
Report to the 2004 House of Delegates Saturday, June 26, 2004

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Good morning. I am very pleased and honored to be standing before you once again, my 5th House of Delegates. I want to warmly welcome you to Minneapolis for what I know will be a memorable House of Delegates and Convention. I want to express ANA's appreciation for the marvelous support and hospitality from the Minnesota Nurses Association. To all of you here serving as delegates, to our ANA past presidents, to the Associate Organizational Members and our related entities, to the specialty nursing organizations, to President Blakeney and the ANA Board of Directors, I extend personal greetings. I also extend a special welcome to our organizational affiliates, who will more fully participate at this House with both voice and vote.

The combined contributions, commitment and partnerships represented in this hall today are what make nursing strong, what make nursing great, what make nursing the most wonderful profession in the world, and I thank each and every one of you for being here.

I also want to acknowledge the hard work, dedicated energy and exceptional talents of the ANA staff, who commit themselves each day to furthering the mission of our association and the profession. Everyday they give a 100% ... and then some more. This association is very fortunate to have individuals of their caliber on staff. I'd like to ask all of the ANA staff to stand and be publicly recognized. They are some of the best and brightest that this nation has to offer.

As we gather together, I think it is important to celebrate our accomplishments – to recognize what we have achieved as an organization – and to appreciate the power we have to make a difference when we work together.

I'd like to highlight some of our accomplishments this past year, but I also urge you to review the 2003 Annual Stakeholders report, if you haven't already done so. This report is included in your on-site packet and was also posted on the Virtual House of Delegates.

ANA is truly a global enterprise, its many parts working on behalf of the nursing profession here and abroad. ANA has built a reputation as a national leader and an international authority on the nursing profession. We are the U.S. member to the International Council of Nurses. It is a relationship we value greatly. Later today we will convene a special House of Delegates to clarify one part of last year's bylaws amendments to address a concern from ICN about ANA's intention regarding international membership.

ANA also collaborates with its three related entities — the American Academy of Nursing, the American Nurses Credentialing Center and the American Nurses Foundation — in a variety of ways on a range of initiatives that result in synergy of effort on behalf of the profession.

We will take this collaboration to another level by holding a three-day joint strategic planning retreat for ANA and its three entities this August. This will be a historic event and will position us to better utilize our finite resources to accomplish the shared aspects of our respective missions.

At the state level, the CMAs are the experts on a wide range of nursing issues, especially legislative and workplace issues.

CMAs are our foundation and our strength. They are the backbone of ANA. It is this collaboration among us all that presents nursing as a unified profession. Adding to our strength are our organizational affiliates. Many CMAs have strong working relationships with specialty nursing organizations in their state.

Let me remind you of a little bit of history. This year, we mark the first anniversary of ANA's new bylaws. In 2003, the House of Delegates took decisive action to lay the foundation for a new "House of Nursing," and one strong united voice for nurses, nursing and the health of the nation: the opportunity for a unified message.

As you know, the purpose of the bylaws amendments was to create new and enhanced relationships with nursing organizations and to open the door for ANA to connect with more nurses – remembering that 80% of the RNs do not belong to any professional association. The bylaws amendments created a new relationship between ANA and CAN and ANA and UAN. Both are now associate organizational members – AOMs. In addition, the bylaws enhanced our relationship with our organizational affiliates, providing them with a greater voice in the association.

In addition to organizational members, the bylaws amendments created categories of membership for individuals to connect with ANA in new ways: Direct Individual Membership and Individual Affiliates. Each of these new categories has been implemented. I will share more details about the status of these categories later in my report.

The work of ANA is accomplished through its structural units and programs. The Congress on Nursing Practice and Economics, the ANA PAC and the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program, formerly known as the Ethnic Minority Fellowship Program, are all important components of ANA. You will hear a report from each of them later today.

We also continue to make great strides in our cornerstone work: ethics and standards of practice.

Our role as keeper of the Code of Ethics for Nurses is one of our greatest contributions to the advancement of the profession. It is a role that we have taken very seriously for over a century.

It is the singular document that speaks to the professional essence of nursing practice and ensures the credibility of the profession in the eyes of the public. No other organization is charged with the awesome responsibility of protecting the integrity of this fundamental foundation of nursing practice. It is fully viewable on our Web site, NursingWorld, and we are currently developing a product to help nurses apply the code to their everyday practice.

ANA also is very proud of the role we play in partnership with specialty nursing organizations as the standard-setters for the nursing profession and our contributions to continuing competence. Other groups' standards also come forward for review through ANA's process because they value the "ANA brand of approval." ANA currently publishes 23 standards of practice. In the past 12 months we have completed the revision of the scope and standards of nursing practice as well as the scope and standards for nurse administrators. Both are cornerstone documents for the profession, the latter being the basis for ANCC's Magnet™ Recognition program. Furthermore, ANA is trying to set the pace by committing to incorporating aspects of aging in all of its standards work.

