 239-4729 | tina.decker@trnty.edu

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Student Nurse Political Action Day

Student Nurse Political Action Day continued from page 1

This is an annual event, so don't miss out on this opportunity to learn as well as interact with your legislators next year. This event is not just for students!

33 COLLEGES/SCHOOLS WERE IN ATTENDANCE:

- Blessing Rieman College of Nursing
- Carl Sandburg College
- Chamberlain College of Nursing
- Chicago State University
- College of DuPage
- Elmhurst College
- IECC Frontier Community College
- Graham Hospital School of Nursing
- Harper College
- Illinois Valley Community College
- Illinois Wesleyan University
- Kishwaukee College
- Lewis and Clark Community College
- IECC Lincoln Trail College
- Loyola University – Marcella Niehoff School of Nursing
- MacMurray College
- Mennonite College of Nursing @ Illinois State University
- Methodist College
- Millikin University
- Northern Illinois University
- North Park University
- Oakton Community College

- Olivet Nazarene University
- IECC Olney Central College
- Saint Xavier University
- Sauk Valley Community College
- St. John's College
- Southwestern Illinois College
- Chicago City College – Harry S Truman
- University of St. Francis Leach College of Nursing
- Western Illinois University School of Nursing
- IECC Wabash Valley
- Chicago City College – Wilbur Wright

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- Kaplan Test Prep

Exhibitors included:

- University of St. Francis
- University of Phoenix
- Olivet Nazarene University
- Millikin University
- University of Michigan
- Purdue University
- Chamberlain College of Nursing
- Kaplan Review
- IPHA – HIV AIDS
- US AirForce
- Indiana Wesleyan
- ANA-Illinois
- Illinois Nurses Foundation
- Student Nurses Association of Illinois
- Nurses-PAC
- Grand Canyon University
- Blessing-Rieman College of Nursing
- Hurst Review
- Mennonite College of Nursing, ISU



Student Nurse Political Action Day

POSTER WINNERS

1st Prize – \$100 in Cash

2nd Prize – \$50 in Cash



Jigna Suthar and Roi Tacud
Attending Millikin University



Kate Welch, Claire Helmrichs, Meredith Slusser, DJ Wolf, Brooke Bartel, Marissa Hollis, Tyler Beard and Nicole Murphy
Attending St. John's College of Nursing

Other Prize Winners:

Kindle Fire HD 8 Tablet donated by ANA-Illinois
Sherita Demby – Chicago State University

Kindle Fire HD 7 Tablet donated by Indiana Wesleyan
Kara Gerus – Blessing Reiman College of Nursing

T-Shirt donated by University of St. Francis
Jessaca Rose – Kishwaukee College
Adam Mackay – Loyola

Umbrella donated by Blessing Reiman College of Nursing
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Denise Vroman – Graham Hospital School of Nursing

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Callie Fackler – Blessing Reiman College of Nursing

Swag Bag donated by Mennonite College of Nursing
Tyler Beard – St. John's College of Nursing

Swag Bag donated by Millikin University
Yaritza Roman – North Park University

Lunch tote w/ Mug and T-Shirt donated by
Grand Canyon University
Stephanie Martin – Frontier Community College

Starbucks Card/ Mug/ Keychain donated by
Purdue University Calumet
Peter Crotty – Wright College

SNAI Gift Bag donated by the Student Nurses
Association of Illinois
Angela Doermann – Illinois Valley Community College

Complimentary registration for SNAI Annual Convention
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Audrey Cain – Sauk Valley Community College

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Nurses' Perception of Current and Future Scope of Practice Issues in Illinois

Ann O'Sullivan, MSN, RN, CNE, NE-BC, ANEF;
Pam Brown, PhD, RN, ANEF,; **Sue Carlson, MSN,**
RNC, CNS-BC; Jeanne, Little, MSN, APN;
Beth Ann Christopher, MS, RN;
Kathleen A. Brown, BA, RN, CDDN
(members of the ANA-Illinois Expert Panel)

INTRODUCTION

ANA-Illinois formed an Expert Panel in 2013 to research registered nurse's scope of practice issues in the changing healthcare environment. The panel's first action was to create an electronic survey to determine how nurses in Illinois believe their practice has changed and will continue to change in the future, especially related to healthcare reform. One hundred ninety-five (195) registered nurses responded to this survey. Emerging themes from the survey responses included issues with complexity of care, assistive personnel, time management, need to clarify roles, concern about new roles emerging from health care reform, care coordination, delegation, and the unknown. Most nurses indicated their frustrations with being a staff nurse today and fear of that not changing in the future.

To further study and clarify identified issues, five focus groups were formed with nurses around the state to explore Illinois professional nurses' perceptions about the expanding and changing scope of professional nursing practice. Results from the initial survey guided focus group questions. This research study received Institutional Review Board approval from the Blessing-Rieman College of Nursing and Health Sciences Institutional Review Board.

BACKGROUND INFORMATION

"Transforming the health care system to meet the demand for safe, quality, and affordable care will require a fundamental rethinking of the roles of many healthcare professionals, including nurses" (IOM, 2010). Thus began the *Future of Nursing: Focus on Scope of Practice*, a Robert Wood Johnson Foundation initiative to respond to the need to assess and transform the nursing profession. The Patient Portability and Affordable Care Act (PPACA) is the most extensive health care reform legislation since the 1965 law that created the Medicare and Medicaid programs. The PPACA has been described as a "legacy" change in healthcare.

Registered Nurses play a major role in the objectives set forth by the PPACA. Many barriers prevent nurses from fully evolving with the changing health care settings (IOM, 2010). Key recommendations from the report are:

- Nurses should be able to practice to the full extent of their education and training;
- Nurses should achieve higher levels of education;
- Nurses should be full partners with physicians and other providers; and

- Effective workforce planning and policy making require better data collection and technology (IOM, 2010).

Hospitals rely on Registered Nurses to fill gaps in primary care to meet the new health care imperatives called for in the PPACA (Howell, 2012). Expanding the role of nurses to use their skills is essential to providing patients with coordinated, continuous, and team-based care. The IOM report highlights Registered Nurses' ability to reduce these gaps in care. However, the scope of practice needs to be expanded to allow Registered Nurses to assume the new roles of health coach, disease manager and community liaisons (Howell, 2012).

The American Academy of Ambulatory Care Nursing is exploring the ambulatory care role of Registered Nurses (RN). In these settings, Registered Nurses were evaluated by the American Nurses Association (ANA) and found to have a positive impact on assessments, processes and outcomes of patient care in regards to preventing falls and pressure ulcers, and managing pain (Haas & Swan, 2014). The PPACA has a provision instituting patient-centered medical homes (PCMH); this offers Registered Nurses the opportunity to work at their full potential as an integral part of the inter-professional team (Haas & Swan, 2014). This model provides Registered Nurses a means to provide care based upon the recommendations from the IOM report.

