10 Leadership Tips for ANY Nurse
Selected PPACA Implementation Dates of Interest to RNs
New Consensus Policy Statement on Educational Advancement of RNs
Honor A Nurse
Regional Chair Election Results
On May 14, 2010, the Missouri 95th General Assembly adjourned after discussions pertaining to 1,800 bills and resolutions. Only 32 Senate bills and 74 House bills were passed and sent to Gov. Nixon for signing. Several priorities discussed early in the session by Republican leadership were among the legislation passed including ethics reform, insurance coverage for autism, stronger regulations for adult businesses, expanded informed consent requirements for abortion, Health Care Freedom Act, and changes to certain college scholarship programs and DWI laws.

House Bill 2226, sponsored by Rep. Jay Wasson, R-Nixa, and Sen. Delbert Scott, R-Lowry City, contained a majority of MONA issues. Contained in the bill was the inclusion of advanced practice registered nurses (APRNs) to the list of approved health care providers now allowed to give patient referrals to physical therapists. The bill also states anyone employing nurses is required to have a system in place verifying the applicant is a registered, licensed practical or advanced practice nurse, having a current, valid license, verifying the licensure status at the time of the nurse’s renewal. The bill also exempts a person from licensure as a nurse in Missouri if he/she holds an out-of-state license and is transporting a patient into, out of, or through the state and the transport does not exceed 48 hours.

Currently, certain health agencies are not required to report disciplinary actions against certain health care professionals. Under HB2226, home health agencies, nursing home facilities, or certain entities employing or contracting licensed health care professionals must report to the appropriate health care professional licensing authority any disciplinary action against any health care professional or the voluntary resignation of any professional against whom any complaints or reports have been made.

Moving from the state to the national circuit, members of the Missouri Nurses Association (MONA), met with state legislators on Capitol Hill in Washington, D.C., on June 16, 2010, as part of a “Lobby Day” event sponsored by the American Nurses Association (ANA), representing the interests of the nation’s 3.1 million registered nurses. More than 1,400 nurses from throughout the U.S. took part in the event to present a united front and voice concerns to lawmakers, with nurses lobbying on the Hill while others participated online.
FROM THE PRESIDENT
Jennifer Gwin, MSN, APRN, FNP-BC

The last two months have been very busy for the Missouri Nurses Association. The General Assembly adjourned in May, and several bills were passed that are important to nurses in Missouri. MONA delegates attended the 2010 ANA House of Delegates (HOD), held June 16-19, 2010, in Washington, D.C. The 2010 HOD was a tremendous success. Representatives from across the United States, Guam, and the Virgin Islands met to discuss issues of relevance to nurses in all areas of practice. Delegates came to consensus on many important issues having significant influence on nursing and health care.

President Obama addressed the ANA HOD where he called nurses “the beating heart of the health care system.” He went on to discuss the need for more nurses and revealed new funding designed to encourage registered nurses to attend school full-time to become nurse practitioners. The new funding will also establish nurse-managed health clinics to increase access to care.

Another important component of the ANA HOD was the election of nurses to the Board of Directors, Congress on Nursing Practice and Economics, and Nominating Committee. Karen Daley, PhD, MPH, RN, FAAN, was elected to a two-year term as president of ANA. President Daley has been actively engaged as an advocate for legislation to mandate use of safer needle devices in health care settings. She called for nurse delegates to move forward with a newly energized commitment to the work of nursing stating “We have exciting and challenging work ahead. As an association and profession, we must draw on the strength of our values – for the challenges that we face may have changed, but the things that we believe in do not.” For the first time during the HOD, three nurses from Missouri ran for ANA positions. Susan Hinck, PhD, RN, ran for ANA 1st Vice President, Nancy Barr, MSN, RN, ran for a Director-at-Large, Staff Nurse position, and Kenya Haney, RN, was elected to the Congress on Nursing Practice and Economics (four-year term). MONA was well represented by these talented nurses.

Eleven reference reports were considered by the 2010 HOD. The reference process is important in establishing policies and positions which support ANA and the nursing profession. The following reference reports were discussed at the 2010 HOD:

1. Hostility, Abuse and Bullying in the Workplace, submitted by the Federal Nurses Association and co-sponsors – the Center for Ethics and Human Rights Advisory Board, the Center for American Nurses and the Texas Nurses Association. The purpose of this reference report was to urge ANA to affirm that all organizations in which nurses practice, learn, teach, research, and lead must take appropriate action following incidents of hostile, abusive and bullying behavior.

2. Editorial Cleanup of Dues Policy 2.108, “Assessment of Dues from CMAs”, submitted by the ANA Board of Directors. This reference report was designed to remove outdated language regarding Associate Organizational Members (AOMs) from the ANA dues policy as the AOMs are no longer a part of the ANA structure.

3. Addressing Health Literacy Through Patient Literacy, submitted by the Louisiana State Nurses Association. The purpose of this report was to encourage ANA to support nursing initiatives created to address the resolution of health literacy problems and to encourage and support research efforts to identify evidence-based practices that promote optimum health literacy.

4. Safety and Effectiveness of Reprocessed Single Use Devices in Healthcare, submitted by the New York State Nurses Association. This report identified the need to ensure that the nursing profession understands the research, clinical practice, and ethical issues surrounding the use of certain single use devices in the practice of health care.

5. Advanced Practice Registered Nurses Signing and Certifying Home Care Plans, submitted by the New York State Nurses Association. This reference report identified the need for all qualified health care providers to be legally authorized to sign orders for home services and supplies as needed by patients, for health promotion, maintenance, and health restoration.

6. Revision of HOD Policy, “Representation of CMAs in the ANA House of Delegates” - Change in CMA Status submitted by the ANA Board of Directors. The purpose of this reference report was to address the process to be followed regarding delegate apportionment to the ANA HOD. Currently, there is no policy that addresses a change in the status of the CMA after the delegate apportionment has been provided to the CMA.
7. Revision of HOD Policy, “Representation of CMAs in the ANA House of Delegates” – Clarification Regarding Dues Paid for Members Without Governance Rights, submitted by the ANA Board of Directors. This report clarified the issue of dues received from IMD or CMA members that do not hold governance rights in ANA and whether these dues are to be included or excluded from the apportionment of delegates to the ANA HOD calculation.

8. Continuation of Automatic Dues Escalator, submitted by ANA Board of Directors. The automatic dues escalator is scheduled to sunset in 2010. The purpose of this reference report is to remove the sunset clause and to allow the automatic dues escalator to continue.

9. Healthcare for Undocumented Immigrants, submitted by the New York State Nurses Association. The purpose of this report was to urge ANA to reaffirm its position that all individuals living in the United States, including documented and undocumented immigrants, should have equitable access to essential healthcare services.

10. Social Networking and the Nurse, submitted by the North Carolina Nurses Association. This was an informational report. The full impact of the new social networking environment is yet to be determined. Professional nurses need to comprehend and use online social networking wisely as they maintain patient and organizational confidentiality in order to continue to be the most trusted profession.

