2019 KSNA

MEMBERSHIP ASSEMBLY

& ANNUAL REPORT ISSUE

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The purpose of *The Kansas Nurse*, the official publication of Kansas State Nurses Association, is to disseminate information regarding policies, positions and activities of the association and to provide a forum for discussion of nursing issues relevant to its members.

*The Kansas Nurse* attempts to select authors who are knowledgeable in their fields. However, it does not warrant the expertise of any author, nor is it responsible for any statements made by any author. This publication is peer reviewed; however, Special Column sections are written by editorial invitation only and are not peer reviewed.

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I’ve had a wonderful past year as Director of the Kansas State Nurses Association. I appreciate the opportunity you have given me to serve you and other nurses within our great state of Kansas. As a native Kansan, it has always been my passion to serve the needs of others. It is my hope and goal to make sure I do everything I can to benefit you as a member.

When I first started, I set out to help build our membership and make sure everyone received great benefits and opportunities. I decided I would try to do this in several ways: by building our regions, reaching out to other associations and organizations, to become involved in all areas of our state at a local level, and put our stamp as the strongest association. I felt it was important to be a director who listened and served the needs of membership.

The work to build Regions continues. We have started to take great strides toward leadership for each Region but there is more work that needs to be done. It is my hope that we have all the leadership filled within the next year, so we can start hosting more meetings and events to build closer relationships with fellow nurses, offer opportunities to earn CE’s with wonderful speakers, and keep our pulse on legislative issues on the local level.

We have committees who are working hard to serve our members regarding bylaws, legislation, education and editorials. There are still plenty of opportunities to grow the committees and committees that still need activity. KSNA continues to need those who would like to use their education and expertise to lead KSNA into the future.

KSNA members also deserve representation at our Kansas Capital regarding issues that affect nurses directly and all areas of health care. It has been my desire to further my experiences and have been given an opportunity through ANA to learn more advocacy and gain lobbyist experience. I will make sure that I am abreast of all issues during the next legislative session and provide testimony on issues that affect our work and practice.

I will continue to present to schools of nursing in Kansas and try to make more contact with other associations and community organizations to continue to keep KSNA as a leader in health care and as a professional association for RN’s. If there is someone you would like me to contact or a place I should become involved, please let me know.

I always look forward to hearing from you regarding areas to pursue or changes to make. I promise to continue to work hard for you.

Thank you for your membership and continued hard work with KSNA. YOU are the one who makes KSNA a great success!

Kelly Sommers, BSN, RN
State Director
Kansas State Nurses Association
Nursing is a calling and I am so thankful for each and every one of you. My background is Clinical. I have worked in the same hospital for 38 years and have worked in almost every department with my favorite places being ICU and ER.

I have been the Director of Nurses for the last 18 years and my best days are when I get to work the floor. That being said I have also been honored to serve on the board of directors, serve as Vice President of KSNA and at present as the President. My term ends in December of this year and KSNA will welcome Adam Tebben to the post. He will do an awesome job representing KSNA.

Through my tenure we have completed the selling of the office (house) in Topeka. It was a sad day, but has proven to be a very efficient choice for KSNA. We continue our partnership with Midwest Multistate division (MWMSD) which includes, Kansas, Missouri, Nebraska, and Arkansas. I serve as the Vice President on this board at present. Being a part of MWMSD has also proven to be very effective and efficient giving us strength in numbers and in sharing expenses allowing our voices and concerns to be better heard in the political arena.

Our State Director Kelly Sommers is a great asset to our organization. She has followed our updated strategic plan to increase membership and to assist the regions in any way to get started or keep moving forward. Kelly and I recruit every year at nursing schools as well as being vendors at meeting locations to increase awareness of KSNA and to increase membership.

KSNA was well represented at this year’s ANA MA. In attendance was Dr. Carla Lee, Angella Herrman (voting representative), Kelly Sommers, and myself (voting representative). We were all at Hill Day and was able to visit with our respective national political Senators and Representatives.