Rapidly growing Accountable Care Organizations (ACO) recognize that care coordination is one of the central roles for Registered Nurses. The ANA describes emerging care coordination roles for nurses, including "health coaches, informatics experts, health team leaders, and primary care providers" (p. 24). Nursing care involves care coordination, providing high quality and affordable care, leadership skills, equal partnership and policies allowing health care professionals to practice to their full extent of education (Hart, 2012).

Care integration in ACOs and PCMHs relies on four core competencies: team-based care, cross-team communication, infrastructure and technology, and aligned payment incentives (Korda & Eldridge, 2011). Team-based care requires that the roles of Registered Nurses and other providers be expanded. These competencies provide support for health care reform with the intention of improving health care and reducing cost (Korda & Eldridge, 2011). In a reformed health care system, Registered Nurses share responsibility for clinical and financial outcomes of patient care. This requires the Registered Nurse to be educated to engage as co-managers of patient care. Nursing leadership is essential in shaping the foundation and setting the tone for quality care delivery and health care reform (Korda & Eldridge, 2011).

The future role of nurses will include essential involvement in care coordination and integration.

This will be accomplished in many settings, including outpatient offices, hospitals, retail, and/or community care centers. Clinical nurse leaders, an emerging role, perform as a care leader for patients and this role improves interdisciplinary communication and coordination (Clinch, 2012).

Health care is constantly evolving, and the current PPACA is described as "revolutionizing" the US health care system. Concurrently, the registered professional nurse (RN) role is rapidly expanding and changing. Much has been written about the proposed role expansion and change, as well as the need for nurses to practice to the full extent of their education. A substantial revision of the registered professional nurse scope of practice is necessary to guide future practice. Very little has been published about Registered Nurses' perceptions of their current roles or their beliefs about the future role changes and role expansion.

PURPOSE OF THE STUDY

The purpose of this study is to explore the perception of Illinois Registered Professional Nurses regarding the expanding and changing scope of professional nursing practice. The results of the study will be used to update the Illinois Nurse Practice Act which sunsets in 2017.

RECRUITMENT AND SELECTION OF PARTICIPANTS

Participants included registered nurses in Illinois willing to participate in a regional focus group. Participants were recruited through an electronic invitation published in *The Voice*, the official publication of the Illinois Nurses Foundation. This publication is mailed to all registered professional nurses in Illinois. Participants were also recruited by an e-mail sent to all nurses on the ANA-Illinois mailing list, and a story posted on the ANA-Illinois website. Focus group leaders also used networking to invite registered professional nurses to participate in a regional focus group. Participants in the second round of focus groups included nurse leaders and were not recruited through an invitation published in *The Voice*. Convenience and purposeful sampling were used to populate the second round of regional focus groups. Selection of participants was based on 1) willingness to participate in a focus group, and 2) fit of the RN to the focus group matrix. Advanced Practice Nurses were excluded from the study.

The role of the participant was to attend and participate in the assigned focus group, to be on time and openly share relevant experiences and perceptions with the group. Participants signed an informed consent form prior to joining a focus group. Participants were expected to give about 45-60 minutes of their time to be part of a focus group, and to speak with integrity and in a respectful manner.

SAMPLE SIZE AND DESCRIPTION

The regional areas of Illinois are defined as 1) Northeast, 2) Northwest, 3) Central, and 4) Southern. A total of five focus groups with 29 participants were held in Northeast (11 participants), Northwest (14) and Central (4) Illinois. The researchers were unable to gather a focus group in Southern Illinois. The first focus groups were held in the Fall of 2014, and the second sessions were held in the Spring of 2015. These nurses represented a wide variety of ages, experiences, roles and settings.

DATA COLLECTION PROCEDURES

Data was collected and analyzed using qualitative methodology. The focus group leaders are part of the research team. The research team selected a focus group guidebook to use as a basis for conducting all focus groups. This was to ensure each focus group would be conducted in a similar manner. Each focus group had an assigned leader/facilitator and recorder. The focus group leader prepared the recorder and facilitator for their respective roles and responsibilities. See Appendix A for Focus Group questions.

The interviews were recorded, and notes were taken by the recorder. This qualitative data was given to the focus group leader with no identifying information on the recorded tape or notes. Once the data was free of any identifiers, it was transcribed by a research team member for analysis.

In order to provide a high degree of privacy for the participants, the sessions were not held at employment sites, and participants were not contacted at work, nor were they asked to identify themselves by employment site.



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RESULTS

Content analysis was used to analyze the qualitative data. Content analysis enables researchers to analyze the raw data in a systematic fashion, and code the data. It is a useful method to uncover and describe common themes. It also allows inferences to be made.

Question #1: Think about your practice in the past few years, what is constant and what has changed? The major theme that emerged was:

1. Regulations linking reimbursement to quality patient outcomes, which is driving rapid complex change, and thus changing how health care is delivered.
 - a. "regulations are changing practice"
 - b. "change is constant – can't keep up"
 - c. "It's sometimes more about the business aspect of it, and I don't know too many nurses that enjoy doing that. We don't want to talk about money or the cost of things; we just want to give service to people and not have to worry about how much it costs." "Higher [patient] acuity is changing practice"
 - d. "very intense...It used to be fun working in long-term care..."

Question #2: Share with me what stands out to you in your day-to-day practice as a nurse. Tell me what makes it worth it to you – why you practice day-to-day. Tell me about meeting patient needs – how well are we doing that. The major theme that emerged was:

1. Threat of escalating risk and compromised care.
 - a. "talking to the screen [not patient]" "task driven, lost the ability to talk [with patients and family]"
 - b. "I believe that charting has changed. There is more detail now, and it takes away from taking care of your patient. There is not just one easy access, you are now charting in a couple different places to chart the same thing."
 - c. "Education is a very basic problem: not enough education is being addressed. There is huge variation about what patients know and what they need to know or feel they need to know."
 - d. "Focus is on technology"
 - e. "Fewer hands-on patients... nurses interacting more with meds, EMR (electronic medical record)... less time to sit with them, or to analyze gaps in their educational needs."
 - f. "I wonder if I got everything done, or if I could have done something different to change a situation."
 - g. "Most nurses make it work [create work-arounds] but then you are not taking the time for yourself...sometimes you don't measure up to the expectations that you set for yourself."
 - h. "Constant short staffing" "increased workplace violence"
 - i. "What keeps me up at night is evaluating my practice. It keeps me up at night a lot, especially working with students because even though I am mentoring their practice, it is my practice as well, and I am there with them, and I value and

respect that. I think that nurses are not being taken care of, most nurses make it work, but then you are not taking the time for yourself, and it can keep nurses up at night. Sometimes you don't measure up the expectations that you set for yourself."

