The Future of Nursing

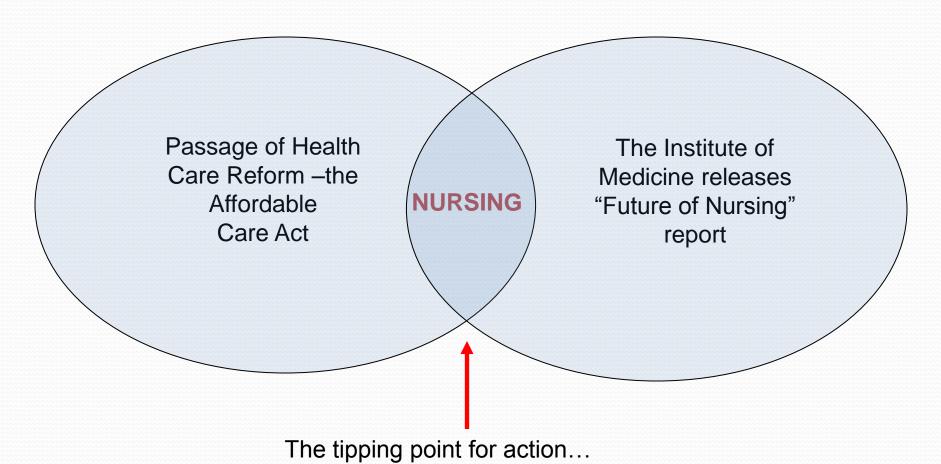
Cathy E. Duquette, Ph.D., RN, CPHQ, NEA-BC Senior Vice President and Chief Quality Officer, RI Hospital President, RI State Nurses Association

April 29, 2011

Objectives

- Review key opinions on the role of the nurse in this era of healthcare reform
- Describe the key findings and recommendations from the IOM Report on The Future of Nursing
- Discuss how and why the profession of nursing will need to change to respond to the current environment
- Describe at least three strategies for designing and securing the future role of nursing

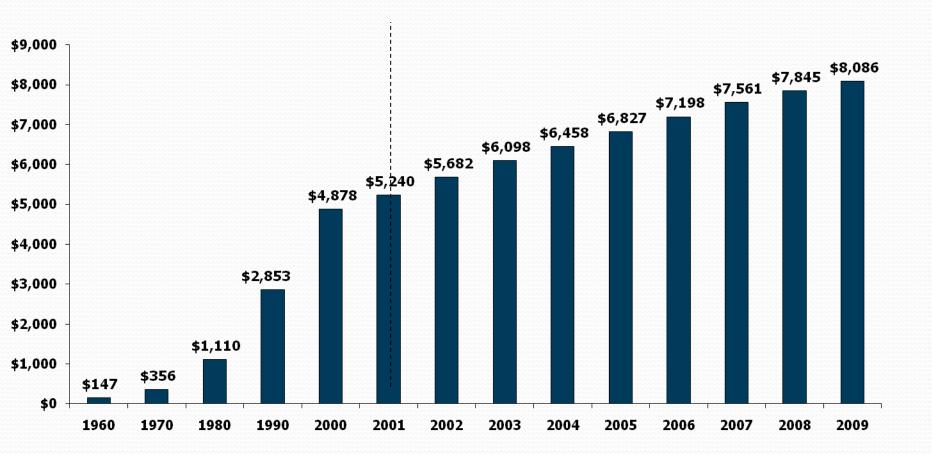
Time for Action



Healthcare Reform

- Current model of healthcare delivery is not sustainable
- Patient Protection and Affordable Care Act (ACA) passed on March 23, 2010
 - Many references to nursing
 - Words "nurse," "nursing," and "nurse practitioner (NP)" are cited throughout the 2000+ page ACA document
- Up to 32 million newly insured people will affect the healthcare system, and nurses are at the core of this system

National Health Expenditures per Capita, 1960-2009



Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at http://www.cms.hhs.gov/NationalHealthExpendData/ (see Historical; NHE summary including share of GDP, CY 1960-2009; file nhegdp09.zip).