11. Mentoring Programs for Novice Nurses, submitted by the Massachusetts Association of Registered Nurses. The purpose of this report was to encourage ANA to reaffirm its support of initiatives to facilitate the successful integration of new nurse graduates into the work environment; and partner with CMAs and other organizations to develop mentoring programs.

MONA represents the voice of nursing in Missouri. We have accomplished a great deal, but there is still much work that needs to be done. If you are not a member, please consider joining MONA. There are many ways in which you can become active and let your voice be heard. This really is an exciting time for nursing. If we all work together, we can achieve great things for our patients and our profession.

MONA Board Meeting Highlights

March

Magnet recognition was granted to Children’s Hospital of St. Louis on January 22, 2010.

Committee appointments were approved as presented.

Annual evaluation of the CEO

Discussed the need for an additional staff member to focus solely on membership

MONA has available now an Annotated Guide to Missouri Nursing Laws and Regulations

MONA board approved creating a strategy for the “BSN in 10”

Approved a motion where MONA will oppose Missouri legislative efforts to block federal healthcare reform for all Missouri citizens.

Nurse Advocacy Day 2011 is scheduled for February 22.

Approved a statement on Mandatory Nursing Continuing Education.

Approved the Corporate Partnership Program

Missouri Nurse Editorial Advisory Committee was established

Elections for regional chairs is to be completed by August.

Nancy Barr, Susan Hinck, and Kenya Haney are running for the ANA Board of Directors
1. **Bank of America**  
   Special rates on credit card services

2. **Assurant Health Insurance**  
   Health Insurance for Individuals/Families

3. **John Hancock**  
   Long Term Care Insurance

4. **Drury Hotels**  
   MONA members receive 10% discount

5. **Drive America Auto Club**  
   Roadside assistance and much more

6. **CEUlectures.org**  
   Online lectures for health professionals

7. **CEU4U**  
   Online Continuing Education

8. **Benefit Toolbar**  
   Downloadable MONA toolbar

9. **MARSH**  
   Liability Insurance

10. **Dell Computers**  
    MONA/ANA members receive 12% discount

11. **Wyndham Hotels**  
    MONA/ANA members receive 10% discount

12. **Choice Hotels**  
    MONA/ANA members receive 15% discount

13. **Land’s End**  
    MONA/ANA members receive 10% discount

14. **AVIS and Budget**  
    Discounts for MONA/ANA members

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### MONA Calendar

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<tr>
<td>12th</td>
<td>APRN-SIG Lunch/Meeting, Missouri Family Health Council Building (12-3:30 p.m.)</td>
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<td>12th</td>
<td>MOCAP Meeting, MONA Office (3:30-5:30 p.m.)</td>
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<tr>
<td>2nd</td>
<td>Membership Committee Conference Call (12 p.m.)</td>
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<td>2nd</td>
<td>E&amp;GW Cabinet Meeting, MONA Office (5:30 p.m.)</td>
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<tr>
<td>6th</td>
<td>Holiday (Office Closed)</td>
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<tr>
<td>8th</td>
<td>District President’s Conference Call (12 p.m.)</td>
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<tr>
<td>8th</td>
<td>Nursing Practice Committee Conference Call (1 p.m.)</td>
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<tr>
<td>13th</td>
<td>Approved Provider Training (9 a.m. - 4:30 p.m.)</td>
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<tr>
<td>16th</td>
<td>Government Affairs Conference Call (12 p.m.)</td>
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<tr>
<td>16th</td>
<td>MONA PAC Meeting (1-3 p.m.)</td>
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<td>23rd</td>
<td>Missouri Nurses Foundation Conference Call (4 p.m.)</td>
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<td>11th</td>
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<td>APRN-SIG Lunch/Meeting, Missouri Family Health Council Building (12-3:30 p.m.)</td>
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<tr>
<td>21st</td>
<td>MOCAP Meeting, MONA Office (3:30-5:30 p.m.)</td>
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<tr>
<td>1st</td>
<td>Deadline - <em>The Missouri Nurse</em> December Issue</td>
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<tr>
<td>4th</td>
<td>Membership Committee Conference Call (12 p.m.)</td>
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<tr>
<td>10th</td>
<td>District President’s Conference Call (12 p.m.)</td>
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<td>10th</td>
<td>Nursing Practice Committee Conference Call (1 p.m.)</td>
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<tr>
<td>12th</td>
<td>Observance of Holiday (Office Closed)</td>
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<tr>
<td>18th</td>
<td>Finance Committee Meeting, MONA Office (1-4 p.m.)</td>
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<tr>
<td>18th</td>
<td>Executive Committee Meeting, MONA Office (4-5 p.m.)</td>
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<tr>
<td>19th</td>
<td>MONA Board Meeting, MONA Office (8:30-4:00 p.m.)</td>
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<tr>
<td>25th</td>
<td>Holiday (Office Closed)</td>
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<tr>
<td>26th</td>
<td>Holiday (Office Closed)</td>
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**Network with nurses from across the state by becoming a fan of MONA on Facebook!**
10 Leadership Tips for ANY Nurse
Terri Schmitt, MSN, RN, FNP-BC

In my position as faculty in a BSN completion program, I was approached and asked to teach the administration and leadership class. Having a strong clinical background, I was challenged by this class and found information on the topic to be very dry information about staffing ratios, budgeting, and time management. While all of these topics are critical for the new nurse administrator to understand, I wondered if many of my BSN students, who receive a general overview of several important nursing areas to build foundation and piqued their interest various nursing areas, would really take interest in this sort of information, particularly when it is presented in PowerPoint or lecture format?

Lecture and textbooks were the main culprit, and as my husband would say, textbooks rarely end up on the best seller list for obvious reasons. My past experience of dry text and subject matter leads to disinterested students who are simply trying to get through a class, receive a grade, and get their diploma. This is not the atmosphere I wanted for my students. On the contrary, I want them to love nursing as much as I do. This goal led me on a quest to begin investigating nursing administration and leadership from a perspective of personal interviews and experience, local philanthropic activity, and reading outside of the discipline of nursing, while keeping nursing theory as foundation. (Yes nurses, business gurus tend to write much more interesting and applicable text on administration and leadership than we do.) While reading and learning to build a better course, I realized that any nurse, whether bedside or boardroom, is a leader and therefore could utilize some basic leadership tips.

1. Listen with an open ear to all parties. Listening without bias or preconceived ideas, really listening, is an art form and any good artist knows that practice improves a skill. For many nurses, real listening is difficult. Often, either our brains and mouths go 100 miles an hour, we speak quickly because we may be used to having to think for progress, or we may be good at thinking our way is the only way. In a 2007 article in Bloomberg Business Week, writer Carmine Gallo interviewed several great leaders and found the key trait they espouse in leadership is good listening (Gallow, 2007). Often as nurses we pride ourselves on truly listening to and advocating for patients, but how often do we do this for one another?

2. Be a good follower. Any leader is only as good as their followers, and the best leaders are sometimes the best followers. Think about outstanding leaders you know. They are integral team players, humble, let others take the lead when necessary, listen openly, and support other leaders constructively.