Question #3: Please contemplate "being a nurse" for a few moments, how hard you worked to attain that goal, and think about your practice over the years, the patients, families, and others you have served. What stands out to you? The major theme that emerged was:

1. Opportunities and possibilities; Challenging; Exciting; Increasing roles for nurses.
 - a. "For me it is more exciting. I have been a nurse about 28-30 years, and I find where I am at right now is a combination of all my past jobs and experiences, and that's kind of neat how you can put everything together. So, for me, it is always a challenge which is what I like but with all the changes in insurance and Medicare, it is more of a challenge on the other end, it isn't just about taking care of the patient anymore."
 - b. "Learning new business areas (roles) always a challenge."
 - c. "billing very tedious...all the changes in Medicare and insurance makes it more of a challenge ... when you worked in the hospital you didn't need to know about the billing side of things... when I went to the Cancer Center, I was calling insurance companies to see if something was going to be paid for...in the hospital you didn't have to do that...we never had to call insurance companies, and now we do."
 - d. "Looking at the patient as the center of what we do in nursing; participating in the Daisy program (nominating fabulous nurses for recognition)... appreciate 'old school' nurses who are hands-on with the patients without regard for other distractions. [These nurses are] most recognized as true care giver"

Question #4: Think about your practice over the years and the many changes, and then think into the future.

- a. What do you think nurses will be doing five years from now?
 - b. Where do you see nursing going in the next five years?
 - c. What will nurses not be doing in five years?
 - d. What education do you think nurses will need to fulfill these roles in the future?
1. Major theme: Technological growth and continuous ongoing education; Technology limitless - fear that patient safety and quality of care will be at risk with growing dependence on technology.
 - a. "Leadership needs to be implemented more... the nurse should know she has a voice, and that she is in charge of the situation. I believe that new grads need a good preceptor when they first start off to help them feel more comfortable."
 - b. {nurses are} "talking to a screen"

- c. "Nurses sometimes have a hard time articulating what they do so it's hard for them to explain what they do and why they chose to do something this way so the students don't know what questions to ask sometimes."
- d. "As it [technology] continues to grow there has to be more funding to manage new programs and educations."
- e. "It is frustrating because you just want to take care of the patient, but you can't because you can't get things to work the way that they should."
- f. "I wish the nurses that work an acute-care setting would have some type of preceptor program where they can learn through research, even for a new grad. I see new grads struggle, and I think part of it is the critical thinking, and they are scared."

LIMITATIONS

Limitations of the study include a small number of participants and the inability to bring a focus group together in Southern Illinois.

RECOMMENDATIONS

Based on the results of this research the Expert Panel made the following recommendations:

1. Expand the Nurse Practice Act to include education competencies for students and all practicing nurses in the following areas:
 - a. Technology – competency; use of data; data analysis
 - b. Health Policy – implementing and influencing Communication – interdisciplinary teams; reduce incivility and belying; communicating in a high-tech environment
 - c. Leadership – ethics; decision-making;
 - d. High intensity care
 - e. Care Coordination
 - f. Case Management
 - g. Prioritization
 - h. Delegation
 - i. More "real life" experiences (in education)
 - j. Understanding roles and scope of other disciplines
 - k. Population health
 - l. Health Promotion & Disease Prevention
2. Emphasis on Creating Healthy Work Environments, including Safety for Caregivers and Receivers of Care:
 - a. Reasonable workload
 - b. Safe work environment
 - c. Safe reporting
 - d. Safe whistle blowing
 - e. Self-care

These recommendations are currently being shared with the deans and directors of colleges of nursing, nurse administrators and the steering committee which is revising the Illinois Nurse Practice Act for 2017.

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Nurse Lobby Day & Evening with the Legislators 2016

Nurses Stand Together on Nursing Issues

More than 100 nurses gathered in Springfield on April 13, 2016 to address important nursing issues with their legislators. During the day, nurses from a wide variety of practice areas gathered for Nurse Lobby Day. "These nurses reflect nursing at its best. We came together as nurses to speak for what is best for the entire nursing profession and the citizens of Illinois. As nurses experience the impact of legislation on their practice, we will see a continued growth in this particular event," Dan Fraczkowski, ANA-Illinois president said.

Lobby Days, where nurses are educated on legislative issues in a cooperative environment, is open to all nurses throughout the state. This event was spearheaded by the Illinois Nurses Grassroots Coalition which was formed in partnership by the ANA-Illinois and the Illinois Society for Advanced Practice Nursing (ISAPN). Through this collaboration, the voice of nursing in the Capital was stronger than ever. Nurses creating a unified voice continues to be a primary objective of ANA-Illinois.

The nurses received an overview of nursing and healthcare issues being addressed in Springfield; focus was given to SB460 APN relicensure and SB2214 Nurse Licensure Compact. Attendance at this event more than doubled this year. Mary Barton, president ISAPN feels this increase is due in part to renewed focus on nurses working together and the coalition work being done around the 2017 sunset of the Nurse Practice Act.

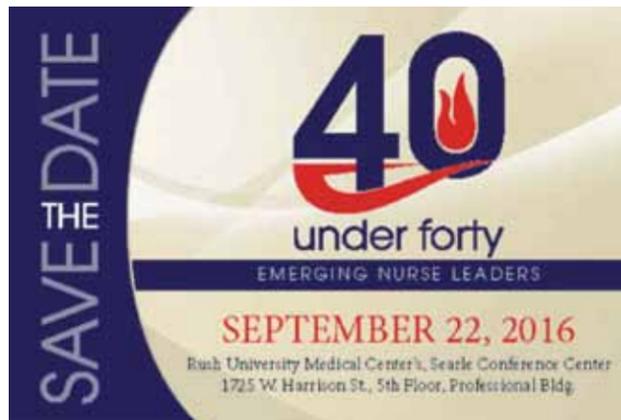
In the evening, nurse leaders from 10 different nursing organizations and colleges or schools of nursing gathered for our 2nd Annual Evening with the Legislators. This event brings together nurse leaders and legislators as an opportunity to have an open dialogue about the state of healthcare in Illinois. "Nurses play a vital role in the delivery of healthcare and often legislators are unaware of impact of that role," stated Susan Y Swart, executive director, ANA-Illinois and ISAPN, "This event allows the nurse leaders of Illinois to educate our legislators on how nurses impact healthcare services in Illinois. As a profession, we are striving to address Illinois' most pressing healthcare challenges - **access, quality and cost.**"



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Winners will be chosen by their peers based on the following criteria:

Positively represent the nursing profession by actively participating in the community and/or a professional organization.

The award is designed to recognize nurses in Illinois who demonstrate exemplary professional practice along with community engagement and/or advocacy on behalf of the profession and those we serve.

Awards will be presented on September 22 at Rush University Medical Center's Searle Conference Center in Chicago.