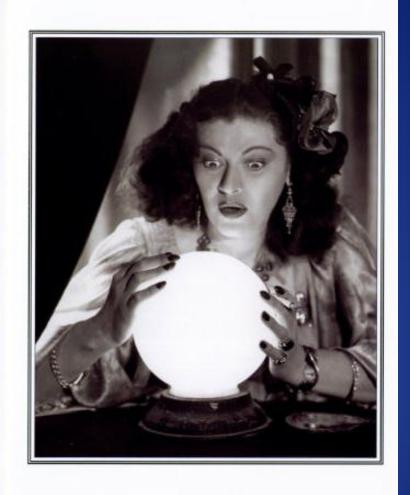
Healthcare Reform – The Good

- ACA includes resources for both advanced practice and general nurse education
- Grant programs for innovative safety net programs, such as nurse-managed health clinics
- The expansion of primary care and other services will increase the demand for advanced practice nurses

Healthcare Reform – The Not So Good

- The devil is in the details
- Much discussion and posturing as the law is translated to regulation
- Many entities vying for position and "protection"
- Future direction is not certain
- Nursing's voice is not as strong as it could be

Nursing
What is OUR future?



The good...

December 3, 2010

 ⇔ Prin

Nurses Top Honesty and Ethics List for 11th Year

Lobbyists, car salespeople, members of Congress get the lowest ratings

by Jeffrey M. Jenes

Page:

1

PRINCETON, NJ -- Nurses continue to outrank other professions in Gallup's annual Honesty and Ethics survey. Eighty-one percent of Americans say nurses have "very high" or "high" honesty and ethical standards, a significantly greater percentage than for the next-highest-rated professions, military officers and pharmacists. Americans rate car salespeople, lobbyists, and members of Congress as having the lowest honesty and ethics, with the last two getting a majority of "low" or "very low" ratings.

Please tell me how you would rate the honesty and ethical standards of people in these different fields — very high, high, average, low, or very low?

	% Very high/High	% Average	% Very low/Low
Nurses	81	16	1
Military officers	73	23	3
Druggists or pharmacists	71	25	4
Grade school teachers	67	24	6
Medical doctors	66	28	5
Police officers	57	33	10
Clergy	53	35	8
Judges	47	37	14
Day care providers	47	41	7
Auto mechanics	28	55	16
Nursing home operators	26	48	24
Bankers	23	48	28
TIW7			

The not so good...

We have much work to do...

Quiet, "behind-the-scenes" leadership is not enough!



Nursing Leadership from Bedside to Boardroom: Opinion Leaders' Perceptions

A Joint Robert Wood Johnson Foundation - Gallup Study

The Story Emerges As Follows

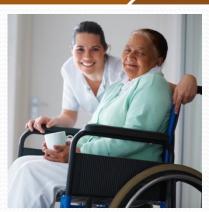
Trust and Confidence

Influence on Health Reform

More Influence for Nursing

Barriers to Leadership Removing Barriers for Nursing









Value

Quality

Access

Leadership

Methodology

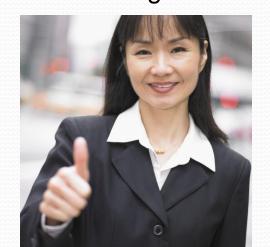
- The survey was conducted between August 18 and October 30, 2009.
- A total of 1504 telephone interviews were conducted with opinion leaders throughout the nation.
- Opinion leaders were selected based on key criteria and included the following groups:
 - University Faculty
 - Insurance
 - Corporate
 - Health Services
 - Government
 - Thought Leaders

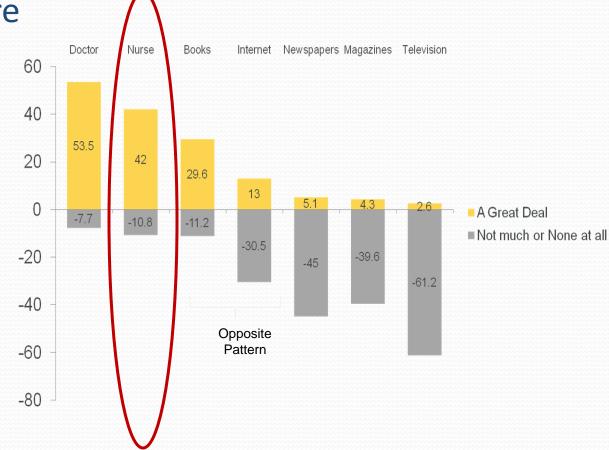
Trust and Confidence in Information Sources About

Health and Healthcare

Question Wording:

How much trust and confidence would you have in information about health and healthcare that you could get from each of the following sources?