Take time to observe a good leader and often you will note good follower characteristics. Does following well mean be a blind, sell-out follower? No, but a good follower knows how to be a constructive part of a team, how to remove roadblocks to get their leader and team to the ultimate goal, and when to act instead of just waiting for someone else to do so.

3. Take chances and risks, even if it might mean failure. Good leaders take risks. Do they gamble with followers? Sometimes, but I would venture to say not much. Taking risks does not necessarily mean endangering people, it means moving out of the entrenched. Let me give you an example. A recent dean I worked for had an issue with the size of employee e-mail storage, finding no resolution with IT, she moved forward with public e-mail sites for all of her faculty. The idea worked out beautifully and although she risked the scorn of her peers and the IT department, she did what was best for her faculty. She promised the IT department that when they came up with a better solution than hers, she would gladly change to their solution. Her quick action helped not only faculty, but students’ access to faculty as well. Risk taking does not have to look exactly like this, but it could. Maybe your risk is a simple patient care change or going out and writing a patient information handbook for your unit that you have been thinking is badly needed (even if gets rejected how much will you learn and inspire others?). Come on nurses….. take a risk!

4. Stay focused on a few projects/causes and do not get roped into everything. Good leaders usually have enormous amounts of energy. They are the nurses who volunteers to teach CPR, help with new nurses orientation, and bake cookies for the staff meeting. You know to whom I am referring. Often, these good leaders get roped into too many good causes and can experience burnout.

There are more than a million good nursing causes out there and a million more projects to be involved. I urge all nurses to pick only a few, no more than three, and keep focused. When you conquer those projects then move on to a new one, but do not take on more than three projects at a time. Too much of a good thing tends to burn out our brightest stars quickly. On this same note, leaders, let
these people volunteer, use them, involve them, challenge them, because if you do not, they will find another unit/manager/area that will.

5. Share your vision clearly and frequently. The good old elevator speech works best, but honestly share your cause and ideas often and with everyone, even if your cause is as simple as moving the trash cans to a different position in the patient room. Tell your boss, your colleagues, people who work in different departments, the janitor, your twitter friends, whoever will listen. Casting your vision and energy wide and repeating it often is how you get people to buy in. Likewise, sharing performs a second important function… it helps others refine or edit your vision/idea to make it more workable. Keep it brief and positive, no one wants to hear you go on and on.

6. When you are sharing vision or leading with a specific project, clearly lay out your values with the team. Too often we assume, as nurses and humans, that others buy into our value system simply because they signed onto our project. It is important in the beginning of any project/meeting/organization to clearly layout what the values of the team will be. A good leader might even let the team decide what values will be cherished. Clear values help a team with vision and progression to the goal. If you see a group doing innovative and wonderful things odds are they have a team approach to mission and values… not some organizational top-down, printed on a website, underutilized unknown mission…. you nurses out there know what I am talking about.

7. Cultivate new leaders. Good leaders take others under their wings and mentor them to greatness without an official program or direction. I have observed that the best leaders grow new leaders under them, from the beginning, without fear of keeping their own job or keeping power. Good leaders take their mentees to board meetings, involve them in heading up projects, and simply interact with them through daily duties. Often times, the best leaders build something critical and this critical thing is the only way I have found to build new leaders…. RELATIONSHIP. It is not all succession planning and not all business, but something deeper entirely. Think back to the best nurses who precepted you in your first days on any new job, they were generally the best leaders even without rank or title. Did they not inspire you on to more? Now go and do likewise.

8. Network. Anytime, anywhere, try to meet new nurses in your field who are doing new things and pick their brains. This means you are going to need to join at least one nursing organization and be ACTIVE. This is not just a membership to put on your resume, but an effort to network, learn, and grow. Luckily for those of you who love your Facebook, there are now more ways than ever to network with other nurses locally and around the globe. Social networking on venues like Twitter, LinkedIn, and Facebook are offering boundless opportunities for nurses. However, your local nursing organization is a good place to start. Six Pixels of Separation (2010), a great blog on leadership and business, recently advised that to build a good community (read in here vision/project/cause) you have to be an active community member first. The same goes for leadership. Seth Godin (2008) in his best-seller Tribes, touts networking as one of the best ways to lead. Below are a few links for nursing organizations using social networking (See Table 1).

9. Keep learning. The best nursing leaders are always on ‘learn’ mode, continually growing and challenging themselves. Does this mean continue on in formal education? Maybe for you it does, but more than schooling, good leaders learn through frequent journal and blog reading, attend a conference every few years, or by simply reading a book. Hint, disciplines outside of nursing have much to teach us… try reading in science, business, communication, journalism, and even leadership to give your practice an exciting new charge. I have included some great leadership books that I encourage my students to read (see Table 2).

10. Write things down. I know this sounds simplistic, but the best leaders I have seen are constantly writing down thoughts. They either jot them down in a notebook, twitter, blog, or wherever works best. They also like lists in general and utilize them in various ways like goals, plus/minus, and journaling.

Famous chef Rachel Ray stays up late into the night to write down recipes. Famed leader Bill Hybels in his book Axiom (2008) even encourages journaling, plus-minus lists, and a cool short-term organizational method called the six-by-six. Whatever your take on leadership, good leaders, write things down.
On a final note about leadership it has been my experience that the best leaders are often not in administration, but in the trenches. They mobilize and inspire colleagues. They make change. They build new leaders. One thing I tell my students is that to be the best leader you do not need a title. Simply being a nurse means leadership.

Table 1: Groups on the Web

Groups on LinkedIn
- American Nurses Association
- Sigma Theta Tau International
- American Organization of Nurse Executives (AONE)

Groups on Facebook
- American Nurses Association
- Missouri Nurses Association
- Missouri Nurses Foundation
- Sigma Theta Tau International
- RNChat
- Oncology Nursing Society

Twittering Nursing Organizations
- @STTI
- @nursingworld
- @AmbCareNursing
- @OncologyNursing
- @RNChat
- @aorn
- @FutureofNursing

Table 2: Good Books on Leadership

The Art of War
by Sun Tzu, edited by James Clavell

The Five Disfunctions of a Team
by Patrick Lencioni

Good to Great and the Social Sectors
by James Charles Collins

Axiom
by Bill Hybels

Credibility
by James Kouzes and Barry Posner

Developing the Leader Within You
by John Maxwell

Built To Last
by Jim Collins and Jerry Porras

Leading Without Power
by Max Dupree

The Future of Management
by Gary Hamel

Tribes
by Seth Godin

Never Eat Alone
by Keith Ferrazzi

Seven Habits of Highly Effective People
by Steven Covey

On Becoming a Leader
by Warren Bennis

21 Irrefutable Laws of Leadership
by John Maxwell

References


Selected Patient Protection & Affordable Care Act (PPACA)
Implementation Dates of Interest to RNs as Caregivers, RNs as Patients, & RNs as Employees (or Insured Persons)

2010
- Insurance changes regarding children: they can stay on their parents’ insurance until age 26; no kids excluded from coverage because of pre-existing conditions.
- Insurance changes regarding adults: no more health insurance coverage limits – either lifetime or annual; health insurance policies issued after 2009 must cover prevention services without patient cost-sharing.
- Uninsured adults with pre-existing conditions can get insurance coverage through temporary program of national/state high risk health insurance pools.
- $250 rebate for Medicare Part D patients who hit the donut hole.
- Small businesses with fewer than 25 employees can get a 35% tax credit for employer based health insurance (increasing to 50% by 2014).
- Health insurance payouts must exceed 85% of premiums collected for large firms; 80% for individual and small group markets.
- Expanded Public Health Service Commissioned Corp and new Ready Reserve option.
- Workforce Advisory Committee established to develop a national workforce strategy.