- Deadline for submissions is June 15, 2016
- Winners will be notified by August 1st

September 22, 2016

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Student Nurses Voices Shine Over State Budget Gloom

Dr. Lisa Young, DNP, APN, FNP -BC
Chicago State University,
Interim Chairperson for Nursing

It has been over ten months without an approved state budget. The lack of an approved state budget, has not only negatively impacted the most vulnerable populations, but has crippled operations throughout the state.

Public state higher education and K-12 has been most affected by the budget impasse. Each of the public state universities has been operating with no budgetary appropriations. In addition, students did not receive MAP (Monetary Assistance Program) this year, leaving the students who need the funds most, without financial support for their education. Private colleges and universities are also feeling the pinch. Since all accredited educational institutions have students who may have been allocated MAP funding; both publics and privates are coming up short on funds. This leaves universities operating on their limited cash reserves.

Chicago State University and Northeastern Illinois University are two universities that feel the impact most with very limited cash reserves. Both universities have limited endowments, serve a largely minority student population, and are in need of their state appropriated funds.

In 2017, Chicago State University will celebrate its 150th year of existence. The university mission is to provide access to higher education for students from diverse backgrounds and educational needs. The university located on the south side of Chicago is committed to teaching, research, service and community development, including social justice, leadership and entrepreneurship. The university graduates the largest number of minority nurses in the State of Illinois with baccalaureate nursing degrees (CSU Fact Book, 2014). Without funding, the viability of all public higher-education institutions is at risk. This will ultimately impact the nursing shortage in Illinois, by limiting BSN graduates, and decreasing health care providers serving vulnerable communities.

In the light of this adversity, lack of budgets and uncertain futures, universities around the state are operating with limited resources. Chicago State University students have utilized the budget issue to continue to highlight their service to the community, social justice, and leadership. On April 12, 2016, juniors

and senior students attended the 18th annual Student Nurse Political Action Day (SNPAD). The nursing students have been educated throughout the semester on the importance of grass roots lobbying all the time, and not just on SNPAD.

CSU students from all majors became the voice and leadership for higher-education students at all state universities highlighting to the legislators and the public on the impact no budget has on the future of the students from all state universities. Nursing students in professional programs are often unable to transfer from school to school without losing credits. Nursing students amidst much uncertainty have also risen to be the voice not only for their university, but for all universities within the state.

Over the last several months, students visited legislators in Springfield and in their local offices making them aware of just what this means for the future of the university. Nursing students also enlightened legislators on the inability to transfer professional nursing sequence credits to other universities, as prerequisites which many legislators were unaware. The nursing students of CSU have been featured on the televised Rainbow PUSH Coalition, as guest speakers for the Illinois Legislative Black Caucus, CNN, and most recently the New York Times. Many of the legislators were not aware what the lack of a state budget would mean to the university as well as the future of nursing in Chicago and Illinois for minority students. The students have utilized the budget stage for social justice for future nurses and advocacy for the less fortunate patients of these communities.

In spite of their own battle to stay focused on their education and advocating for their school, the CSU Student Nurses Association found time to begin a water drive to collect water for the victims of Flint, Michigan. The students collected many cases of water that were transported by truck to Flint, Michigan by a retired veteran Eric Lewis. The student's actions demonstrated advocacy, leadership and community service in spite of their own challenges.

As the interim chairperson of nursing, students are taught to be leaders and to stand for social justice. They are educated and live the mission of the university through service, practice and education. In this unusual time in our state's budget history, the nursing students have utilized the negative focus related to the budget to highlight their impact on the future of nursing, their

community, and patients. One senior, nursing, student who was a guest speaker at the Illinois Legislative Black Caucus in spite of what is going on she stated, "When I graduate as a registered nurse I would advocate for the best care for the governor if he were my patient, the same as, I would for all my patients." The future of minority baccalaureate nurses in the Chicago area and Illinois is in jeopardy. However, CSU nursing students have learned resilience, to stay focused on their path regardless of what is happening or not happening in Springfield, Illinois.

This spring semester the university gave up their spring vacation to complete the semester before possibly running out of funds. The university survived the spring semester with the accelerated schedule. As a result, the university commencement is scheduled for April 28, 2016. Fifty new graduate nurses will be ready to sit for NCLEX. Once successful the graduates will enter the profession of nursing ready to serve the communities of the most vulnerable populations that need them most. Most importantly, they have learned the importance of voting, grassroots lobbying, and its impact upon their future. These past six months has not only been a lesson in politics for students, but most importantly a lesson in leadership.

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Illinois Center for Nursing Activities

The Illinois Center for Nursing (ICN) was established through legislative action in 2006 and placed within the Illinois Department of Financial and Professional Regulation to address supply and demand in the nursing profession. There is an Advisory Board with eleven members with diverse expertise appointed by the governor and the support of a managing director; ICN continues to participate in multiple coalitions with regional, state and national organizations to address the statutory mandate.



The 2015 Licensed Practical Nurse (LPN) Workforce Survey Report is an example of ICN's workforce focus, translating research findings into priorities to be addressed within the state. The LPN Report was completed in 2015, under the leadership of the Illinois Center for Nursing's Advisory Board of Directors; this survey was the first Illinois LPN workforce study offered with individual online licensure renewal.

The LPN survey data indicate a workforce that is aging with a small younger-aged pipeline to replace retiring nurses. Discussion around workforce planning needs to occur given LPNs traditional roles in nursing homes/extended care and home care and the anticipated growth of the elderly population. An informed discussion on LPN demand/capacity must also consider the nursing competencies stipulated in new models of team-based care. As we plan for the nursing workforce needed to meet health care demands created by population shifts and health care transformation, it would be helpful to have a better understanding of the drivers for choosing an LPN certification and how we might optimize each individual's interest in a nursing career.

For the first time in 2016, ICN offered Illinois Advanced Practice Nurses (APNs) the opportunity to participate in the data collection after completion of online license renewal. The survey is consistent with, but shorter than the HRSA designed national Sample Survey of Nurse Practitioners (NSSNP). All data will be reported in the aggregate for use by health planners in determining nursing workforce projections and needs in Illinois.

The Registered Nurse (RN) workforce in Illinois shares many characteristics of our national RN picture. We are an aging workforce – from the 2014 IL RN Survey Report - 40% of the respondents are 55-65+ years old and one-

third of this group indicates intent to retire within the next five years. Of particular concern are the small numbers of nurses in the younger age cohorts (25-35 years) who are entering PhD programs. In 2016, the Illinois Center for Nursing offered the opportunity to again participate in the collection of data with RN online licensure renewal.

