



**Alaska Nurses Association  
2014 Resolutions**

## **2014-1 Advocacy Priorities Resolution**

Be it resolved that the following are priorities for the Alaska Nurses Association's education and advocacy activities for October 2014 to October 2015:

Maintaining the rights of Alaska's workers to engage in collective bargaining.

Maintaining a strong and independent Board of Nursing funded through licensing fees.

Working to ensure that all Alaska nurses have access to lift assist devices and are educated in their proper use.

Working with Alaska's Advanced Practice Nurse organizations to get the APRN consensus model adopted into statute and regulation.

Working to ensure that all Alaskans have access to affordable health insurance, including expanding Medicaid and Denali KidCare financial eligibility criteria.

Expanding Mental Health First Aid educational opportunities for Alaskans.

Ensuring successful implementation of Alaska's vaccine assessment program.

Working to maintain Alaska's prescription drug monitoring program without placing an undue financial burden on Alaska's nurses.

Working to make sure that all of Alaska's students have access to a school nurse who has obtained a BSN or higher degree, at a nurse-to-student ratio that is recommended by the National Association of School Nurses (NASN).

Working to protect Alaskans from harmful chemicals. Be it resolved that the AaNA 2014 General Assembly reaffirms 2013-07 resolution: Working to protect Alaskans from harmful chemicals.

Ensuring that Alaskans have the ability to get their prescriptions filled by a local pharmacist, that their pharmacists are properly reimbursed for filling mediset, and that their pharmacists are not burdened by unregulated audits.

Working to maintain a strong public health system in Alaska.

Working toward workplace violence legislation and education, policy, and practices for a safer workplace.

## 2014-2 Safe And Effective Nurse Staffing Saves Lives, Prevents Errors

WHEREAS, medical errors are the third leading cause of death in the U.S: It has been estimated that as many as 400,000 patients die each year as a result of preventable medical errors. Tragically, very little progress has been made in improving conditions since the Institute of Medicine's 1999 report, "To Err is Human," first brought the problem to national attention; and

WHEREAS, hospital patients are also at risk for preventable infections and unnecessary complications that may prolong their stay and threaten their recovery; and

WHEREAS, many patients are discharged without adequate education on their medicines and treatment protocols, which may lead to unnecessary readmissions; and

WHEREAS, the Patient Protection and Affordable Care Act (ACA) attempts to fix these problems by creating payment systems that reward or punish hospitals based on readmissions, hospital-acquired infections, mortality, patient satisfaction and other quality indicators; and

WHEREAS, we must make sure that frontline caregivers and staff are well-prepared and supported to provide safe, efficient and high-quality patient care; and

WHEREAS, decades of research have established the relationship between nurse staffing and factors such as:

- *Patient Deaths:* A one-patient increase in a nurse's workload increased the likelihood of an in-patient death within 30 days of admission by 7 percent.<sup>[1]</sup> Mortality risk decreases by 9 percent for ICU patients and 16 percent for surgery patients with the increase of one full-time equivalent RN per patient day.<sup>[2]</sup> Nurse staffing shortages are a factor in one of every four unexpected hospital deaths or injuries caused by errors.<sup>[3]</sup>
- *Medical Errors:* A study of medication errors in two hospitals found that nurses were responsible for intercepting 87 percent of all medication errors made by physicians, pharmacists and others before the error reached the patient.<sup>[4]</sup>
- *Complications and Infections:* Facilities with nurse staffing levels in the bottom 30 percent were more likely to be among the worst 10 percent for heart failure, electrolyte imbalances, sepsis, respiratory infection and urinary tract infections.<sup>[5]</sup> Lower nurse staffing levels led to higher rates of blood infections, ventilator-associated pneumonia, 30-day mortality, urinary tract infections and pressure ulcers.<sup>[6]</sup> Large patient loads and high levels of exhaustion among nurses were associated with greater rates of urinary tract and surgical-site infections.<sup>[7]</sup> As nurse staffing levels increase, patient risk of hospital-acquired complications and hospital length of stay decrease, resulting in medical cost savings, improved national productivity, and lives saved.<sup>[8]</sup>
- *Readmissions:* Reducing readmissions is a significant goal of the ACA. Each one-patient increase in a hospital's average staffing ratio increased the odds of a medical

patient's readmission within 15-30 days by 11 percent and a surgical patient's readmission by 48 percent.<sup>[9]</sup>