2011
- Value of employer based health insurance health benefits reported on W-2 forms.
- Free annual Medicare wellness visit - no more patient cost sharing on preventive services.
- Payroll tax rate increased from 1.45% to 2.35% for high income individuals and families.
- 10% Medicare bonus for primary care services furnished under Part B.
- Primary care and nurse training programs expanded.
- Health care reform fees imposed on drug manufacturers.
- Community living assistance services and supports (CLASS program) initiated as a voluntary insurance program for LTC.
- National Prevention, Health Promotion and Public Health Council to develop a national strategy to improve the nation’s health.
- Chain restaurants and food vending machines required to use nutritional labels for all items.
- Drugs manufacturers required to provide 50% discount for brand named drug prescriptions for Medicare Part D beneficiaries in the donut hole.
- Innovation Center within the Centers for Medicare and Medicaid Services established to test innovative payment and service delivery models to reduce health care costs and enhance the quality of care provided to individuals.

2012
- Allow providers organized as accountable care organizations (ACOs) that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare program.
- Reduce Medicare payments that would otherwise be made to hospitals by specified percentages to account for excess (preventable) hospital readmissions.
- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.
- Establish an Independent Payment Advisory Board comprised of 15 members to submit legislative proposals containing recommendations to reduce the per capita rate of growth in Medicare spending if spending exceeds a target growth rate.

2013
- Medicaid payment rates to primary care physicians for furnishing primary care services adjusted upward to be no less than 100% of Medicare payment rates in 2013 and 2014. Provides 100% federal funding for the incremental costs to States of meeting this requirement.
- Payroll taxes increased again for high income individuals and families, and expanded to include net investment incomes.
- Require disclosure of financial relationships between health entities, including physicians, hospitals, pharmacists, other providers, and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies.
• Minimum threshold for being able to claim an itemized deduction for health care expenses increased from 7.5% to 10% of Adjusted Gross Income although those over the age of 65 can stay at the 7.5% threshold through 2016.

• Impose an excise tax of 2.3% on the sale of any taxable medical device.

• Tax-deduction for employers who receive Medicare Part D retiree drug subsidy payments eliminated.

• Impose fee on insured and self-insured health plans to fund Patient-Centered Outcomes Research Trust Fund (expires after 2019)

• Individual mandate to obtain health insurance—penalties imposed for not securing coverage.

• Employer mandate for firms with more than 50 employees to offer health insurance coverage with penalties imposed for not offering coverage

• No discrimination by insurers based on health status, medical condition or history, claims experience, genetic information, disability, evidence of insurability, or other factors HHS deems appropriate. Insurance rating variability only on age, family composition, geographic location, and tobacco use. No ratings based on health or gender

• Create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a governmental agency or non-profit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage.

• Develop various options for states related to the Exchanges such as requiring OPM to offer at least two multi-state plans in each Exchange; and creating a plan for low income individuals not otherwise eligible for premium subsidies.

• Provide refundable and advanceable premium credits and cost sharing subsidies to eligible individuals and families with incomes between 133-400% FPL to purchase insurance through the Exchanges.

• Various insurance changes establishing income-related limits on out-of-pocket liabilities for health care; limiting deductibles; setting a maximum on any waiting to be no greater than 90 days; allowing States to merge individual and small group markets.

2014

• Expand Medicaid eligibility funded by federal government not the states.

• Reduce hospital Medicare and Medicaid payments for disproportionate share hospitals.

• New fees imposed on health insurance plans; additional taxes on uninsured individuals and firms not offering health insurance coverage.

2018

• Excise tax on Cadillac health insurance plans. 😊

Health Reform Timeline 4/23/2010
American Nurses Association
http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HealthSystemReform/Health-Care-Reform-Legislation-Timeline.aspx

Have you recently written an article that you think other MONA members would be interested in or would you like your fellow members to know of a recent accomplishment? Is there a “hot topic” that you would like to see featured in the next Missouri Nurse?

MONA would love to hear from our members.

Please send submissions to info@misorinurses.org for consideration in future Missouri Nurse publications.
The American Nurses Association (ANA) now offers its members free access to the Mosby Nursing Consult – ANA Edition.

This comprehensive new online tool delivers an all in one integrated, user-friendly online application which offers:

- 50 evidence-based nursing monographs
- Practice guidelines
- Nearly 80 peer-reviewed clinical updates

This new member benefit program is just another example of the tools available to you as a member that helps you be more successful in your career!

Access to Mosby Nursing Consult – ANA Edition is easy!

Simply log into the Members Only section of NursingWorld.org (click on the “Members Only” link in the left hand column under ANA Member Center). Then click on the Mosby Nursing Consult link in the left hand column under “Just For Members”.

www.NursingWorld.org
Voalte Releases New Findings on the Use of Smartphones in Hospitals

Voalte®, a leading developer of innovative point-of-care communications software on the iPhone and BlackBerry smartphone devices has announced the release of a white paper, ‘Smart Hospitals- Embracing Smartphones at the Point of Care’. The white paper includes information on communication inefficiencies within hospitals that cause confusion and reduce efficiency, ultimately leading to nurse dissatisfaction and increasing the staffing shortage.

According to the report, “While medical breakthroughs and advancements happen every single day, our hospital communication systems tend to lag behind other technology improvements. Researchers estimate that U.S. hospitals waste $12 billion annually due to poor communication. For a typical 500 bed, acute-care hospital, communication problems between physicians and nurses creates an annual $4 million economic burden.”

The paper covers the following topics:
• Challenges of traditional healthcare communications
• Activities on which nurses spend their time
• Significant benefits smartphones offer healthcare workers

To download the entire white paper, please visit: http://www.voalte.com/Smart-Hospitals.aspx?source=smwhp.

About Voalte
Voalte® provides compelling software solutions for healthcare institutions that solve communication problems at the point-of-care. Voalte products are designed to be intuitive, high value, mission critical applications running on the latest generation of touch-based smartphones. For more information, visit www.Voalte.com or call 941.312.2830.

Living at the End of Life: A Hospice Nurse Addresses the Most Common Questions

BEHIND THE BOOK

Living at the End of Life
Karen Whitley Bell, RN, CHPN, Foreword by Charles G. Sasser, MD

Coping with grief, pain, and seemingly unanswerable questions as a loved one approaches death is extremely difficult. An indispensable reference and comforting companion, Living at the End of Life: A Hospice Nurse Addresses the Most Common Questions is divided into seven parts, each dealing with a different area involved in the end-of-life transition.