The Illinois Center for Nursing continues to provide leadership to the Illinois Healthcare Action Coalition (IHAC) <http://www.illinoishac.com/>, along with ANA-Illinois and Illinois Organization of Nurse Leaders. Five years have passed since the IOM "The Future of Nursing: Leading Change, Advancing Health." The 2010 report was a catalyst for a number of new activities and served as a boost to several trends that had begun before the report was released. IHAC supports the National Nurses on Boards Coalition <http://nursesonboardscoalition.org/> working to improve the health of communities and the nation through the service of nurses on boards and other bodies. Leadership activities include the Illinois Nurses Foundation 40-under-40 recognition award for nurses under the age of 40 years, and working with RWJF Public Health Nurse Leader Robin Hannon, MSN, RN. Robin is convening a group of Illinois public health nurse administrators from local health departments along with academic partners to create a pilot project to enhance their practice impact on the health of populations and recruit and educate the public health nurses of the future.

The Illinois Center for Nursing collaborates with stakeholders to build broader coalitions to improve the culture of health. During the Fall of 2015, twenty nurses associations provided a brief overview of their association, as well as insights into practice regulation and department priorities to IDFPR Secretary Schneider and DPR Director Stewart. Associations included leaders from education, minority nurses, advanced practice and specialty nurses associations – representing the diversity of Illinois nurses. In April 2016, ICN presented at the National Forum of State Nursing Workforce Centers about the nine year collaboration with the Illinois Board of Higher Education (IBHE) with the Nurse Faculty Fellowship recognition awards.

These are a few of the Illinois Center for Nursing activities and accomplishments for the past few months. ICN works to promote excellence in Nursing Practice and education and to provide a successful roadmap for ensuring the optimal nursing workforce in Illinois.

For a schedule of the Illinois Center for Nursing Advisory Board meetings, please consult the ICN website: <http://nursing.illinois.gov/aboutboard.asp>.



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Illinois Department of Financial & Professional Regulation



Licensed Practical Nursing Survey Suggests Aging Workforce

SPRINGFIELD – A shortage of Licensed Practical Nurses (LPN) may be on the horizon in Illinois, according to a recent study conducted by the Illinois Department of Financial and Professional Regulation (IDFPR) – Illinois Center for Nursing. The voluntary 2015 LPN Workforce Survey also finds that LPNs, in comparison to RNs, are a more racially diverse group, clustered in the urban areas of Illinois. The survey was completed by nearly 22% of the total LPN population in Illinois.

“Similar to last year’s RN survey findings, the LPN workforce in Illinois appears to be aging with an insufficient population of younger nurses in the replacement pipeline,” said Bryan A. Schneider, IDFPR Secretary. “While not yet at crisis level, this survey should serve as a clarion call to our nursing workforce planners that a potential shortage is on the horizon. This

is particularly important as LPNs play a key role in our nursing homes, extended care facilities and home care settings.”

Of the respondents polled, one-third of all LPNs (ages 55 to 65 years or older) intend to retire within the next five years. LPNs, in comparison RNs, are a racially diverse group with 25% of respondents indicating African American heritage, while those of Hispanic/Latina heritage comprise the highest percentage of the younger age groups at 8%. Illinois LPNs are most heavily centered in urban areas, with Cook County accounting for 26.4% of the population.

“Certainly a looming issue for policy makers is the growing use of home and community-based services by the US elderly population,” said Maureen Shekleton, PhD, RN, Illinois Center for Nursing Advisory Board

Chairperson. “When you account for the data as a whole – workplace setting, age and intent to retire; clear implications exist for Illinois workforce planning groups as they strive to balance future demand with workforce capacities.”

Conducted during the 2015 Illinois LPN licensure renewal period, the workforce survey was structured to capture data on the demographics, education, workplace settings and state distribution of LPNs in Illinois. Over 85% of individual LPNs completed licensure renewal via IDFPR’s online platform. The survey was completed by 6,613 LPNs.

For the complete report, please visit: <http://nursing.illinois.gov/ResearchData.asp>.

Nursing Participation in the Political Process

*Dr. Frank Bradtke DNP-L, RN, NEA-BC,
Chair of IONL Policy & Advocacy Committee*

When we consider nursing, and all the responsibilities that come along with our chosen profession, we don’t often think about the obligation to also be politically active. This has become more evident to me as I have moved through my doctoral education and completed my capstone project. It is evident through the literature, as well as my own research, that nurses feel there is an importance to be involved in politics but fall short when it comes to actual participation.

As nurses, we carry an obligation to ensure all those we serve. These obligations are outlined in the American Nurses Association Code of Ethics. The Code of Ethics is a dynamic document that explicitly outlines primary obligations, values, and ideals of our profession. Provisions 3, 6, 7 and 8 clearly outline that as nurses, we should be working with the public, peers, as well as regulatory or governing bodies in regard to health care issues and policy.

The needs assessment I completed indicated that as professionals, we often feel stretched for time, and feel that we are unable to participate in the political process due to lack of time, knowledge, or even confidence in our own ability to serve in these capacities. These are all personal perceptions by those that completed the needs assessment. However, with some information and education, these perceptions will change.

There are many ways nurses can participate in the political process, these include: donating money to a candidate, contacting an elected official to offer support or action for consideration of an issue, helping on a political campaign, lobbying activities, drafting health policies, volunteering for an elected official, working on a committee or coalition to take action on a health policy, contacting elected officials, or even holding an office. The array of possibilities for participating in the political process is vast, and varies by the amount of time one has to participate.

As part of my project, nurses were presented this information as well as education regarding how they may become involved politically, how to contact elected officials in Illinois, and who the current elected officials are. By providing nurses with the information, I hope to change perceptions regarding participation, and see a corresponding increase in nurse participation in the state of Illinois. I plan to complete another survey in one year to measure perceptions regarding participation and participation levels at that time.

As nurses, we all have the ability to participate in the political process, and we should consider it a professional obligation as we strive to deliver excellent care. IONL provides nurses with active communication and engagement regarding the political process through their Policy and Advocacy Committee.



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In Memory of Margaret Ross Kraft

August 23, 1937 - March 28, 2016

Margaret "Peggy" Kraft, age 78 of Naperville, IL since 1966 passed away Monday, March 28, 2016 at her home. Born August 23, 1937 in Snow Shoe, PA the daughter of the late Charles and Sarah Belle Ross.

Beloved wife of George for 55 years, loving mother of Stephen (Claire) Kraft, Mark (Julie) Kraft and Michael (Amy) Kraft, cherished grandmother of Emily, Sebastien, Emmanuel, Maggie, Aidan, Genevieve and Stephen, dear sister of the late Nancy Long and the late Charles Ross and fond aunt of numerous nieces and nephews.