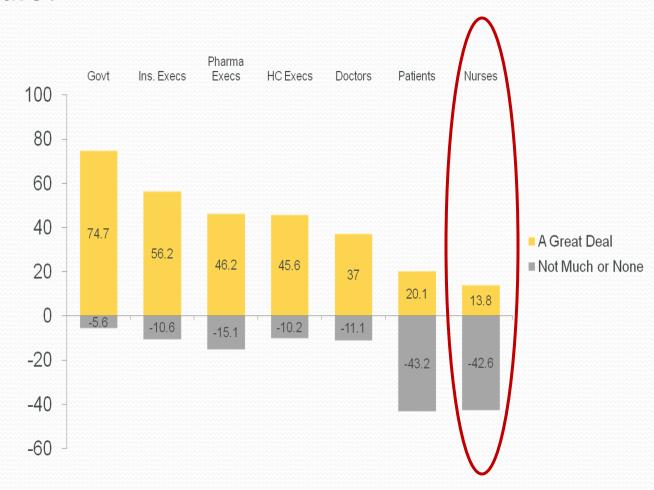


Who Will Influence Health Reform in the United States in the Next 5-10 Years?

Question Wording:

Thinking about the next five to ten years, how much influence do you think each of the following professions or groups of people will have in health reform in the United States?





Nurses Should Have More Influence in Planning, Developing Policy, and Management

Question Wording:

Would you like nurses to have more influence, about the same influence, or less influence than they do now in planning, developing policy, and management of the following health systems and services?



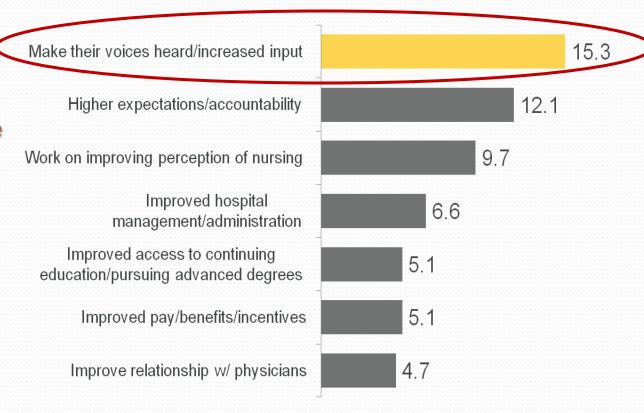


How to Ensure That Nurses Take on More Leadership in Improving Health Status and Delivering Healthcare Services

Question Wording:

What, if anything, do you think could be done to ensure that nurses take on more leadership in improving health status and delivering healthcare services in the United States

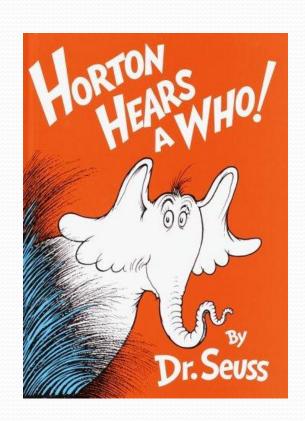




Key Takeaways

- Opinion leaders rate doctors and nurses first and second out of a list of options for trusted information about health and health care
- Opinion leaders say government and insurance executives will have a great deal of influence in health reform during the next 5–10 years
- Opinion leaders perceive patients and nurses to have the least amount of influence in health reform in the next 5-10 years
- Opinion leaders say reducing medical errors and increasing the quality of care are two areas where nurses now have a great deal of influence in policy and management
- Removing barriers centers around increasing the voice of nurses, expectations and accountability, and improving perceptions of nursing among others

So...How strong is OUR voice?