Living at the End of Life covers:
1. The Spiritual Journey: information about the special awareness, communications, and visions some people experience before passing
2. The Physical Journey: information about what physical and emotional changes you may experience, and the tools you can use to cope with these changes
3. Caregivers as a Family: information about how to adapt to declining health issues including, mobility, energy and loss of an appetite
4. Closure: advice for individuals seeking to find meaning in their life as it nears the end
5. For Loved Ones and Caregivers: information on how to care for someone during the final days
6. How Will I Go On?: provides an introduction to the journey of grief, an ever-changing process that each of us experiences in our own way
7. Living: offers remarkable lessons about life and living from individuals and families who have experienced this journey

Providing readers with firsthand accounts of experiences in hospice care, Living at the End of Life offers reassurance in a time of challenge and great concern.

Drawing on her years of experience as a practiced hospice nurse since 1994, Karen Whitley Bell has created a comprehensive, insightful guide to the physical, emotional, and spiritual journey a dying person goes through. Her warm, yet knowledgeable voice helps families deal with closure and understand loss and the lessons the final stages of life can teach us, while reminding us that this time can also be an opportunity to explore and rediscover the fuller, richer meaning of life.

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www.livingattheendoflife.com
New Pre-Existing Condition Health Insurance Plan Now Accepting Applications

$81 Million in Federal Money will Fund New Pool

Insurance Director John M. Huff says Missourians with pre-existing medical conditions may now apply for a new high-risk health insurance pool. Missouri Health Insurance Pool (MHIP) will be operating a new high-risk pool subsidized by $81 million in federal funding. The program is part of the national health care reform law.

The federal funding allows Missourians with pre-existing conditions to buy health insurance at competitive rates. When these consumers try to buy individual health insurance policies, they’re often rejected or offered a much higher rate because of their health status.

Huff encourages interested consumers to apply immediately: "This federal funding is limited, and no state tax money will go into this pool. The only other source of revenue will be the premiums paid by consumers themselves."

Under state law, the director of insurance serves on the MHIP Board of Directors and appoints the members. To be eligible for the new high-risk pool, consumers must be Missouri residents, have a pre-existing medical condition and be uninsured for at least six months. The high-risk pool will be available until 2014, when the new federal law requires health insurance companies to offer coverage to all applicants, regardless of health status, at standard market rates.

MHIP has contracted with RightChoice, a subsidiary of Anthem Blue Cross and Blue Shield, to administer the program and Catalyst Rx to provide prescription drug coverage.

This new pool will be the second operated by MHIP in Missouri. Since 1991, MHIP has run a high-risk pool for Missourians, established by state law. The pool has more than 4,000 members. That pool is funded by premiums paid by policyholders and by fees assessed on health insurance companies operating in Missouri.

Consumers can apply online for insurance coverage in mid-July at mhip.org or by calling 1-800-821-2231.

About the Missouri Department of Insurance, Financial Institutions & Professional Registration

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) is responsible for consumer protection through the regulation of financial industries and professionals. The department’s seven divisions work to enforce state regulations both efficiently and effectively while encouraging a competitive environment for industries and professions to ensure consumers have access to quality products.
Thank You!!

ANOTHER GREAT CONFERENCE

THE DATE

Convention
Promoting a Healthy Tomorrow

7-8, 2011

Tan-Tar-A Resort
P.O. Box 1888TT, State Road KK
Osage Beach, MO  65065

MONA Peer Assistance Program

Chemical dependency is clearly defined as the use, misuse and/or abuse of a substance by persons unable or unwilling to terminate its utilization. The Missouri Nurses Association (MONA) recognizes addiction as a disease characterized by a chronic, progressive process that may destroy the nurse, the family and eventually the community.

MONA recognizes that nurses throughout the State of Missouri, because of a variety of exposures and the nature of their practice, appear to be at a higher risk for addiction. In order to address this disease and the accompanying issues within the nursing profession, MONA has a Peer Assistance Committee. This committee serves as a resource and support for all nurses and nursing students in the state of Missouri.

The functions of the Peer Assistance Committee include but are not limited to: a) assessing the nature and impact of the disease of addiction on nursing practice in the State of Missouri; b) educating nurses, nursing students and residents, employers and the public about addiction; c) investigating the availability and effectiveness of treatment resources in the State; d) advocating research into the education, prevention, intervention, treatment and recovery from addiction; and, e) assisting individuals, groups and/or organizations when requested in the formulation of guidelines regarding intervention, treatment, aftercare and re-entry into the workplace of addicted nurses.

The Peer Assistance Committee is currently seeking MONA members with an interest in helping their peers with these issues. If you would like to serve on this important committee please complete the Consent to Serve Committee form which can be found on the MONA website at www.missourinurses.org or contact the MONA office for a copy at 573-636-4623, x226.

If you are currently battling with chemical dependency and need assistance from a neutral, confidential party please contact:

MONA Peer Assistance Committee
Dianna Phares, Chair
573-636-4623, x228
314-503-4052
dphares@charter.net
In light of the recent passage of healthcare reform legislation, the Tri-Council for Nursing has issued a timely consensus statement calling for all registered nurses to advance their education in the interest of enhancing quality and safety across healthcare settings. The Tri-Council organizations, including the American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, and National League for Nursing, are united in their view that a more highly educated nursing workforce is critical to meeting the nation’s nursing needs and delivering safe, effective patient care.

In the policy statement, the Tri-Council organizations state:

"Current healthcare reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. At this tipping point for the nursing profession, action is needed now to put in place strategies to build a stronger nursing workforce. Without a more educated nursing workforce, the nation’s health will be further at risk."

Nurses with advanced education are needed in large numbers to serve as teachers, scientists, primary care providers, specialists, and leaders throughout the healthcare delivery system. The Tri-Council encourages all nurses, regardless of entry-point into the profession, to continue their education in programs that grant baccalaureate, master’s, and doctoral degrees. A wide variety of education options exist to further the preparation of today’s nursing workforce, including degree-completion, online, accelerated, and part-time degree programs.

The Tri-Council was compelled to issue this statement following an assessment of how best to prepare nurses for contemporary practice. Participating organizations, which represent nurses in practice, research, and academic settings, deliberated on many issues, including the need to meet workforce demands and prepare nurses for new models of practice; the complexity of the healthcare environment and patient care needs, and the imperative to address the nurse faculty shortage, which is limiting enrollment capacity in schools of nursing.

The policy statement ends with a call to action which advocates for system changes in nursing practice and education; for nurses to understand the importance of academic progression and embrace lifelong learning; and for policymakers at the state and federal levels to fund programs and launch collaborative initiatives that facilitate nurses seeking to advance their education.