Peggy was salutatorian of the St Mary's High School, Class of 1955, was the salutatorian of the Geisinger School of Nursing, Class of 1958 and attended Western Reserve University where she graduated in 1962 and won the Hampton Robb award. Peggy received a Masters degree in Nursing from NIU in 1977 and her Ph.D. with distinction from Loyola University in 2002. During her career she was Assistant Director of Nursing at Marionjoy Rehabilitation Center in Wheaton IL, administrator of the Community Convalescence Center in Naperville, and spent 21 years in administration at the Edward Hines VA Hospital in Hines, Illinois including positions as Associate Chief of Nursing for spinal cord injury and long term care. She finished her career spending 12 years as a faculty member with the Loyola University School of Nursing in Maywood and Chicago. Also, she served on the board of Directors at Altenheim, a home for the aged in Forest Park for over 10 years. Served on the North East Illinois Area Agency on Aging Board of Directors for 30 years. Member of American Nurses Association of Illinois and active member of the Editorial Committee for the *Nursing Voice*.

Communication in the Acute Care Setting Using the VOALTE Application: The Ease and Perceived Usefulness

Sarah Miller, BSN, RN, CCRN

In 2015, the Joint Commission identified improved staff communication as a National Patient Safety Goal, stating, "effective communication is essential to ensure positive patient outcomes and to decrease miscommunications, which may lead to errors, injury or death"¹ (p. 110). However, communication among healthcare providers can create a noisy environment, impacting patient safety and is a major patient dissatisfier according to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The Centers of Medicare and Medicaid Services (2012) scores for the quietness of hospital environments on the HCAHPS survey are consistently low. Overhead paging, alarms, and hallway conversations are major distractions and are frustrating to patients and healthcare providers. According to Keller (2012) each distraction or disruption is associated with a 12-13% increase in procedural and clinical error (p 7).² Use of the VOALTE application for smartphones may be the answer to improving communication among healthcare providers while decreasing environmental noise from overhead paging and alarms. VOALTE is the acronym for voice, alarm, and text.³ The application allows healthcare providers to receive secured text messages, make and receive direct phone calls, receive critical alarms (staff emergency and code blue), and answer patient call lights through the Hill-Rom system.³ Using these functions of the VOALTE application, environmental noise can be reduced thereby supporting a quiet hospital environment.

Background

A quiet environment in the hospital facilitates effective communication by reducing the distractions that contribute to errors, injury, and death due to miscommunication.¹ Allowing mobile devices to directly send patient calls and alarms to the nurse improves time management and allows for more efficient communication, leading to greater patient safety and satisfaction.³ Mobile devices that use the VOALTE application can facilitate time-saving effective communication by sending secured texts from one device to another, along with receiving phone calls from healthcare providers.

Overhead paging, alarms, and hallway conversations are distracting and frustrating to patients. Using smartphones in the clinical setting allows staff members to send secure text messages, therefore, eliminating overhead paging.⁴ Text messages can be sent to pharmacists to assist in intraprofessional collaboration regarding a patient's medications.⁴ Through the use of a mobile device, respiratory therapists are much more accessible in a large hospital environment. Nurses can contact them with the VOALTE application by text messaging or voice calling.⁴

In order to have a successful smartphone implementation, education and monitoring will need to occur. This includes the development of policies and procedures for the VOALTE application and a thorough orientation process for successful implementation. To give providers a smartphone without proper education and expect the technology to improve patient care would be impossible.⁵ When hospitals purchase organizational smartphones, the facility must monitor and maintain security protocols.² Technology can reduce

miscommunication and allow direct communication to the healthcare provider to promote patient safety, improve quality of care, and provide a quiet environment.⁴ The VOALTE application at the bedside allows the nurse to have direct communication with the care primary care provider and can reduce the rate of failed communications that the Joint Commission has reported as the top root cause for sentinel events.⁶

Explanation of VOALTE Implementation

In 2014, an administrative team was formed at a Midwestern regional health center consisting of registered nurses in management and informatics, along with the project leader from information technology. The project leader discovered that the University of Iowa was using the VOALTE One system and had great success. The team then visited the University of Iowa to learn more about the communication product and to see it in action.

The VOALTE application and VOALTE messenger client were brought to the hospital and piloted on two units with 50 smartphones. In order to educate the patient population on the new smartphones, the hospital created posters on the pilot units informing patients of the red cased cellphones being used to keep caregivers connected. In 2015, the pilot of the VOALTE application was very positive, and the phone was adopted on the two pilot units. Smartphones with the VOALTE application were then disbursed throughout the remaining units in the hospital in phases.

Physicians, nurse practitioners, and members of management have the ability to use the VOALTE application on their own smartphone instead of the hospital provided smartphone. The VOALTE application requires a password for the individual and then is launched using a hospital provided username and password. Messages are not stored on the personal smartphones but instead are stored in an encrypted data center. Once the user signs out of the application, all messages are then erased from the phone.

Methods

The use of the VOALTE application can improve communication among healthcare providers. To improve communication, the VOALTE application must be easy to utilize and perceived to be useful from providers. In order to assess the VOALTE application's usefulness, a quantitative study was completed.

Design

This study is a cross-sectional design to evaluate the health care provider's ease and perceived usefulness of the VOALTE application. Roger's Diffusion of Innovation theory guides the study.⁷

Setting

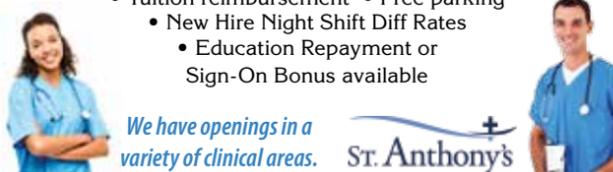
The study was conducted in a 300-bed hospital located in west-central Illinois. Participants include: healthcare providers from the medical/surgical and critical care units; respiratory therapy; and pharmacy. In addition to the hospital employees, physicians and nurse practitioners associated with the hospital participated in the study.

Measures

To assess the perceived ease and usefulness of the VOALTE application, the Technology Acceptance Model

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(TAM2) survey was utilized after permission was obtained from Dr. Fred Davis.⁸ The TAM2 survey consists of 2-6 item scales with Cronbach alpha reliabilities of .97 for usefulness and .91 for ease of use.⁸ Using a 7-point Likert scale, the perceived ease of use asks six questions regarding learning to operate the application, interaction with the VOALTE application, and the ease to become skillful using the application. The same 7-point Likert scale is used with the perceived usefulness survey in six questions. Demographic questions were included to describe the sample.

Data Collection Procedures

After approval was obtained from the institutional review board and the hospital, approximately 1,000 healthcare providers who use the VOALTE application were invited to complete the survey. The survey was administered using Survey Monkey and available to all employees for 10 days. Information about the study was presented to the nursing leadership committee to place in daily huddles. To further invite individuals to participate in the study, an article was placed in the hospital's bi-weekly in-house publication. During the 10-day duration of the study, information about the study was posted on the hospital's intranet daily announcements with the link to the survey. The Survey Monkey link for the study was e-mailed to all physicians, nurse practitioners, and physician assistants on the third day that the survey was available.

Data Analysis

De-identified data was imported from Survey Monkey into IBM Statistical Package for the Social Sciences Version 23. Descriptive statistics were used to describe the sample and correlations analyzed to assess the relationship between variables.