American Academy of Nursing

Transforming healthcare policy and practice through nursing knowledge



About :

Expert Panels Academy Initiatives

Voice

Public Policy Events : Publications :

Job Postings Continuing Education Opportunities

Gallup: Nursing's Voice Lacks Volume

RSS XML (What's this?)

For Immediate Release: 01/22/2010

Contact: Tim Tassa 202-777-1174 ttassa@aannet.org

Gallup: Nursing's Voice Lacks Volume

Academy Initiatives Seek To Achieve Greater Influence

WASHINGTON – Trust and confidence in nurses remains unequivocally high; however, according to a newly conducted Gallup Survey, opinion leaders believe that during the next five to 10 years nurses will have less influence than other stakeholders in health reform. The American Academy of Nursing (AAN), by mobilizing its cadre of 1,600 esteemed Fellows and advancing health policy and practice, is poised to have its voice resonate.

On behalf of the Robert Wood Johnson Foundation (RWJF), findings from the survey, "Nursing Leadership from Bedside to Boardroom: Opinion Leaders' Perceptions," compared nurses' influence to government officials, patients, physicians, and





Small voices are not enough

Academy of Medical-Surgical Nurses (AMSN)

Air & Surface Transport Nurses Association (ASTNA) aka National Flight Nurses Association

Alliance for Psychosocial Nursing (APN)

American Academy of Ambulatory Care Nursing (AAACN)

American Academy of Nurse Practitioners (AANP)

American Academy of Nursing (AAN)

American Assembly for Men in Nursing (AAMN)

American Assisted Living Nurses Association (AALNA) American Association for the History of Nursing (AAHN)

American Association of Colleges of Nursing (AACN)

American Association of Critical Care Nurses (AACN)

American Association of Legal Nurse Consultants (AALNC)

American Association of Managed Care Nurses (AAMCN)

American Association of Neuroscience Nurses (AANN)

American Association of Nurse Anesthetists (AANA)

American Association of Nurse Assessment Coordinators (AANAC)

American Association of Nurse Attorneys, The (TAANA)

American Association of Nurse Life Care Planners (AANLCP)

American Association of Occupational Health Nurses (AAOHN)

American Association of Office Nurses (AAON)

American Association of Spinal Cord Injury Nurses (AASCIN)

American Board for Occupational Health Nurses (ABOHN)

American Board of Managed Care Nursing (ABMCN)

American Board of Nursing Specialties (ABNS)

American College of Cardiovascular Nursing (ACCN)

American College of Nurse-Midwives (ACNM)

American College of Nurse Practitioners (ACNP) American Holistic Nurses Association (AHNA)

American Long Term & Sub Acute Nurses Association (ALSNA)

American Nephrology Nurses' Association (ANNA)

American Nurses Association (ANA)

American Nurses Association\California (ANA\C)

American Nurses Association of Maine (ANA-Maine)

American Nurses Credentialing Center (ANCC)

American Nursing Informatics Association (ANIA)

American Organization of Nurse Executives (AONE)

American Pediatric Surgical Nurses Association (APSNA)

American Psychiatric Nurses Association (APNA)

American Radiological Nurses Association (ARNA)

American Society of Ophthalmic Registered Nurses (ASORN)

American Society of Pain Management Nurses (ASPMN)

American Society of PeriAnesthesia Nurses (ASPAN)

American Society of Plastic Surgical Nurses (ASPSN)

Anthroposophical Nurses Association of America (ANAA)

Association of Camp Nurses (ACN)

Association of Child and Adolescent Psychiatric Nurses (ACAPN)

Association of Child Neurology Nurses (ACNN)

Association of Community Health Nursing Educators (ACHNE)

Association of Faculties of Pediatric Nurse Practitioners (AFPNP)

Association of Family Practice Residency Nurses (AFPRN)

Association of Nurse Advocates for Childbirth Solutions (ANACS)

Association of Nurses Endorsing Transplantation (ANET)

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Association of Nurses Endorsing Transplantation (ANET)

Association of Nurses in AIDS Care (ANAC)

Association of Operating Room Nurses (AORN) Association of Pediatric Oncology Nurses (APON)

Association of Perioperative Registered Nurses (AORN)

Association of Rehabilitation Nurses (ARN)