EDUCATIONAL ADVANCEMENT OF REGISTERED NURSES: A CONSENSUS POSITION

A policy statement from the Tri-Council for Nursing:
American Association of Colleges of Nursing (AACN)
American Nurses Association (ANA)
American Organization of Nurse Executives (AONE)
National League for Nursing (NLN)

The Tri-Council for Nursing has developed this document to inform key stakeholders of the urgent need for a more educated nursing workforce. The focus of this policy statement is on the educational advancement of the current and future nursing workforce to address the need for improved patient quality and safety. This message of common view is from the four diverse nursing organizations that collaborate together through Tri-Council. More nurses with baccalaureate and higher degrees are needed in all settings. The leaders of the profession acknowledge this reality and are now providing direction for academic progression through formal, degree-granting programs.

There are currently too few nurses choosing to advance their education. First is a need for education advancement to the baccalaureate level then to the graduate level to meet the urgent need for Advanced Practice Registered Nurses (APRNs) and nurse educators. Current healthcare reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. At this tipping point for the nursing profession, action is needed now to put in place strategies to build a stronger nursing workforce. Without a more educated nursing workforce, the nation’s health will be further at risk.

The Tri-Council supports advancing the educational preparation of nurses. Its leaders acknowledge that there are multiple access points into the nursing profession, and this consensus position directs advancement from the point of entry. Tri-Council members recognize that nurses enter the profession today from a wide variety of
access points: licensed practical nurse (LPN) progression programs; generic pre-licensure programs in diploma, associate degree, and baccalaureate programs; accelerated baccalaureate programs for graduates of non-nursing disciplines; and entry-level master’s programs. All of these options contribute to the diversity and expanding numbers of registered nurses (RNs) available to meet the nation’s need for nursing care. However, more nurses with advanced preparation are needed to meet the healthcare demands of an increasingly diverse and aging population. To make this happen, innovative and expanded educational opportunities are needed for nurses seeking preparation as APRNs, leaders, and educators. A more highly educated nursing profession is no longer a preferred future; it is a necessary future in order to meet the nursing needs of the nation and to deliver effective and safe care.

**Developments Leading to Consensus Position**

**A. Future Workforce Demands**

The complexity of care and the predicted shortage of RNs to provide that care drive the need for those nurses in the workforce to be better prepared. This is necessary in order to accommodate new models of care delivery, to coordinate the care of individuals with complex health problems across healthcare settings, and to teach future nurses in all types of nursing education programs.

**B. Complexity of Health Care Environment and Patient Care Needs**

The increasing complexity of technology, medical therapies and treatments, and chronic health conditions (in all age groups) underscores the need for nurses to be more highly educated. Increased education and advanced degrees will better prepare RNs to develop process improvements that address medical errors, reimbursement issues, navigating multiple systems of care, and other challenges in the healthcare delivery system. There is a growing body of research clearly demonstrating the relationship between higher educated nurses and patient outcomes. For example, one study showed that fewer patients die in hospitals with a larger percentage of more highly educated nurses.

The new healthcare reform agenda calls for new approaches to delivering care to chronically ill individuals and a greater focus on health promotion and disease prevention, which will require nurses to know research, care coordination, outcomes management, risk assessment, and quality improvement. These methods are core to professional nursing practice. In addition, quality, safety, and diversity of needs are critical to appropriate care, and new methods of care require competence in these areas. Nurses prepared in baccalaureate and higher degree programs are prepared to use a systems approach in addressing outcomes related to disparities that preclude quality care. These approaches require that nurses have advanced study and are prepared for system change implementation.

**C. The Need to Address the Nurse Faculty Shortage**

AACN and NLN data demonstrate current nursing faculty shortages. Advanced education opportunities will expand the pool of nurses able to pursue academic preparation to fill nurse educator roles and to continue adding to nursing research. The most recent data (National Sample Survey, 2004) reveal that too few nurses are pursuing graduate degrees needed to assume advanced roles. These data show that about 6.4% of those initially educated in associate degree programs and 11.7% of those prepared in diploma programs had obtained graduate degrees in nursing or related fields. Additionally, only 22.1% of nurses prepared initially in a baccalaureate programs had obtained post-RN master’s or doctoral degrees. To solve the need for faculty and more APRNs to manage new models of care, a greater majority of diploma, Associate Degree in Nursing (ADN) and Bachelor of Science in Nursing (BSN) graduates must pursue advanced study.

**Call to Action:**

**A. System Changes in Nursing Practice and Nursing Education**

**Education:** An increased emphasis on role development and professional accountability through continued academic education needs to be instilled in nursing graduates from all program types. Schools of nursing must collaborate to actively promote more streamlined models of progression to baccalaureate and graduate degrees including LPN to BSN, RN to MSN, and/or BSN to doctorate programs, among other routes. Clear and reasonable articulation agreements are needed so that educational progression is not repetitive of nurses’ previous education and experience and achieve the goals of accessibility and flexibility, regardless of educational delivery location and method.

**Employers:** Practice sites must implement programs of support for nurses who pursue baccalaureate and graduate degrees. These programs should include both financial and professional incentives.
**Professional Associations:** National nursing organizations must make a commitment to the academic progression of their membership as a cornerstone of their strategic plan.

**B. Individual Responsibilities of Nurses to Access Advanced Education**

Personal responsibility is critical to academic progression of the nursing profession. While regulation and licensure requirements can mandate educational advancement, a hallmark of professional accountability is action on the part of each member of the profession to be informed of the evidence, appreciate the urgency of the academic progression issue, and pursue academic progression in the manner best suited to the individual's situation.

**C. State and Federal Policy Initiatives to Promote Academic Progression**

**State Initiatives**

- State governments should work closely with their boards of nursing to ensure that educational standards remain high when considering legislative options to address the nursing shortage and meet workforce demands.
- State grant opportunities should be available for diploma, associate, and baccalaureate nursing programs to collaborate and develop comprehensive statewide articulation agreements to facilitate a seamless pathway for nurses to obtain BSN and graduate nursing degrees.
- The ability to reverse state nursing shortages is further inhibited by the demand for nurse faculty. Scholarships, stipends, and loan repayment opportunities should be created or continued to help support nurses pursuing graduate education with a preference given to full-time and doctoral nursing students who agree to teach full-time at an accredited school of nursing.
- State governments should partner with their nursing board, nursing programs, state nursing associations, hospitals, state hospital associations, and other stakeholders to enact legislation that supports the progression of nurses to advance their education. Advancing the education of nurses will strengthen the nursing workforce and better serve the community.
- Regulators and state law makers should support implementation of quality, innovative nursing program designs that facilitate academic progression.

**Federal Initiatives**

- The primary source of federal dollars for the profession is the Nursing Workforce Development programs (Title VIII, Public Health Service Act), which addresses all aspects of the nursing shortage—education, recruitment, retention, and practice. Over the years, rising educational costs, inflation, and stagnant funding levels have prevented the Title VIII programs from supporting sufficient numbers of nurses and nursing students. A larger investment must be made in these programs and, moreover, the dollars invested in Title VIII should give preference to nursing students enrolled full-time in RN-BSN, BSN, accelerated BSN, and graduate nursing programs.