Results

Demographic Information and Perception of Usefulness

A total of 149 individuals completed the survey, for a completion rate of 14.9%. The majority of the participants were female (n = 122). The mean age of participants was 40-years with an age range of 21-67 years. The sample included registered nurses, licensed practical nurses, patient care assistants, respiratory therapists, unit secretaries, telemetry technicians, pharmacists, supervisors, physicians, physician assistants, and nurse practitioners. The majority of the participants were registered nurses (39.6%). Forty-two percent of the participants identified they had used the VOALTE application for 9-12 months in the clinical setting. All of the participants use the application for texting, while 68% make or receive calls, and 42% answer call lights with the device (see table 1).

The perception of usefulness by the healthcare providers was significant with all the survey questions (see table 2). Healthcare providers identified the VOALTE application as useful. Sixty-eight percent identified that using the VOALTE application in their job enables them to accomplish tasks more quickly (n = 120). Seventy-one percent (n = 107) of healthcare providers find the VOALTE application useful in their job, 82% (n = 122) voiced it was easy to learn, and 75% (n = 112) stated the interaction with the VOALTE application is clear and understandable. The more the healthcare provider liked the application, the more positive the correlation. Using the VOALTE application improves my job performance was positively correlated with enhancing my effectiveness on the job.

Age

There were significant negative correlations with age. As the age of the participant increased, the ease of usefulness of the VOALTE application was rated lower (r = -.176, p = .036). The higher the age of the participant: the less they reported being skillful with the VOALTE application (r = -.233, p = .006); found the VOALTE application to be flexible to interact with (r = -.179, p = .034); able to get the VOALTE application to do what they wanted it to do (r = -.232, p = .006); and reported the VOALTE application was easy to learn (r = -.262, p = .002). As the age increased, the rating of the VOALTE application decreased.

Discussion

The majority of the healthcare providers use the hospital provided smartphone. The VOALTE application was found to be easy to use by 73 % (n = 109) of the healthcare providers. However, 26% (n = 39) of healthcare providers were neutral about the VOALTE application improving their job performance.

Limitations/Recommendations for Further Research

This study was a convenience sample at a single facility which limits the generalizability of the results. Future studies might include collecting data from other facilities that have implemented the VOALTE application. The survey did not include an area for comments, which could have yielded additional information. An individual did mention the keyboard on the device is too small and wished the keyboard would have a landscape feature. A physician commented upon the difficulty of figuring out which nurse is caring for their patients, since the VOALTE application puts staff according to their home units in the directory. If a nurse floats to a different unit for the shift, the nurse is still listed in their own unit and not the unit, they may be working that day. Another physician stated they no longer use the VOALTE application because they forgot to turn it off when they were not on call. This led the nurses to believe all the messages were seen by the physician, and the correct physician was not notified of the situation.

At the time of the study, not all ancillary departments were using the VOALTE application. Repeating the survey after the VOALTE application is hospital-wide could provide different results. The initial survey was primarily nursing personnel. In the future, it would be useful to have a comment section, as it allows individuals to share more information about their perceived usefulness of the VOALTE application.

The older the age of the participant, the lower they rated the usefulness of the application. A more personalized orientation process may be needed in order to allow the VOALTE application to be perceived more useful.

Conclusion

The Voalte application was perceived to be easy to use and useful by the majority of healthcare providers. Most of the health care providers felt it enhanced their job performance. However, the greater the age of the health care provider, the lower they rated the usefulness of the Voalte application. In addition, it can improve patient outcomes and satisfaction by providing a quieter and safer environment.

REFERENCES AVAILABLE UPON REQUEST

Demographic Data (TABLE 1)

Variables	Category	n	%
Age	20-29	32	20.6
	30-39	43	27.7
	40-49	30	19.4
	50-59	28	19.9
	>60	8	5.7
Gender	Female	122	82
	Male	17	26
Title	RN	59	39
	PCA/CAN/PCT	27	18
	U.S.	12	8
	Pharmacist	5	3
	Manager/Associate Manager	16	10
	Physician	9	6
	NP/PA	2	1
	LPN	1	.67
	Other (staffing clerk, patient access, RT, NP, SW, tele tech, psych tech, patient safe handling)	18	12
Device Used	Hospital phone	107	72.3
	Computer	56	37.84
	Personal Phone	21	14.19
Functions used on App	Texting	149	99
	Making/Receiving calls	102	68
	Answer call lights	64	42
Contact with family	Yes	27	18
	No	103	68
	n/a (computer use only)	15	10
	n/a (personal phone)	5	3

Ease and Perceived Usefulness Results (TABLE 2)

Item	N= agree and strongly agree	%
Using the Voalte app in my job enables me to accomplish tasks more quickly	102/149	68.46
Using the Voalte app improves my job performance	83/149	55.71
Using the Voalte app increases my productivity	88/148	59.46
Using the Voalte app enhances my effectiveness on the job	88/150	58.67
Using the Voalte app makes it easier to do my job.	90/150	60
I find the Voalte app useful in my job.	107/150	71.33
Learning to operate the Voalte app is easy for me.	122/148	82.43
I find it easy to get the Voalte app to do what I want it to do.	100/148	67.56
My interaction with the Voalte app is clear and understandable.	112/149	75.17
I find the Voalte app flexible to interact with.	98/149	65.77
I find the Voalte app easy to use.	109/149	73.15

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UP AND COMING

Meet Alyssa Hayward



Alyssa Hayward

Labor and delivery staff nurse Alyssa Hayward, BSN, RN, didn't initially seek a leadership role on the American Nurses Association-Illinois Board of Directors; she was relatively new to the profession, having graduated in 2013. But when ANA-Illinois Treasurer Dan Fraczkowski, MSN, RN, asked her if she'd consider it, Hayward rose to the challenge.

"I wanted to try something new, even if it meant feeling nervous and uncomfortable for a while," Hayward said. "And I'm passionate about nursing."

Hayward, who was named one of ANA-Illinois' "40 under 40" emerging nurse leaders, is glad she embraced the opportunity. She's hoping she can be a conduit to other younger nurses — helping them see the value of membership in their professional association and the importance of having strength in numbers to move important issues forward.

An early interest

Hayward discovered the nursing profession at an early age. When she was around 7 years old, she recalled visiting her great-grandfather several times in the hospital. While there, she found herself also very interested in what the nurses were doing. Fast-forward about 10 years, she took a medical careers class in high school, and that virtually sealed the deal to pursuing a career in nursing.

After graduating from Saint Xavier University on the southwest side of Chicago, she worked at a residence for disabled adults, and then accepted a position at Alexian Brothers Medical Center, first on a gero-psych unit and now in labor and delivery. With each role, she gained new skills and confidence.