Association of School Nurses of Connecticut (ASNC)

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

Baromedical Nurses Association (BNA)

Capital Area Roundtable on Informatics in Nursing (CARING)

Case Management Society of America (CMSA)

Certification Board of Perioperative Nursing (CBPN)

Certifying Board of Gastroenterology Nurses and Associates (CBGNA)

Chesapeake Society of Gastroenterology Nurses and Associates (CSGNA)

Chi Eta Phi Sorority Nursing

Commission on Graduates of Foreign Nursing Schools (CGFNS)

Croatian Nurses Association

Cumulative Index to Nursing and Allied Health Literature (CINAHL)

Cystic Fibrosis Nurses: The International Specialist Group

Dermatology Nurses Association (DNA)

Developmental Disabilities Nurses Association (DDNA)

Eastern Nursing Research Society (ENRS) Emergency Nurses Association (ENA)

Endocrine Nurses Society (ENS)

European Federation of Critical Care Nursing Associations (EFCCNA)

European Oncology Nursing Society (EONS)

European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA)

Exceptional Nurse - Disabled Nurses and Students

Federal Nurses Association (FedNA)

Federation of European Nurses in Diabetes (FEND)

Flight Nurses Association (FNA) - World War II

Florence Project, The

Holistic Nursing Institute (HNI)

Home Healthcare Nurses Association (HHNA)

Hospice and Palliative Nurses Association (HPNA)

Infusion Nurses Society (INS)

Institute for Nursing Leadership (INL)

Interagency Collaborative on Nursing Statistics (ICONS) United States Interagency Council on Information Resources for Nursing (ICIRN)

International Association for Human Caring (IAHC) - Nursing

International Association of Forensic Nurses (IAFN)

International Council of Nurses (ICN)

International Federation of Nurse Anesthetists (IFNA)

International Nursing Association for Clinical Simulation and Learning (INACSL)

International Nurses Society on Addictions (IntNSA) International Organization of MS Nurses (IOMSN) International Society of Nurses in Cancer Care (ISNCC)

International Society of Nurses in Genetics

International Society of Psychiatric Consultation-Liaison Nurses (ISPCLN)

International Society of Psychiatric-Mental Health Nurses International Transplant Nurses Society (ITNS)

John A. Hartford Foundation Institute for Geriatric Nursing

Midwest Nursing Research Society

Military Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP) Southern Nursing Research Society (SNRS)

NANDA-International - Nursing diagnosis

National Alaska Native American Indian Nurses Association (NANAINA)

National Association for Practical Nurse Education & Service (NAPNES) National Association of Catholic Nurses USA (NACN-USA)

National Association of Clinical Nurse Specialists (NACNS)

National Association of Directors of Nursing Administration in Long Term Care National Association of Geriatric Nursing Assistants (NAGNA)

National Association of Hispanic Nurses

National Association of Independent Nurses (NAIN)

National Association of Neonatal Nurses (NANN)

National Association of Nurse Massage Therapists (NANMT)

National Association of Nurse Practitioners in Women's Health (NPWH) National Association of Orthopaedic Nurses (NAON)

National Association of Pediatric Nurse Practitioners (NAPNAP)

National Association of School Nurses (NASN)

National Association of School Nurses for the Deaf (NASND)

National Association of State School Nurse Consultants (NASSNC)

National Association of Traveling Nurses (NATN)

National Black Nurses Association (NBNA)

National Board for Certification of School Nurses (NBCSN)

National Certification Board of Pediatric Nurse Practitioners and Nurses (NCBPNP/N)

National Certification Corporation for the Obstetric, Gynecologic & Neonatal Nursing Specialties

National Council of State Boards of Nursing (NCSBN) National Federation of Licensed Practical Nurses (NFLPN)

National Gerontological Nursing Association (NGNA) National Institute of Nursing Research (NINR)

National League for Nursing (NLN)

National League for Nursing Accrediting Commission (NLNAC)

National Nurses in Business Association (NNBA)

National Nursing Staff Development Organization (NNSDO)

National Organization for Associate Degree Nursing (N-OADN)

National Organization of Nurse Practitioner Faculties (NONPF) National Student Nurses' Association (NSNA)