- From 1971 to 1978, Congress provided capitation grants (formula grants based on the number of students enrolled) to schools of nursing in support of nursing education. These grants allowed schools of nursing the flexibility to direct dollars to areas of greatest need, including hiring new faculty, upgrading equipment and clinical laboratories, and recruiting students. As a result, this type of program has had a stabilizing effect on past nursing shortages. Today’s schools of nursing need additional resources, particularly faculty, to educate the next generation of nurses.

- Federal support is needed to recruit new nurses and retain them in healthcare settings. Nurse residency programs, in which a new nurse is provided a sustained training and mentorship program, have proven to be effective in improving nurse retention rates. A federal program should be created so that Medicare dollars are accessible for hospitals to create nurse residency programs. These programs allow new nurses to develop their skills and present a structured opportunity for diploma or associate degree nurses to continue their education through RN-BSN programs.

- Advanced practice registered nurses are in high demand given the need for primary care providers as well as the need for providers in rural and underserved areas. However, little funding is available for their clinical education. Therefore, the federal government should invest Medicare dollars in the training of APRNs.

*The Tri-Council is an alliance of four autonomous nursing organizations each focused on leadership for education, practice and research. While each organization has its own constituent membership and unique mission, they are united by common values and convene regularly for the purpose of dialogue and consensus building, to provide stewardship within the profession of nursing. These organizations represent nurses in practice, nurse executives and nursing educators. The Tri-Council’s diverse interests encompass the nursing work environment, health care legislation and policy, quality of health care, nursing education, practice, research and leadership across all segments of the health delivery system.*
MIS SOU R I NURSES FOUNDATION

Honor A Nurse

Nursing is a calling, a way of life. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor those colleagues that have made an impact in our lives and the lives of others.

We honor you...

Mary Berhorst, RN
Through countless hours of selfless dedication to Missouri Nurses Association, Mary Berhorst has been a pillar of faithfulness and knowledge.

Dr. Ruth Murray
Through countless hours of service to the poor and homeless, Ruth Murray has served as a role model for her students.

Dr. Dolores Smiley
Through countless hours of service to our professional organization, Dolores Smiley has been a role model of professionalism.

For more information on the MNF Honor A Nurse Program, turn to page 27 or visit the MONA website www.missourinurses.org.

2009 MNF Scholarship Winner

“Thank you for allowing me to receive the Missouri Nurses Foundation scholarship. This scholarship will allow me to finish my BSN at Missouri State University. In addition, because of your generosity, I will be closer to my goal of becoming a nurse practitioner for underserved areas. I will make every effort to achieve the academic success required for attaining this goal. I sincerely appreciate your contribution in helping me obtain my degree.” – Carla

Carla M. Leightner of Marshfield, MO, is a full time nursing student at Missouri State University in Springfield. She anticipates graduating in May 2010.

Carla is one of five 2009 Missouri Nurses Foundation Scholarship Recipients.
The Missouri Nurses Association fought on behalf of all nurses this past legislative session and, as usual, there were a number of battles to fight. One success was allowing physical therapists to accept patient referrals for physical therapy from Advanced Practice Registered Nurses (APRNs). APRNs will now be listed with “physicians, chiropractors, dentists, or podiatrists” as approved health care providers.

Other good news on the battlefront is the posting of rules and regulations in the Missouri Register. As you know, two years ago, the state legislature approved Senate Bill 724, which granted prescriptive authority to APRNs for Schedules III-V controlled substances. The passage of this legislation and the filing of the rules process have been and will continue to be a tremendous battle for MONA’s lobbyists and countless volunteer activists from across the state.

Organized medical groups would like to reduce or eliminate the ability of Missouri APRNs to practice and that battle is always on the forefront. MONA has been successful in defeating amendments that would allow only physicians to use the title of doctor and to prohibit APRNs from owning their own practice. It is important that Missouri APRNs continue to protect their scope of practice.

Thanks to past support, we now have two nurses in the House! AND, the last of the physicians are term-limited! For the first time, nursing’s voice could be loud enough to unite against our opponents. ☺

Thank You MONA PAC Contributors!

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Nancy Arnold
Kathy Ayers
Donald Banks
Lynda Banwart
Nancy Barr
Dana Barry
Karen Bass
Bridget Battmer
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Beverly Wombold
Mary Wuellner
Yakima Young Shields
Nina Zimmerman
Jamie Zurcher
Refinancing 101
Lisa DeSha, MBA

As you have surmised by now, I enjoy researching information for this column, as finance/budgeting is my passion, just as nursing is yours. The problem is, however, there are hundreds of different areas in which one could focus. Due to the recent buzz on the internet and television regarding interest rates, I decided to focus on the topic of refinancing for this issue.

Mortgage refinancing is on a lot of people’s mind these days (including mine). Some homeowners want to refinance because their credit scores have improved and they hope to secure a better interest rate. Others want to obtain a lower interest rate or roll in additional purchases, vehicles, or credit card balances into one loan. Whatever the reason, we will do a brief “walk-through”, on refinancing 101.

Refinancing, in simplest terms, means one is paying off an existing mortgage by taking on a new mortgage. The real question for many borrowers is WHEN is the right time to move forward? There is not a “set rule” as some proclaim, such as the two percent rule, rather situations must be examined on a case by case basis. Refinancing should be done when it mathematically makes sense to do so, and when it helps you achieve your desired goal (and only YOU know those goals). As stated earlier, different people refinance for different reasons. The first step is determining your financial goals and whether refinancing will help you achieve those goals.

Once your financial goals have been determined, there are several other factors to consider when deciding if you should refinance your mortgage loan. These include:

• How long you plan to stay in the house (and make payments on the new mortgage)
• How much lower the interest rate will be on the new loan, after refinancing
• How much you will have to pay in closing costs and fees when you refinance
• Whether or not you plan to do a cash-out refinance

Once you have all of these pieces of the puzzle, you can plug the numbers into a refinancing calculator to see how much you might save. Based on these results, you will know if it is a good time to refinance. These calculators may be found online at www.bankrate.com, www.mortgagecalculator.org or many others websites on the net.

Here is a good key to the mortgage math business. In order for a refinance to make sense, the amount you save must exceed the amount you pay (in closing costs). Anything short of this mark, and you should not bother with it. This is often referred to as the break-even point (BEP), and I will not bore you with the details.

So you know refinancing can save you a lot of money, and now you are wondering how to get started and how to get the best mortgage refinancing rates in order to make the whole process worthwhile. Most people understand the basics of interest rates and how they pertain to mortgages. However, keep in mind interest rates are only one of two factors when refinancing – the other being closing costs.

How, then, does one get the best rate? The first thing you need to understand is not all borrowers will qualify for the same interest rate. There are many factors which determine the rate, and I have listed some below:

• Credit Score (A score of 750 or higher will ensure the better rates)
• Debt-to-income ratio (Lenders prefer a debt-to-income ratio of less than 30%)
• Amount of equity in current home (Lenders prefer borrowers to have more than 20% equity in their home)

Though there are pros and cons and a lot of factors involved with refinancing, I hope I have at least piqued some curiosity and have assisted you in determining when it makes sense to pursue refinancing. There is a plethora of information on the internet about refinancing (and not enough room in this article) and I encourage you to research all of the information to make well-informed decision. God bless and I wish you well in your financial pursuits!!

