# 2015 ANNUAL REPORT

# ETHICAL PRACTICE. QUALITY CARE.

hen the revision to ANA's "Code of Ethics for Nurses with Interpretive Statements" was nearing completion, we knew we wanted to share this important document far and wide. So we designated 2015 as the "Year of Ethics."

This report is a snapshot of some of our achievements and ANA's ongoing work to enhance nurses' ability to provide safe, quality care to patients, families and communities, including those that amplified our National Nurses Week theme, "Ethical Practice. Quality Care."

And just like ethics and the desire to provide quality care are integral to what nurses do, these values also are at the heart of what ANA does. Over 12 months, ANA advocated for the health and safety of nurses and patients on optimal staffing, safe patient handling and mobility, and the prevention of workplace violence and incivility, among other important issues. We provided timely, practical resources and strategies that nurses could use to improve their work environments and their practice.

Additionally, we raised our collective voices swiftly when we needed to create a better understanding about what nurses do — from protecting a <u>Navy nurse</u>'s ethical right to refuse to participate in force-feeding to countering inappropriate comments about an RN who spoke about the privilege of being a nurse while wearing scrubs and a <u>stethoscope</u> during the Miss America pageant.

What follows is ANA's story, told in part by nurses who were active in key efforts in 2015. And while our planned activities around our "Year of Ethics" came to a close in December, ethics continues to be essential to our work and nurses' practice. Simply put, it's who we are.

Sincerely,



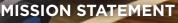
Pamela F. Cipriano PhD, RN, NEA-BC, FAAN President



Marla J. Weston PhD, RN, FAAN Chief Executive Officer



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Nurses advancing our profession to improve health for all.

ANA

MERICAN NURSES ASSOCIATION

#### **ENVISIONED FUTURE**

Nursing is the unifying force advancing quality health for all.

#### **GOAL #1:**

# **ENSURING SAFETY, HEALTH AND ETHICS**

**SAFETY:** Seeking an end to the global issue of workplace violence, an ANA-convened panel of nurses representing diverse specialties and settings called for the nursing profession to "no longer tolerate violence of any kind from any source."

"We have to acknowledge that workplace violence and other harmful behaviors occur, and work to change the culture," said Deena Brecher, MSN, APN, ACNS-BC, co-chair of ANA's Professional Issues Panel on <u>Incivility, Bullying and Workplace Violence</u>. "Sometimes nurses feel that there is



Deena Breche

nothing they can do, but they deserve to practice in a safe environment. And it's also our responsibility to create an environment that is safe for ourselves and our patients."

To hasten positive culture change, the panel developed a position statement that provides nurses and employers with specific, practical interventions they can use to stop workplace violence, bullying and incivility.

"What we learned is that you can't talk about workplace violence without talking about bullying or incivility because it's a continuum," said Brecher, who, after experiencing violence herself, became a strong advocate for workplace changes. "Having nurses from so many different specialties and in different roles on the panel showed that this workplace issue touches everyone."

ANA has been at the forefront of addressing workplace violence, and the position statement raises greater awareness about the issue, noted Brecher. ANA has developed numerous educational activities over the years, including publishing in February the book, "Not Part of the Job: How to Take a Stand Against Violence in the Work Setting," by Jane Lipscomb, PhD, RN, FAAN, also an ANA panel member, and Matthew London, MS.



**STAFFING:** To help RNs make their case for optimal staffing and implement evidence-based plans, ANA commissioned Avalere Health LLC to develop a comprehensive resource in collaboration with nurse and policy experts called "Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes." Using another strategy, ANA and members nationwide flexed our political muscle to gain bipartisan support for the Registered Nurse Safe Staffing Act.

**PREVENTION:** ANA conducted an environmental scan to explore the impact of the "Safe Patient Handling and Mobility: Interprofessional National Standards," better understand current SPHM practices across disciplines in the U.S. and support targeted initiatives. Further, at a Capitol Hill briefing ANA emphasized the importance of implementing SPHM programs and enacting federal legislation to protect health care workers and patients. The Nurse and Health Care Worker Protection Act subsequently was reintroduced.