- *Patient Satisfaction:* Patients on units characterized as having adequate staff were more than twice as likely to report high satisfaction with their care, and their nurses reported significantly lower burnout.<sup>[10]</sup> Patient satisfaction scores were significantly higher in hospitals with better nurse-to-patient ratios. There was a 10-point difference in the percentage of patients who would definitely recommend the hospitals—depending on whether patients were in a hospital with a good work environment for nurses.<sup>[11]</sup>
- *Burnout and turnover:* In August 2012, approximately one-third of nurses reported an emotional exhaustion score of 27 or greater, considered by medical standards to be “high burnout.”<sup>[12]</sup> Each additional patient per nurse (above four) is associated with a 23 percent increase in the odds of nurse burnout.<sup>[13]</sup>
- *Lower costs:* A 2009 study found that adding 133,000 RNs to the U.S. hospital workforce would produce medical savings estimated at \$6.1 billion in reduced patient care costs.<sup>[14]</sup>

**RESOLVED, that the Alaska Nurses Association will support state and federal laws to set minimum standards related to the number of patients assigned to registered nurses for each hospital unit and shift, with the ability to make upward adjustments based on a plan that takes into account factors like acuity, skill mix, department layout and patient population. Such plans should be established by a nurse staffing committee in each hospital; and**

**RESOLVED, that the Alaska Nurses Association will support laws that require hospitals to establish nurse staffing committees that will be empowered to research, establish, implement and review factors appropriate for increasing nurse staffing levels above the minimum levels established by law; and review of proper staffing levels for other health professionals and ancillary staff as well; and**

**RESOLVED, that the Alaska Nurses Association will advocate for and support laws that require healthcare providers to employ a sufficient number of registered nurses, with knowledge and expertise in the areas for which patients are admitted, to provide safe, high-quality care and prevent adverse events and readmissions among the patients they serve; and**

**RESOLVED, that the Alaska Nurses Association will provide research and resources to assist locals in negotiating contract language establishing safe staffing levels and orientation policies that ensure proper nurse staffing; as well as language that requires hospitals regularly to share data on staffing, patient outcomes and satisfaction to assess current staffing needs.**

Submitted by Donna Phillips, RN AaNA Labor Council Chair

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[1] Aiken, Linda H., et al. "Nurse Staffing and Education and Hospital Mortality," *The Lancet*, February 2014.

[2] Kane, Robert L., et al. "Nurse Staffing and Quality of Patient Care," AHRQ Publication No. 07-E005, Evidence Report/Technology Assessment Number 151, March 2007.

[3] Joint Commission on Accreditation of Healthcare Organizations, 2002.

[4] Leape, Lucian, et al. "System analysis of adverse drug events." *Journal of the American Medical Association*, 274(1): 35-43.

[5] Hughes, Ronda G. "Patient Safety and Quality: An Evidence-Based Handbook for Nurses, (Rockville, Md.: Agency for Healthcare Research and Quality, 2008.)

[6] Stone, Patricia W., et al. "Nurse Working Conditions and Patient Safety Outcomes," *Medical Care*, Volume 45, Number 6, June 2007.

[7] Cimiotti, Jeannie P., et al. "Nurse Staffing, Burnout and Health Care-Associated Infection," *American Journal of Infection Control* 40.6 (August 2012).

[8] Dall T., Chen Y., Seifert R., Maddox P. & Hogan P. (2009) "The Economic Value of Professional Nursing." *Medical Care* 47, 97-103.

[9] Tubbs Cooley, et al. "Nurses' Working Conditions and Hospital Readmission Among Pediatric Surgical Patients." *BMI Quality and Safety in Health Care*.

[10] Vahey, Doris C., et al. "Nurse Burnout and Patient Satisfaction," *Medical Care*, 2004, February 412 (Suppl) 1157-1166.

[11] Kutney-Lee, Ann, et al. "Nursing: A Key to Patient Satisfaction." *Health Affairs*. July/August 2009, vol. 28, no. 4 669-677.

[12] Cimiotti, Jeannie P., et al. "Nurse Staffing, Burnout and Health Care-associated Infection." *American Journal of Infection Control*, 40:6 (August 2012).

[13] Aiken, Linda, et al. "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction." *Journal of the American Medical Association*, October 23-30, 2002.

[14] Dall, Timothy M., et al. "The Economic Value of Professional Nursing." *Medical Care*. January 2009, 47:1, pp. 97-104.

Submitted by Donna Phillips, RN-Alaska Nurses Association Labor Council Chair

## **2014-3 SPA Resolution**

Whereas 53% of pregnancies in Alaska are unintended, and over 64% of the births resulting from those pregnancies are paid by Denali Kid Care. This resulted in state costs of \$29 million in 2006. Furthermore, 26% of these unintended pregnancies result in abortions.

Whereas, supporting low-income Alaskans' access to birth control, a Medicaid family planning program could prevent unintended pregnancies, saving the state of Alaska millions of dollars.