(Some statistical information was taken from the Home Buying Institute website).

Wisdom and Wealth

The Missouri Nurses Association (MONA) and Women’s Institute for a Secure Retirement (WISER) have teamed together to provide a NurseWise seminar focusing on retirement issues for women. This three-hour seminar covers all aspects of planning including insurance, investments, retirement, budgeting, social security and much more. Lisa DeSha, Director of Association Operations, has been trained to present the program to nurses around the state. If your facility, clinic, school or health care setting is interested in this presentation, please contact Lisa DeSha at 573-636-4623, ext. 223 or lisa@missourinurses.org.

Check out upcoming issues for the Wisdom and Wealth column pertaining to money management.
Regional Chair Election Results

Congratulations to your new regional chairs for 2011-2013!!

The votes have been counted and the results tabulated. Thank you to everyone who participated and took time to make sure your voice counted!

Northwest Region   Michael Scott Sullivan
Northeast Region   Corinne Fessenden
West Central Region Patricia Steele
Central Region     Geneva Kilgore
East Central Region Dianne Schmidt
Southwest Region   Patty Summerford
Southeast Region   Angela Selzer

The voter turn out was as follows:

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<tr>
<th>Region</th>
<th>Vote Turn Out</th>
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<tr>
<td>Northwest Region</td>
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<td>West Central Region</td>
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<td>Southwest Region</td>
<td>12.87%</td>
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<tr>
<td>Southeast Region</td>
<td>12.23%</td>
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TOTAL VOTER TURN OUT 11.54%

Call for Nominations

The Nominations Committee would like to extend an invitation to all MONA members to submit your name as a regional candidate for the office of:

Regional Vice Chair
Regional Secretary/Treasurer
Regional Member-at-Large (2)

These regional offices will be elected by a majority vote on the regional level with the term of office beginning January 1, 2011.

To submit your name as a candidate, please complete the Consent to Serve Regional Officer form which can be found on the MONA website at www.missourinurses.org or contact the MONA office for a copy at 573-636-4623. The deadline for nominations is October 1, 2010.
Regional News

As a result of the bylaws changes at the 2009 Biennial Convention, all districts are required to transition to a regional structure. This can be done by dissolving the district and becoming part of the new region or by transitioning the district into a chapter within the new region. Below is a list of the districts and the action that has been taken.

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<tr>
<th>District</th>
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<tr>
<td>2</td>
<td>Pending Decision</td>
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<tr>
<td>3</td>
<td>Transitioning to Chapter 3 - East Central Region</td>
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<td>4</td>
<td>Transitioning to Chapter - Southwest Region</td>
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<td>5</td>
<td>Transitioning to Chapter - Southwest Region</td>
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<td>Dissolved into Central Region</td>
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<td>Dissolved into Northeast Region</td>
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<td>10</td>
<td>Transitioning to Chapter 10 - West Central Region</td>
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<td>12</td>
<td>Pending Decision</td>
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<td>Transitioning to Chapter 15 - East Central Region</td>
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<td>Transitioning to Ozarks Chapter - Central Region</td>
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<td>18</td>
<td>Dissolved into Northwest Region</td>
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MU Sinclair School of Nursing Instructor Receives National Leader of Leaders Award

MU Sinclair School of Nursing instructor Donna Otto is the 2010 recipient of the National Student Nurses Association’ (NSNA) Leader of Leaders award.

Sponsored by science and health information publisher Elsevier, the award is presented to an outstanding dean, faculty advisor or state consultant who demonstrates distinguished support and service to nursing students.

Otto received an expense-paid trip to the 2010 NSNA annual convention in Orlando, Fla. and was presented with the award at the plenary session on April 8, 2010.

MU Student Nurses Association (SNA) president Becky Arand and vice-president Amanda Duessel nominated Otto for the award.

“Words cannot do justice to the impact that Donna Otto has had on our lives professionally, as a Student Nurses Association advisor, and personally, as an influential mentor. Over the last three years, she has shown us guidance, patience, and an incredible amount of support in all of the endeavors we have pursued,” they wrote. “Finding a great mentor is something that not every student is able to do. It is difficult to find someone who can understand you, motivate you, and challenge you. Not everyone has these qualities. But we firmly believe Donna Otto not only exhibits these qualities, but she sets the standards in professional leadership and excellence. She is a talented nurse, teacher, leader and for us personally, a mentor.”

Otto has been employed with the university since 1972. She joined the Sinclair School of Nursing faculty in 2001 and teaches in the School’s RN-BSN option. In addition to her teaching responsibilities, she is a project coordinator for TigerPlace, the School’s aging-in-place program operated in cooperation with Americare; and director of nursing alumni relations.
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ANOTATED GUIDE TO MISSOURI NURSING LAWS AND REGULATIONS (1ST EDITION) is a resource every nurse should have! The guide contains explanations of the Nursing Practice Act, Collaborative Practice Law, MO State Board of Nursing Rules and Position Statements, and other nursing related laws and rules with interpretations to facilitate understanding.

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Missouri Nurses Foundation – Contribution Form

Honor A Nurse

The Missouri Nurses Foundation (MNF) welcomes you to publicly recognize a special nurse in your life. With your $50 tax-deductible donation to MNF, your honored nurse’s name will appear in The Missouri Nurse as well as in the designated “Honor A Nurse” section of the MONA website. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

This program is available to honor any Missouri nurse. Honor a friend, family member, or colleague by marking their anniversary, birthday, special event or occasion, or as a memorial.

Your donation will go toward continued support of the MNF and their work pertaining to scholarships, research awards and educational projects. MNF is a nonprofit, 501(c)(3) organization. Donations are tax-deductible to the fullest extent allowed by law and support the mission of MNF.

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WHEREAS, Missouri nurses are actively involved in the promotion of health for the citizens of our state, during this hectic interlude and beyond, and

WHEREAS, Missouri nurses are joining the world’s nursing community, estimated to be more than 15 million, in a celebration of commitment to bringing health to all people, locally and worldwide, and

WHEREAS, Missouri nurses honor the legacy of Florence Nightingale and other nurses and healthcare workers of the past and present, who have shown how present service can make a world of difference.

NOW THEREFORE, I, Jay Nixon, Governor of the State of Missouri, do hereby proclaim the year 2010 to be

YEAR OF THE NURSE

In Missouri,

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Missouri, in the City of Jefferson, this 27th day of April, 2010.

Jay Nixon
Governor of the State of Missouri

NURSES WEEK
May 6-12, 2010

NATIONAL NURSES WEEK
Caring Today for a Healthier Tomorrow

WHEREAS, I, Jay Nixon, Governor of the State of Missouri, do hereby proclaim the week of May 9-15, 2010, as

NURSES WEEK

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Missouri, in the City of Jefferson, this 27th day of April, 2010.

Jay Nixon
Governor of the State of Missouri

(Left to Right) Carol Walter, Sue Laplant, Jennifer Gwin, Governor Nixon, BiBi Schultz, Jill Kliethermes, Sharie Hahn, Kyna Iman