Prompted partially by outbreaks of measles, ANA developed a new position statement calling for nurses and other health care workers to be immunized against vaccine-preventable diseases. And by year-end, more than 9,400 practicing and student nurses participated in ANA's ongoing, online Health Risk Appraisal.

### **FOCUSING ON A YEAR OF ETHICS**

he public repeatedly has ranked nurses as the most ethical and trustworthy professionals in annual Gallup polls, and 2015 was no exception. Those results are even more meaningful considering how often nurses face ethical challenges.

To support RNs, ANA launched a yearlong, ethics-focused campaign in conjunction with the release of its new "Code of Ethics for Nurses with Interpretive Statements," which was revised to reflect current clinical practice, evolving conditions and ongoing transformations in health care. ANA offered a range of educational activities, from a webinar addressing human trafficking to a National Nurses Week event linking the Code to ethical decision-making. More than 11,000 nurses registered for the NNW webinar, and countless others watched in groups.

"The Code applies to nurses working in all settings, not just those at the bedside," said Felicia Stokes, JD, RN. a member of ANA and the Ethics Advisory Board of ANA's Center for Ethics and Human Rights, which also celebrated its 25th anniversary in 2015. "It is a guide for nurses not only reminding them that they *need* to be ethical — but also how to be ethical when faced with dilemmas. This campaign gave us an opportunity to educate novice and expert nurses on how the Code can help them handle these challenges, such as moral distress, pandemics, bullying and whistleblowing, with the goal of keeping patients safe."

In June, ANA convened a two-day ethics symposium, where more than 300 professionals heard from experts on how to use the Code to

**Directors** 



Felicia Stokes

improve health care and provide patient-centered care, as well as strategies to strengthen moral courage and resilience in the face of ethical dilemmas.

The relationship between ethics and practice was drawn into the spotlight when a longtime Navy nurse faced dismissal for refusing to participate in the force-feeding of detainees at Guantanamo Bay in Cuba. Using the Code, ANA successfully advocated for the nurse's ethical right to refuse engaging in that action.

ANA's efforts around ethics had traction: Nearly 72 percent of nurses replying to a questionnaire said that the information they learned from educational activities led to them changing their practice, with about 50 percent saying that they are better able to address ethical dilemmas in their work settings.

#### **2015 ANA BOARD OF DIRECTORS**

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#### **GOAL #2:**

# ADVANCING QUALITY AND HEALTH CARE TRANSFORMATION

TRANSFORMING: From rallying on the steps of the U.S. Supreme Court Building to filing an amicus brief, ANA demonstrated nurses' ongoing support for the Affordable Care Act and provisions aimed at maintaining health care coverage for millions of Americans. ANA subsequently celebrated the Court's decision to preserve ACA tax subsidies that allow greater access to coverage.

ANA weighed in on two other significant cases: one involving marriage equality and another that, although focused on dentistry, was expected to have a positive impact on nurses' ability to practice to the full extent of their education and training.

QUALITY: At ANA's Annual Conference, "On the Front Line of Quality: The Future of Health Care," over 1,000 nurses and health care professionals learned more about strategies to simplify health care data; Veterans Affairs' initiatives; ANA's evidence-based practice tools; and ways to create a healthy work environment. ANA's quality measures - nurse staffing, nurse skill mix, falls and falls with injuries — moved a step closer to being considered as publicly reported information.

Twenty-eight nurses were appointed to the Minority Fellowship Program in FY 2015, which ultimately will lead to improved mental health and substance abuse care to minority populations.

**SAFETY:** ANA widely disseminated its new catheter-associated urinary tract infection assessment and decision-making tool to nurses nationwide using a variety of communication channels, including links to federal websites, YouTube and listservs. The massive effort coincided with a dip in the rate of infections in the first quarter of 2015, as reported by Agency for Healthcare Research and Quality researchers at their fall 2015 conference.