Another cornerstone document is the "Social Policy Statement." A revised social policy statement was published late last year after an extensive review process at the HOD, and it reflects a new definition of nursing.

Together, these three documents — the Code of Ethics, the scope and standards of nursing practice and the social policy statement — represent the "trilogy of nursing practice." Each has been updated in the past three years. It is ANA's goal to develop a curriculum around these three documents and disseminate it to all of the schools of nursing in this country. This would ensure that the next generation of nurses is grounded in these essential documents and, as a result, professional practice will be enhanced.

Of course, ANA's day-to-day efforts are focused on our core issues that you see here. ANA remains committed to these core issues and continues its work in each of these areas under its new structure. I'll go into greater detail on these issues in a few minutes.

ANA is actively working to address the nursing shortage and its underlying causes — and I know everyone in this House of Nursing agrees that we must succeed! If we don't, then our patients across America will pay the price.

We know that to ensure an adequate supply of nurses in the future, we must restructure the landscape of nursing. *Nursing's Agenda for the Future* is the profession's blueprint to achieve the desired future state of nursing.

We can be proud of ANA's role as convener in this effort: bringing together nursing groups initially and shepherding the process to actualize the Agenda.

In December 2002, the NAF Steering Committee identified "economic value" as the priority domain and set out to raise funds to do the research needed to quantify the economic value of nurses. This is the "quantum leap" work we need to garner the business community and policy-makers' support for *Nursing's Agenda for the Future*.

Well, thanks to the contributions of one AOM, 21 CMAs, all but one of the NAF Steering Committee organizations, and six other specialty nursing organizations, we are on our way. To date, we have raised 82 percent of the \$185,000 needed to complete this research. The contract has been awarded to the highly regarded Lewin group, and work commenced the beginning of June. We expect a final product in early 2005. Completing this research will bolster the business case for the contributions of nurses to positive patient outcomes.

In addition to this work, ANA is doing additional work to document the economic value of nursing. We are actively advocating for research on reimbursement models for nursing services, correlating nursing-sensitive indicators with select cost avoidance measures and examining nursing supply-and-demand variables.

ANA also continues its efforts to advocate for advanced practice registered nurses to remove the artificial barriers to their practice. The Medicaid Nursing Incentive Act (H.R. 2295) — introduced in 2003 by Representative John Olver — expands patient access to care by requiring states to offer Medicaid coverage for primary health care services provided by advanced practice registered nurses. It also expands Medicaid fee-for-service coverage to include direct reimbursement for all — and I emphasize the word “all”—Nurse Practitioners and Clinical Nurse Specialists.

The National Database of Nursing Quality Indicators is the repository for data collected on ANA's nursing-sensitive quality indicators, and it is another strategy to document the value of nursing. In the past year, the program has grown by almost 50 percent, and today we have 588 hospitals participating in all 50 states and the District of Columbia, plus another 23 are in the pipeline. We have signed a new contract with University of Kansas Medical Center Research Institute and are developing new indicators. NDNQI represents a solid source of non-dues revenue with great potential for future growth.

It is ANA's goal that every hospital in the United States collects data on nursing-sensitive indicators. This will be a powerful database that will describe the clinical impact of nurses on patient care and will inform our practice as well as health policy. ANA has just launched a national marketing campaign in support of this goal, and we need the CMAs' help in promoting NDNQI.

To learn more about NDNQI, I encourage you to attend one of the two workshops being held during convention and to visit the ANA booth in the exhibit hall.

ANA is actively involved in the Health and Safety arena. Over the past several years, we have become more active in environmental health issues. In particular, ANA, ICN and 17 CMAs are members of Health Care Without Harm, which seeks to reduce the pollution created by the health care industry.

ANA is also a partner with the American Hospital Association, the Environmental Protection Agency and Health Care Without Harm in a related initiative, Hospitals for a Healthy Environment, known as H2E. H2E seeks to eliminate mercury-containing waste, reduce overall volume of waste and identify pollution prevention and waste reduction opportunities.

As I said, ANA continues its work on all core issues, including workplace rights. One area where ANA has long been active centers on the statutory definition of “supervisor” and issues related to organizing and collective bargaining eligibility. In 2003, ANA and UAN collaborated on a “friend of the court” brief filed with the National Labor Relations Board on this issue.

Patient safety and advocacy are of prime importance to ANA. Last fall, ANA opposed the Medicare Prescription Drug Improvement and Modernization Act, based on principles developed by the board. ANA is deeply disappointed by the benefits offered by the new law because it

leaves many beneficiaries without any real assistance. ANA also opposes efforts to privatize Medicare.