Native American Nurses Association (NANA)

Navy Nurse Corps Association (NNCA)

New Zealand Association of Neonatal Nurses (NZANN) New Zealand Nurses Organisation (NZNO)

Nurse Alliance of California

Nurse Executives of New Zealand (NENZ)

Nurse Practitioner Associates for Continuing Education (NPACE)

Nurses Christian Fellowship & Journal of Christian Nursing

Nurses for a Healthier Tomorrow (NHT)

Nurses for Newborns Foundation

Nurses Organization of Veterans Affairs (NOVA) Oncology Nursing Certification Corporation (ONCC)

Oncology Nursing Society (ONS)

Pediatric Endocrinology Nursing Society (PENS)

Respiratory Nursing Society (RNS)

Rural Nurse Organization (RNO)

Service Employees International Union (SEIU) Nurse Alliance

Singapore Nursing Board (SNB)

Sigma Theta Tau International (STTI) - Honor Society of Nursing

Society for Education and Research in Psychiatric-Mental Health Nursing (SERPN)

Society for Vascular Nursing (SVN) Society of Gastroenterology Nurses and Associates (SGNA)

Society of Gynecologic Nurse Oncologists (SGNO)

Society of International Gastroenterological Nurses and Endoscopy Associates

Society of Otorhinolaryngology and Head-Neck Nurses (SOHN)

Society of Pediatric Nurses (SPN)

Society of Trauma Nurses (STN)

Society of Urologic Nurses and Associates (SUNA)

Space Nursing Society (SNS)

Transcultural Nursing Society (TCNS)

Uniformed Nurse Practitioner Association (UNPA) United Nurses & Allied Professionals (UNAP)

Visiting Nurse Associations of America (VNAA)

Western Institute of Nursing & Western Academy of Nurses Wound, Ostomy and Continence Nurses Society (WOCN)

Wound, Ostomy and Continence Nursing Certification Board (WOCNCB)



Increasing Nursing's Voice

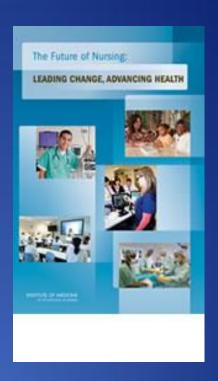
- Make your contribution to strengthen Nursing's single most important voice - ANA
 - Join and become active in **nursing's** professional nursing association (ANA and your state association)
 - Continue activity in specialty associations

American Medical Assoc.		American Nurses Assoc.	
Total #			
661,400			

The Future of Nursing Leading Change, Advancing Health

Institute of Medicine
October 2010

"This report is really about the future of health care in our country. It points out that nurses are going to have a critical role in that future especially in producing safe, quality care and coverage for all patients in our health care system."



-Donna E. Shalala, Ph.D., chair of the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (IOM)

IOM: Future of Nursing Report

4 key messages + 8 recommendations = 1 tremendous opportunity for Nursing

and Nursing Informatics

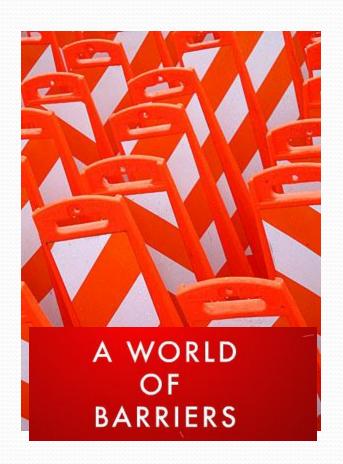


IOM Report: Future of Nursing

Four key messages:

- Nurses should practice to the full extent of their education and training
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
- Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States
- Effective workforce planning and policy making require better data collection and an improved information infrastructure

- 1: Remove scope-of-practice barriers
 - Advanced practice registered nurses should be able to practice to the full extent of their education and training.