#### **GOAL #3:**

### **DEVELOPING AND PROMOTING NURSE LEADERS**

**ADVOCACY:** For adult nurse practitioner Michelle Schmerge, politics is both personal and professional. She works at a primary care practice where she also covers the needs of residents living in skilled nursing facilities to prevent hospital readmissions. Under current North Carolina law, Schmerge, like other nurse practitioners, must have a "supervising physician" to practice in her role.

"My supervising physician has six NPs working with him, is 65 years old and can't retire," said Schmerge, MSN, APRN, ANP-BC, a North Carolina Nurses Association member. "We've been trying to find a replacement, but if we can't." we won't be able to continue to provide care to this population. And I think we've really been making a difference, especially with end-of-life care."

So when legislation was introduced in the North Carolina Senate in 2015 granting advanced practice registered nurses full practice authority. Schmerge began sharing her story with policymakers to gain their support for the proposed measure.

"I started this work very green, not knowing how much words matter and the best ways to advocate," she said. But Schmerge said she's grown a tremendous amount, in large part due to her participation in the American Nurses Advocacy Institute, a program created by ANA to develop nurses into stronger political leaders and to expand grassroots capacity for the nursing profession and health care. The class of 2015 in this yearlong, mentored program comprised 25 ANAI fellows representing 18 states.

"It's really been transformative, and I would encourage other nurses to learn more about political advocacy through ANAI and other ANA programs," said Schmerge, who now is developing a toolkit that can help nurses nationwide and in her home state advocate for APRN full practice authority.



Michelle Schmerge

ACTION: Also sharing their stories were some 260 ANA Lobby Day participants who headed to Capitol Hill for more than 270 scheduled office visits with elected leaders and their staffs. They focused their advocacy on increasing workforce development funding, as well as advancing legislation on safe staffing, home health care and greater access to care for veterans. Further strengthening nursing's impact, more than 1,500 nurses participated virtually through a social media campaign.

More than 320 nurse leaders and observers came together for the Membership Assembly in Washington, DC. Assembly representatives took action to increase education around the new "Code of Ethics for Nurses with Interpretive Statements," engage nurses in infection control activities and promote nationwide public reporting of quality measures that capture nursing care.

**SCOPE:** ANA continued to rally nurses around key legislation and other measures that would ensure APRNs can practice to their full scope and education. One key victory, known as the "SGR fix," centered on passage

> of federal legislation that included provisions enhancing nurses' roles as providers and improving their ability to deliver timely service to Medicare beneficiaries.



An ANA workgroup completed its revision of another resource essential to nursing practice, "Nursing: Scope and Standards of Practice, 3rd Edition." Published in July, the document was updated by a workgroup comprised of 39 nurses from diverse roles and settings, as well as the input of 10 key contributors and hundreds of nurses who provided public comments.

#### **GOAL #4:**

# ENGAGING AND SUPPORTING MEMBERS

**GROWTH**: ANA's <u>membership</u> numbers — and strength — continued to build, with a 9 percent increase in national and state joint members. That increase translated into a net growth of roughly 10,000 members, and was fueled by effective direct mail campaigns and targeted new RN recruitment efforts. This boost put ANA's 2015 membership growth in the top 10 percent of all associations.

**ENGAGEMENT:** On the national level, more than 2,000 nurses participated in ANA leadership roles, committees, workgroups and <u>professional issues panels</u> addressing key issues, such as ethics, barriers to RN scope of practice, palliative and hospice nursing, and nursing administration scope and standards — with thousands more around the country providing important feedback. ANA increased our focus on new RNs, building the audience for the successful "Welcome to the Profession" kit to almost 20,000. We launched an engaging member community site highlighting issues relevant to novice nurses and introduced a mentoring program for new RNs. On the social media front, ANA President Pamela Cipriano's column on leveraging the expertise of nurses garnered 18,000 "Likes" and 3,572 "Shares" alone, for a total reach of 486,915.