ANA was the first health care organization to formally support the original Medicare legislation some 40 years ago because we agreed that the private market was unable to meet the needs of the elderly and disabled.

In May of this year, we saw another example of the synergy that occurs when we work together. More than 2,600 events were held all across the country May 10 to 16 during "Cover the Uninsured Week," including some hosted by CMAs. All of these activities were geared toward raising awareness about the 44 million Americans who live without health insurance coverage . . . a national tragedy.

The underpinning of ANA's position on universal access to care is the landmark document, *Nursing's Agenda for Health Care Reform*, which we published in 1992 and had 60 other national nursing and health care organizations as signatories. Last year's House of Delegates asked that we review and update this foundational document, and we have undertaken that effort. The revision is currently in review by the Congress on Nursing Practice and Economics.

In 2002, ANA was awarded a \$5 million, five-year grant from Atlantic Philanthropies aimed at improving the quality of health care for older adults by enhancing the competence of the nurses who care for them. This grant is being implemented through a strategic alliance among ANA, ANF, ANCC and the Hartford Institute for Geriatric Nursing at New York University.

Since May of 2003, three cohorts of grants have been awarded to 27 nursing specialty organizations to begin some of the activities that will increase the competence of nurses in caring for our geriatric population across the country. Nurse Competence in Aging will be discussed widely at this convention.

On Tuesday, June 29 from 8:00 to 9:00 a.m., Dr. Mathy Mezey, director of the Hartford Institute for Geriatric Nursing at NYU, will present the plenary session "Facing the Future and Embracing Competence in Aging." In addition, I encourage you to visit the Nurse Competence in Aging booth in the ANA exhibit hall for some great "give-aways."

ANA continues to garner significant public visibility in the consumer and trade media. For example, ANA was cited in several articles in *Readers Digest* and also in *Parade Magazine*. Information about the Magnet™ Program was linked to the *Parade* Web site, and Magnet was also highlighted in *Woman's Day* magazine.

An important recognition for ANA was the inclusion of ANA leaders in *Modern Healthcare's* list of the "100 most powerful people in healthcare" for the past two years.

You'll have the opportunity again to "vote" for nurses on the list this year from June 28 until July 23rd. Stop by ANA's cyber café and cast your vote before you go home. ANA was also ranked number 17 of 171 influential groups in health policy, according to a survey of congressional staff published in *The Hill* newspaper last fall.

What I have been trying to lay out for you over the last few minutes is a sense of the tremendous things that ANA has [accomplished] – and can continue to accomplish – for nurses and for the well-being of all Americans.

And, we succeed in moving the work of nursing through relationships — relationships with our members, CMAs, specialty nursing organizations, international nursing organizations, health care organizations, regulators and policymakers, to name just a few.

To succeed in achieving our big, audacious goal, “To be the unifying force to advance quality health for all,” we must enhance our current relationships, and we must cultivate new ones.

That is what last year's bylaws amendments were all about. The goals of the new bylaws were as follows: to open up the doors to new relationships and change our structure to enhance existing relationships, [to] serve our members and our prospective members better [and to] help them serve their patients better.

The bylaws created several new categories of membership and enhanced another.

First are the Associate Organizational Members (AOMs.) The current AOMs are the Center for American Nurses and the United American Nurses, AFL-CIO. In addition, a Board Task Force has developed criteria to be used when accepting new AOMs. To date, we have received some inquiries from organizations interested in becoming AOMs, but have no firm commitments.

In addition, we strengthened the organizational affiliate category by providing for greater participation. We currently have 10 organizational affiliates, eight of whom are with us today. An ANA Board Task Force that includes representation from the organizational affiliates has developed criteria for organizational affiliates and a dues structure. The Organizational Affiliates breakfast meeting will be held on Sunday morning, where they will discuss how to select their ANA board representative.

The primary difference between an AOM and an organizational affiliate is the extent to which that organization has an opportunity to influence the policy direction of ANA. Since AOMs are members of the ANA Board of Directors, they have more opportunity to voice their perspective and to cast their vote on issues.

As I mentioned earlier, the bylaws created new ways to connect with individual nurses. Direct Individual Membership is an option that allows an individual nurse to join either a CMA or the ANA directly in states where the CMA has signed an agreement with ANA. The nurse must either work or live in a participating state to be eligible for this type of membership. To date, 22 CMAs have requested information.

Six states are currently participating in the pilot program: Missouri, New Hampshire, New Mexico, Pennsylvania, Rhode Island and Utah, and another six are seriously considering this membership option. CMAs and ANA are beginning to market individual membership directly to prospective members. Currently, we have six ANA Direct Individual Members, and the participating CMAs have a total of 59 direct members, with 11 of these having been former full CMA/ANA members.