"New nurses have to cut themselves some slack," said Hayward, when asked about advice she'd give to RNs navigating their first nursing job. "Many think they have to be great right from the start. They look at nurses on their units who've been around for a longer time, and they think that there's no way they'll be able to get to

that point. But they shouldn't give up, because it will get better."

She encourages newer nurses to set goals for the day and work toward them. And at the end of the shift, they can think about what went well that day, and areas where they can improve.

Two other pieces of advice: "It's important to try to stay calm when things get hectic — take the time to refocus. And stay true to yourself."

If it sounds as if Hayward has some mentoring skills, it's because Hayward also still coaches gymnastics on the side. She became involved in the sport starting at 4 years old, and was a successful high school gymnast, representing Illinois in national competitions.

"Being in gymnastics definitely shaped who I am today," Hayward acknowledged. From those experiences, she has learned that stepping up and trying something new can help in personal and professional growth — even when those attempts don't lead to successful outcomes.

Getting more involved

Hayward ventured into more active involvement in March 2015 by participating in ANA-Illinois' annual Student Nurse Political Action Day, where she spoke with students about membership benefits, from continuing education activities to political activism to developing leadership skills. She also met with state legislators to lobby for proposed legislation that would enable advanced practice registered nurses to practice more fully under their scope and without physician supervision.

She also attended this year's ANA-Illinois Membership Assembly in Bloomington, where speakers addressed various aspects of leadership. One key point, Hayward noted is that a leader does not necessarily have to be a manager or in an administrative role but can be any nurse who is willing to practice ethically and stand up for his or her patient's rights.

Hayward understands that nurses lead busy lives and must constantly juggle professional and personal aspects of their lives. (She recently planned a wedding and got married.) But when it comes to joining ANA-Illinois and ANA, nurses can be as involved as much as they want.

"There are different levels of commitment," Hayward said. "Maybe you can't go to a meeting but you can email a legislator from the comfort of your home. And just by being a member, you can get discounts on tuition with our educational partners, stay up to date on news and issues affecting nursing through different publications, utilize ANA's Career Center and engage in networking opportunities.

"You also can get access to online CE and other resources that can help you become more successful as a bedside nurse."

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

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Vision

The Illinois Hispanic Nurses Association's (IHNA) vision is to become the lead resource for Hispanic nurses to gain the necessary skills in order to become influential health care leaders throughout the state of Illinois.

Mission

The Illinois Hispanic Nurses Association (IHNA), is a professional, voluntary and non-profit healthcare organization, dedicated to enriching the lives of Hispanic nurses and other health-oriented individuals through the promotion of academic attainment, professional advancement, cultural awareness and active participation in the Hispanic community.

"As part of the new leadership, we are committed to mentoring the next generation of Hispanic nurses and participating in reshaping our healthcare system."

— IHNA 2016 Board

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Events

The "Go Red for Healthy Heart Month Scholarship Fundraiser" is our annual networking event to raise awareness about heart health through healthy heart messages. The event took place on Thursday, February 18th, 2016 at Society Night Club. We successfully raised scholarship funds for our current student members pursuing higher education, thanks to our sponsors, members and generous guests!



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Hospital Receives Highest Recognition from the World Health Organization for Support of Breastfeeding Mothers

In honor of the achievement, every baby born at Trinity in 2016 will receive a free onesie.

Chicago, IL – Advocate Trinity Hospital is the first hospital in Chicago to be certified as Baby Friendly, a designation from the World Health Organization recognizing the highest level of support for breastfeeding mothers and babies. It's a step forward in addressing the city's childhood illness and obesity epidemic. Providing infants with human milk gives them the most complete nutrition possible because it provides the best mix of nutrients for each baby to thrive. Scientific studies have shown that breastfed children have far fewer and less serious illnesses than those who never received breast milk, including a reduced risk of SIDS, childhood cancers and diabetes.

"We are pleased to receive this certification that recognizes our efforts to promote breastfeeding and best-practices in mother/baby bonding," said Michelle Gaskill-Hames, president at Advocate Trinity Hospital. The health and economic benefits of breastfeeding are significant and we want to do our part to educate our community."

In honor of the achievement, every baby born at Trinity in 2016 will receive a free onesie.

A global program, Baby Friendly was launched by the World Health Organization and the United Nations Children's Fund in 1991. The Baby Friendly Hospital Initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding.

"The City of Chicago congratulates Advocate Trinity Hospital on being recognized as Chicago's first Baby-Friendly Hospital," said Chicago Department of Public Health Commissioner Julie Morita, M.D. "Breast feeding gives infants an advantage that will help them for the rest of their lives. This is one more step forward in our ongoing efforts to improve the health of all infants and children across Chicago."

Currently just 326 U.S. hospitals and birthing centers in 48 states and the District of Columbia hold the breastfeeding designation, according to Baby Friendly U.S.A., which is the accrediting body for the Baby Friendly Hospital Initiative.

"Breastfeeding is especially important in communities where support has been traditionally lacking," said Mary Ann Neumann, advance practice nurse for Women and Infant Services at Advocate Trinity Hospital. "Women who are young, have a lower economic status or are African American have been shown to have a lower breastfeeding rate overall."

The Baby-Friendly designation, which is granted by Baby-Friendly USA, recognizes Advocate Trinity Hospital's success at providing an optimal level of support for breastfeeding mothers and babies. The designation was achieved after a rigorous four-phase process culminating with a comprehensive on-site evaluation.



"Ultimately, we are ecstatic to be able to support our system with this initiative and impact numerous of moms throughout the suburban and Chicagoland area," said Jacquelyn Whitten, chief nursing executive at Advocate Trinity Hospital. "By taking this step, we have provided opportunities to our moms to provide improved maternity care through breast feeding."

Michele Roe, manager of Women and Infant Services, I am ecstatic with the designation of ATH as a *Baby Friendly* hospital. It was a great undertaking for our team to embark on this journey that at times seemed daunting. Often our patients have no prenatal care let alone know anything about breastfeeding. They don't have support from family or friends and some have cultural biases or think negatively about breastfeeding as it relates to body image. With these obstacles, it is an uphill battle just to get them to try. So for us the designation isn't just about the accolades (although we graciously accept them) instead it signifies the tenacity and dedication of our physicians and nurses to optimizing patient outcomes. Knowing that breastfeeding could be the difference in rates of obesity, diabetes, asthma or other chronic illnesses prevalent in our community we had to put our best efforts forward and we did! For this I am most proud!!!

To be designated as a Baby Friendly Hospital, each birthing facility must adhere to the following ten successful steps.

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in the skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding

Proud to be named the 1st hospital in Chicago to become Baby-Friendly certified

Advocate Trinity Hospital

4. Help mothers initiate breastfeeding with one hour of birth
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants
6. Give infants no food or drink other than breast milk, unless medically indicated
7. Practice rooming in—allowing mothers and infants to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center

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