Whereas, Medicaid family planning program provides family planning services – including pap smears, some STD screening, and birth control – to every woman whose pregnancy or abortion care would otherwise be paid by the state through Denali Kid Care if they were to get pregnant.

Whereas a Medicaid family planning program could be funded 90% federally with a 10% state match, and the federal-state partnership prohibits providing any abortion coverage.

Whereas, in states as diverse as Alabama, Arkansas, California, Oregon and South Carolina, successful programs have each saved over \$15 million in a single year by implementing a Medicaid family planning program.

Whereas, on average, for every \$1 spent on birth control services, \$5.68 is saved in pregnancy care costs.

Whereas, the program would cost about \$1 million in state funds the first year, it could potentially save over \$9.9 million in state Denali Kid Care unintended pregnancy care costs during the same year, resulting in a net savings to the state budget of \$8.9 million per year.

Therefore be it resolved that the Alaska Nurses Association advocates for the Governor or Legislature to apply for a State Plan Amendment (SPA) to bring needed access to family planning services. A Medicaid family planning program would provide birth control for thousands of Alaskan women whose pregnancy costs would otherwise be paid by Denali Kid Care.

Therefore be it further resolved that the Alaska Nurses Association advocates for legislation and funding to increase this program to families at 200% of poverty income level.

## **2014-4 Affiliates Member Organizations for the Alaska Nurses Association**

Whereas the AaNA bylaw require the annual confirmation Affiliates Member Organizations of the Alaska Nurses Association

Therefore be it resolved that the current Affiliates Member Organizations are:

- Alaska Nurse Practitioner Association (ANPA)
- Alaska Clinical Nurse Specialist Association
- Alaska Affiliate of the American College of Nurse Midwives
- Alaska Association of Nurse Anesthetists
- Alaska Home Care & Hospice Association
- Alaska School Nurses Association

## **2014-5 Collective Bargaining Dues**

Whereas the AaNA bylaw require the annual confirmation of union dues for the Labor Program members;

Therefore be it resolved that the cap for the nurses represented by the AaNA Labor Program will not exceed \$930.50 for 2015.



## **2014-6 Continuing Education**

Whereas the AaNA has recently become an approved provider of Continuing Education for nurses; and

Whereas the AaNA represents nurses throughout the state; and

Whereas Alaska's rural nurses have challenges obtaining interactive continuing education and networking with colleagues;

Therefore be it resolved that the continuing education program of the AaNA survey nurses regarding educational needs; and

Be it further resolved that the continuing education program of the AaNA continue working to produce educational programs to travel throughout the state; and

Be it further resolved the continuing education program will work to expand the conference offerings to nurses in the state; and

Be it further resolved that the continuing education program will produce webinar educational offerings as a member benefit for Alaskan nurses.

## **2014-7 Kathleen Gettys Memorial Resolution: Promote Safe Patient Handling and Avoiding Injuries to Workers Legislation**

Whereas, health care occupations are among the very highest risk for back injuries according to the Federal Bureau of Labor Statistics (FBLs) and worker's compensation claims reveal that nursing personnel have the highest claim rates of any occupation or industry; and

Whereas, back injuries contribute to a worldwide nurse shortage, and it is estimated that by the year 2020 there will be a shortage of 400,000 nurses in the United States alone according to the University of Washington Health Sciences Center (UWHSC); and

Whereas, back and other neuro-musculoskeletal injuries result in loss of time from work, chronic discomfort and leaving the healthcare workforce; and

Whereas in order to recruit into healthcare and retain an adequate healthcare workforce, addressing the potential of back and other neuro-musculoskeletal injuries is a necessity; and

Whereas technological advances have provided for mechanical lifting devices that are easy to use and safe for patients; and

Whereas, studies have shown that in order to reduce nurse and healthcare workers' back injuries and reduce patient injuries, "no lift" policies and use of mechanical lifts and engineering safety controls should be implemented at hospitals and healthcare facilities; and

Whereas there is no safe way to manually lift a physically dependent patient; and

Whereas patients are tending to weigh more while the average age of nurses increases; and

Whereas lift and transfer assistance devices exist but are not always readily available to nurses; and

Whereas studies have shown that humans cannot lift and turn heavy patients over extended time periods without incurring back, shoulder and neck injuries;

Therefore be it resolved that the 2014 AaNA General Assembly supports a culture of no manual lifting, and

Be it further resolved that the AaNA Health and Safety Committee will promulgate a statewide education campaign to establish no lifting policies in all hospitals and healthcare settings and throughout the great state of Alaska;

Therefore be it resolved that the Alaska Nurses Association will work to draft legislation that will hasten the adoption of proven strategies – including lift devices – that assist

healthcare workers to maneuver patients in a way that is safe for both the patient and the healthcare worker. The AaNA will work with their lobbyists and other interested parties to find sponsors for such legislation and work for its passage.