On June 4, we launched the individual affiliate membership. This is a Web-based membership with no voting rights. As of June 23, we have 45 individual affiliate members. This category is positioned as a way to support one's professional nursing organization and as a counter to the "I do not have time" or "I do not have money" argument.

In addition, we have created a subscription option aimed at students and supporters of nursing who want access to the "Members Only" site but who are not eligible for membership. We are collecting information regarding students' graduation dates so that we can market membership to them when they graduate.

We have also recently enhanced our Web site, NursingWorld, with a redesigned home page and created a new "Members Only" Web site. We have also expanded and improved the membership site with the goal of making it easier to join and renew membership.

I'm sure you'll be pleased by the significant enhancements we've made to the Web site. If you have not already visited it, then I would strongly encourage you to do so.

I've talked a lot about "building the house of nursing." Well, in addition to everything else we are doing, ANA is literally building its "house of nursing." As you know, after an extensive search of sites in the metropolitan Washington, D.C., area, ANA selected Silver Spring, Maryland — just eight miles from our current office and a short distance from the Capitol— as the site for its new facility. We broke ground on this state-of-the-art building in April 2003, and the actual office build-out is currently underway. We are slated to move into the facility in early September.

A great deal of work has gone into creating a home for ANA, its entities and AOMs. It will be a home that supports our mission and history, and which will foster a sense of community and provide an improved work environment. The office space features a multi-media center/library, educational/conference center, and board of directors work room/lounge. In addition, we plan to showcase our history in several ways, by commissioning a historical mural, enhancing the Hall of Fame and creating a walking museum for nursing to display artifacts, photographs and other works related to the rich history of the profession. These features are being generously supported by the American Nurses Foundation, through the funds raised as part of the early 1990s "Nursing on the Move" capital fund-raising campaign, which moved us from Kansas City to our Nation's capitol.

As you see, the building is close to completion, and the revitalized downtown Silver Spring area is thriving with new restaurants, shops, businesses and other associations.

These photos were taken a few weeks ago during an event to celebrate the new downtown.

I'm absolutely sure our members will be proud and impressed with the new facility when they visit association headquarters. We welcome all of you.

As you know, ANA has been engaged in a journey of financial renewal over the past few years. We have made great strides in reversing a pattern of deficit spending. To do that, we made tough decisions about programmatic and staff reductions and succeeded, with your support, in passing a dues increase in 2001, the first in over a decade.

Despite some challenges, ANA ended 2002 and 2003 “in the black.” The year 2004 is also projected to end with a positive Change in Net Assets. Let me note for you that while this graph shows actual year-end results for 2002 and 2003, it reflects the approved budget for 2004. Please keep in mind that 2003 was an extraordinary year in terms of investment earnings and strong ANCC financial performance. We don't anticipate the same performance in 2004, and this year's budget is just barely balanced.

Given this financial outlook, ANA will need to grow membership and continue to increase non-dues revenue. In addition, the House will consider adjusting dues to provide the resources to fund our new focus on strengthening and sustaining the CMAs and ANA.

I am constantly amazed and extremely proud, as you should be, too, of how much ANA accomplishes with so few resources.

Let me be clear: to preserve our mission and do the work that we all care about so deeply, we need an organization that provides the resources we need to continue this vital work. As I've shared with you this morning, we have many exciting initiatives underway to advance our cornerstone and core issues work, build and enhance relationships, support strong CMA partners, address external threats and grow membership and non-dues revenue.

That is why our shared financial stewardship is so vital. ANA has demonstrated fiscal responsibility and discipline, turning around the almost five-year pattern of deficit spending since 2001. You have heard the president and treasurer explain the urgent need for ANA to devote resources to sustain and strengthen the CMAs and ANA. To succeed in this effort and continue the core work that has earned ANA its place as the voice for the profession, we need to pass the dues escalator. I join the board in pledging my commitment to invest in a stronger shared future and enhanced partnership between ANA and CMAs.

As I reminded the House last year regarding the bylaws amendments, the choice is yours; you are the elected delegates of this very proud and noble association, and you are responsible for the destiny of ANA and the profession. I believe with every cell in my body that as ANA goes, so goes the profession. It is why I am not retired and stand before you today as your chief executive officer. So I ask us not to forget our obligation to the millions of nurses who came before us.

We have an awesome responsibility to ensure that ANA will still be the largest and most diverse nursing association a century from now.

So, let's continue to build upon the foundation for the “House of Nursing,” that was laid last year with the bylaws amendments, by passing the dues escalator.

Together, we can build one strong united voice for nurses, nursing and the health of our great nation — unified messages across the larger nursing community.

Thank you.