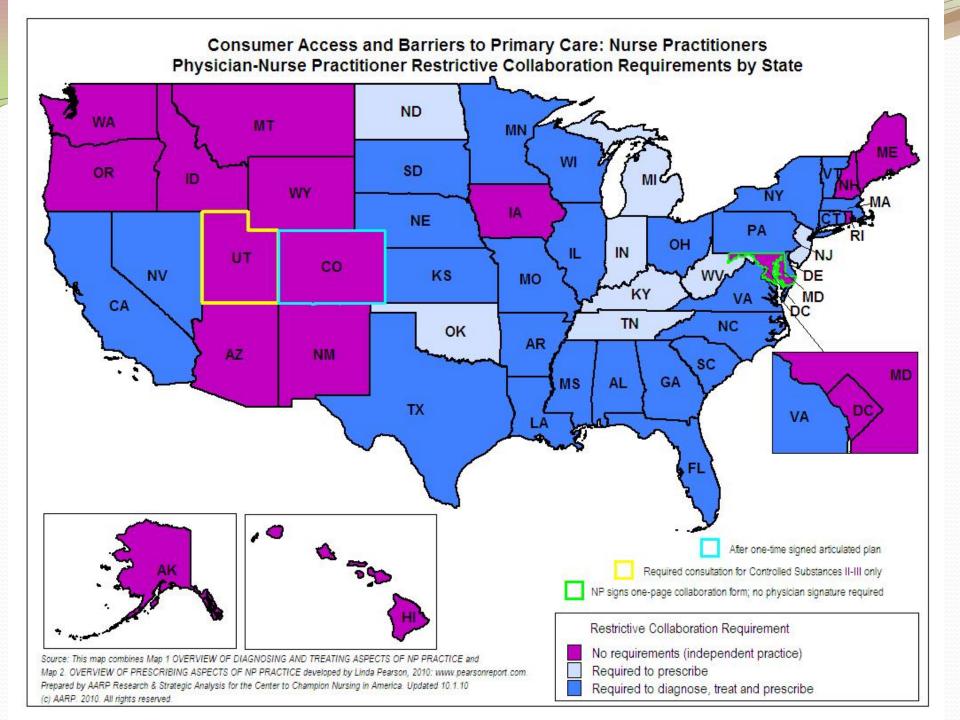


NCSBN

- Similar to a "trade association" for state boards of nursing
- No regulatory authority
- Provides support and direction to state boards on issues
- Develops
 - Model Nurse Practice Acts
 - Model Rules and Regulations
 - Nursing Compacts
 - Position Statements

"When a RN engages in practice that is determined to be beyond the identified scope of nursing, legal authorization for that practice *must* exist in state law. Any title, even if issued by a certifying body, only carries legal status if that title is recognized or authorized in statute or regulation."

NCSBN



- 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
 - Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems.
 - These entities should also provide opportunities for nurses to diffuse successful practices.

- 3: Implement nurse residency programs
 - State boards of nursing, accrediting bodies, the federal government, and health care organizations **should take actions to support nurses' completion of a transition-to-practice program** (nurse residency) after they have completed a pre-licensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

- 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
 - Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a **baccalaureate degree** from 50 to **80 percent by 2020**.
 - These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and **increase the diversity** of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

BSN-in-10 Legislative Efforts

- What do Canada, Sweden, Portugal, Brazil, Iceland, Korea, Greece and the Philippines have in common?
 - Some of the countries that require a four-year undergraduate degree to practice as an RN
- State leaders of this effort
 - New York, New Jersey and Rhode Island with legislation
 - S4051/A2079B in New York, S620 (see S2529)/A3768 in New Jersey and HB7416 in Rhode Island — are essentially dead and will need to be reintroduced
 - As many as 18 states preparing some type of initiative requiring newly graduated RNs to obtain a BSN in order to maintain their licensure

- 5: Double the number of nurses with a doctorate by 2020
 - Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

How many doctorally-prepared RNs do we have now?

30,000

87,000

125,000

165,000

Number of doctorally-prepared nurses...