Therefore be it further resolved that the Alaska Nurses Association will seek willing partners in this effort to include but not limited to the Alaska State Hospital and Nursing Home Association.

## **2014-8 Workplace Violence**

*Workplace violence* is broadly defined as any physical assault, threatening behavior, or verbal abuse occurring in the work setting. National data depict that health care is disproportionately impacted by non-fatal workplace violence accounting for almost 60% of non-fatal workplace violence across all industry sectors;

Research has shown that state laws are effective in increasing the amount of violence prevention programming in health care facilities. It is now a felony to assault a nurse in Alabama, Arizona, Illinois, Massachusetts, Nevada, and New Mexico. In other states it is a felony to assault a police officer, an emergency medical technician (EMT), an animal regulations officer, and a little league umpire, but not a physician or nurse; and

The utilization of Federal OSHA Standards in Bloodborne Pathogen standards, Hepatitis B vaccine acceptance and reporting of needlestick injuries have reduced risk in these areas and the use of these standard models could also successfully decrease the serious occupational risk of workplace violence;

THEREFORE BE IT RESOLVED that the Alaska Nurses Association will;

Work to draft legislation that will hasten the adoption of these proven strategies;  
Develop legislation to make assaults on health care workers in performance of their duties a felony; Promulgate code language requiring health care and social services employers to develop comprehensive workplace violence prevention programs which include management commitment and employee involvement; risk assessment and surveillance; and hazard controls that include environmental, architectural and security controls, training and education, post assault programs and recordkeeping.

## **2014-9 Infectious Disease Preparedness**

Whereas, there has been an emergence of the severe and deadly diseases Ebola and enterovirus D 68; and

Whereas, many infections, such as gonorrhea and tuberculosis, have developed resistance to antibiotics; and

Whereas, nurses play an important role in the care of individuals with severe infections and in the prevention of the spread of infectious diseases; and

Whereas, nurses place themselves and their families at risk of contracting severe infectious diseases by caring for infected patients.

Be it resolved, that the Alaska Nurses Association use its resources to educate nurses about current infectious disease trends, effective disease prevention methods, evolving treatment methods and the necessary protective gear needed to protect nurses caring for ill patients; and

Be it further resolved, that the Alaska Nurses Association advocate for a strong public health system and coordinate with Alaska public health and hospital officials to prepare for an outbreak of a serious infectious disease.

## **2014-10 National Union Affiliation**

Whereas, the Alaska Nurses Association Labor Program has enjoyed the benefits of a National Union in the past with the United American Nurses; and

Whereas, the United American Nurses affiliation ended with the American Nurses Association in 2009; and

Whereas, the Alaska Nurses Association Labor Program has called on Labor Council members to form a National Union search team; and

Whereas, the Labor Council search team continues its due diligence to investigate and evaluate the strengths and benefits that each organization has to offer the AaNA Labor Program;

Therefore be it resolved, the Alaska Nurses Association Labor Program national union search team continue to look at AFT and OPEIU as viable candidates to partner with; and

Therefore be it further resolved, the Alaska Nurses Association Labor Program will educate the labor members on the results of the search teams finding through town hall events in their areas; and

Therefore be it further resolved that the search team will make a recommendation to the Labor Council based on the needs and guiding principles of the Labor Program that will then be affirmed by a vote of the membership; and

Therefore be it further resolved that the search team will then enter into exclusive negotiations with the chosen National union recommended by the search team and affirmed by the membership.

## **2014-11 The AaNA Honor Guard**

Whereas the AaNA honors those who have dedicated their lives to the nursing profession,

Whereas in the State of Alaska nurses work tirelessly on providing a healthy environment for their patients and families,

Whereas in Alaska there is no memorial for our fallen fellow nurses to recognize their dedication to the helping of others and

Whereas the AaNA would like to pay tribute to those individuals and help bring peace and understanding to their families and friends for their service to the profession of nursing,

Therefore be it resolved that the AaNA will develop an Honor Guard that will provide services at the funeral of one of our own per family request. We will attend all services wearing traditional white uniforms with cap and cape. Stand guard at the nurses' casket or simply provide a presence at the visitation. Recite the "A Nurses Prayer" at the funeral or special service. Present the Florence Nightingale lamp to the family. Place a white rose on the nurses' casket at the end of the service, which signifies the nurses' devotion to the profession.

We would be honored to volunteer our services for the nurses at their funeral, memorial service or Celebration of Life.