**EDUCATION:** ANA debuted its new <u>Nursing Knowledge Center</u>, which allows nurses to advance their practice and careers through a wide range of education offerings presented in a variety of learning formats. More than 35,150 nurses received CE through ANA's 315 live activities and independent study modules. Among other practice-oriented resources, ANA released, "What Would Florence Do? A Guide for New Nurse Managers," designed to help nurses excel in their management roles regardless of tenure.



# **Nurses ... and their stethoscopes**

s nurses, we perform comprehensive assessments — often with equipment in hand — to save lives and keep our nation healthy. So we saw a great opportunity to educate the general public and popular media following the missteps of hosts of the daytime TV program, "The View." They had mocked registered nurse and Miss America contestant Kelley Johnson, calling her scrubs a "costume" and questioning why she was wearing a "doctor's" stethoscope. Rhode Island State Nurses Association member Joslin Leasca, DNP, FNP-BC, quickly alerted ANA and, like a rapid-response team, we leapt into action.

ANA led a massive campaign through several social media platforms, where we asked nurses nationwide to send selfies with their stethoscopes using the hashtag #NursesShareYourStethoscopes. Further, ANA issued a statement by President Pamela Cipriano to the media emphasizing nurses' critical roles and expertise.

With the added nurse power of ANA's C/SNAs, the campaign reached upward of 6.7 million people on Facebook and Twitter combined, and millions more via traditional media coverage. And the controversy led some companies to temporarily halt advertising on the show.

**Epilogue:** "The View" devoted its entire Sept. 18 show to advance greater understanding of the nursing profession, featuring nurse educators and students from New York University. ANA was included in stories in People, Forbes, E! Online and Associations Now, as well as international publications.

#### **GOAL #5:**

# CREATING EFFECTIVE PARTNERSHIPS

**SHARING:** The 3rd Annual Presidents Immersion Course brought together 34 C/SNA leaders to promote board excellence and generative thinking. Additionally, ANA introduced five membership toolkits, which <u>C/SNAs</u> could customize to assist with recruitment, engagement and retention. Three Multistate Divisions — the Northeast (CT, ME, NH, NY, RI, VT), the Midwest (KS, MO, ND, NE) and the West (AZ, CO, ID, UT) — continued to strengthen their advocacy on key member issues by sharing strategies and resources. ANA also aided the C/SNAs with information technology, legal, finance, membership support and other services.

**COLLABORATION:** With our affiliate, the Organization for Associate Degree Nursing, ANA co-developed a <u>position statement</u> to foster nurses' ability to seamlessly advance their education. As a member of the Tri-Council for Nursing, ANA supported the efforts of the Academic Progression in Nursing initiative, which is aimed at creating a more highly educated and diverse workforce. We also worked closely with another organizational affiliate, the Association of Nurses in AIDS Care, calling for <u>repealing</u> HIV-criminalization laws.



On the world stage, ANA leaders united with more than 7,000 of their colleagues to explore the importance of cross-cultural understanding and global cooperation in nursing at the June International Council of Nurses conference in Seoul, South Korea. ANA and the American Nurses Credentialing Center co-sponsored the 7th International Nursing Conference, hosted by the King Faisal Specialist Hospital & Research Centre, a Magnet® hospital in Jeddah, Saudi Arabia.

**INFLUENCE:** ANA again helped strengthen nursing's influence by facilitating appointments on national committees and into key roles, including those associated with the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, and the National Quality Forum. In total, 39 nurses were selected and 27 other appointments were pending by yearend. As a founding member of the <u>Nurses on Boards Coalition</u>, ANA continued to encourage nurses to be part of a crucial campaign to place 10,000 nurses on corporate, nonprofit, governmental and health-related boards of directors throughout the country by 2020.

### **FINANCIALS**

# OPERATING REVENUE OPERATING EXPENSES Management and general 14%