30,000

HRSA RN Sample Survey 2008

Table 1. Distribution of master's and doctoral degrees as highest nursing or nursing-related educational preparation, 2000-2008

Degree	Estimate 2000	Estimate 2004	Estimate 2008
Master's	257,812	350,801	375,794
MSN nursing degree	202,639	256,415	290,085
Nursing-related master's degree	55,173	94,386	85,709
Percent of master's that are nursing	78.6%	73.1%	77.2%
Doctoral	17,256	26,100	28,369
Doctorate in nursing	8,435	11,548	13,140
Nursing-related doctoral degree	8,821	14,552	15,229
Percent of doctorates that are nursing	48.9%	44.2%	46.3%

Report available at:

http://www.bhpr.hrsa.gov/healthworkforce/rnsurvey/initialfindings2008.pdf

- 6: Ensure that nurses engage in lifelong learning
 - Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

- 7: Prepare and enable nurses to lead change to advance health
 - Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.

HRSA RN Sample Survey 2008

Table 3. Distribution of position titles for nurses in their primary nursing job, 2004-2008*

Position	Estimated Percent 2004**	Estimated Percent 2008
Staff nurse	64.1	66.3
Management/administration	14.6	12.5
Patient coordinator	5.5	5.4
Nurse practitioner	3.5	3.8
Clinical nurse specialist	1.2	0.9
Nurse anesthetist	1.1	1.1
Nurse midwife	0.3	0.3
Instruction	2.6	3.7
Patient educator	0.3	0.7
Consultant	1.5	0.9
Researcher	0.8	0.7
Informatics	0.4	0.3
Surveyor/auditor/regulator	0.5	0.4
Other	3.5	3.0

^{*}The totals may not add to 100 percent due to the effect of rounding. Only those who provided position title information are included in the calculations used for this table.

^{**}The list of position titles from which the RN could select was revised for the 2008 survey. The position titles are sufficiently similar to allow for comparable groupings and comparisons over time.

- 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data
 - The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements.
 - The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.

Strategies for Designing and Securing the Future Role of Nursing

It all begins with you!

IOM Recommendations: Prepare and Enable Nurses to Lead Change

- Nurses should take responsibility for their personal and professional growth by continuing their education and seeking opportunities to develop and exercise their leadership skills.
- Nursing associations should provide leadership development, mentoring programs, and opportunities to lead for all their members.
- Nursing education programs should integrate leadership theory and business practices across the curriculum, including clinical practice.
- Public, private, and governmental health care decision makers at every level should include representation from nursing on boards, on executive management teams, and in other key leadership positions.

Strategies for Education

- During professional preparation, nurses-in-training should experience, reflect upon, and develop the knowledge, skills, and attitudes that create competence in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, **and informatics**.
- Promote standardization of contemporary core competencies in education



Core Competencies

www.qsen.org

- Quality and Safety Competencies
- Patient-centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics

Strategies for Individual Nurses

- Aim for advanced education
 - Prepare yourself to assume a different role
 - Reflect on your professional and educational goals
 - Consider your own learning needs relative to leadership skills and competencies
 - Take action to make progress on them
 - Go back to school or be supportive of your colleagues who choose this path

Strategies for Individual Nurses

- Get involved outside your current work environment
 - Consider your own personal interests in health policy
 - Network with colleagues through professional association connections
 - Consider or actively pursue Board involvement
 - Consider becoming active or increasing involvement in government relations or regulatory activities
 - Remain loyal to your specialty association but consider your role in increasing the voice of Nursing through support of and involvement in ANA

Strategies to Support Nursing

- Be a good role model for our profession
- Contribute to the development of solutions
- Accept that an environment with significant change is our "new normal"
- Think beyond your current environment to the role of nursing throughout the care continuum
 - Make more deliberate connections throughout the continuum

Summary

- Nurses are uniquely positioned to demonstrate leadership in this current environment
- This position is supported by the recent IOM Report on The Future of Nursing
- Each of us has the power to make a difference
- The power to make the changes needed to transform our system does not rest solely with nursing
- The strength of Nursing's collective voice will be more critical than ever

References

- IOM report please visit
 http://www.nap.edu/catalog.php?record_id=12956
- Center to Champion Nursing <u>http://championnursing.org/</u>
- RWJ Resource site on The Future of Nursing http://thefutureofnursing.org/home
- American Nurses Association http://www.nursingworld.org/
- American Nurses Association membership <u>http://nursingworld.org/joinana.aspx</u>

Happy Nurses Week May 6-12, 2011



Questions?

"Be the change you want to see..."

- Ghandi

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