We thank you for your membership and involvement as we continue to fight for our needs as nursing professionals in care for our patients.

Once again thank you for allowing me to serve as President.

Jan Kemmerer, BSN, RN
President
Kansas State Nurses Association
The MW MSD has now been fully implemented and operationally since January 2017. Utilizing shared resources has shown to increase membership and strengthen the imprint of state nurses associations (SNAs) on nursing practice and public policy within the states.

The MW MSD board of directors have had two meetings this year and held an in-person board meeting on August 23-24. We are excited that in July 2018 the Arkansas Nurses Association joined the MW MSD as the fourth state nurses association. We are open to discussions with other state nurses associations (SNA) who may benefit from joining a MSD. We have also implemented several member benefit programs for members in each state.

The current MW MSD board members are Angella Herrman (KS), President, Jan Kemmerer (KS), Vice-President, Anna Mackevicius (NE), Sec/Treasurer, Douglass Haas (NE), Terry Reese (MO), Rebecca McClanahan (MO), Stephen Pennington (AR) and Michelle Harp (AR). Each member SNA is allotted two board seats.

KSNA continues to have independent, incorporated and fiduciary Boards of Directors at the state level to manage strategic and financial decisions, events, local advocacy and legislative actions. Bylaws, elections, reference proposals, membership and budgetary planning remain the responsibility of the KSNA.

The MW MSD Board of Directors believe that the economy of scale created by the joint operations has enhanced member value (responsiveness, technology support, additional education, and expert consultation) and reduce expenses, while reducing the burden on volunteer leaders.

The Kansas State Nurses Association participated fully in the development of the MW MSD as a corporation and continue their dedication to make it a successful and self-sustaining model for association operations. Jan Kemmerer, President, and Angella Herrman, Past President are currently serving as the Kansas representatives on the MW MSD board.

Should you have any questions regarding the MW MSD feel free to contact your KSNA board representatives or myself.

Jill Kliethermes, MSN, RN, FNP-BC
Chief Executive Officer
Midwest Multistate Division
GUIDELINES FOR SUBMISSION ARE:

- Submissions should represent original unpublished work of the author(s) and not currently under review by another publication.
- APA 6th edition reference format is required.
- Submission of article/manuscript should be in Microsoft Word 2010 or later. Use 12-point font, Times New Roman, one-inch margins. One space after periods.
- A cover letter including contact information of the corresponding author and author bio should be included.
- Article/manuscript length should be between 500-1000 words. All content is included in the limit including graphs, photos and tables.
- Submission does not guarantee publication.

Submissions and questions may be emailed to marketing@midwestnurses.org
This article examines how healthcare providers have an implicit bias or innate propensity to evaluate other groups against the norms of their own groups regarding obesity. This form of bias can negatively affect a patient’s desire to lose weight or improve their general health and fitness. This bias is significant because it exists in tandem with a larger cultural phenomenon of rampant “fat shaming.” In short, there is a well understood but unwritten “thinness norm” in the United States. And while there has been much written on particular conditions, such as eating disorders that stem from trying to follow that norm, the ubiquitous nature of social media has escalated the incidences of public and private “fat shaming.” Violators of that particular norm are now considered socially appropriate recipients for shaming and hate speech (Eller, 2014). Healthcare is not immune to these new socially acceptable biases.
Research shows that many healthcare providers maintain deep-seated stereotypical views and negative opinions toward people who are overweight (Phelan, Burgess, Yeazel, Hellerstedt, Griffin, & van Ryn, 2015). A 2016 study of 358 nurse practitioners attending a national conference found that they considered overweight or obese individuals to be “not as good or successful as others, not fit for marriage, messy, and not as healthy” (Ward-Smith & Peterson). Among 45 nursing students, weight bias was apparent on an online implicit association test, especially when the patient was believed to be female (Waller, Lampman, & Lupfer-Johnson, 2012). A Germany study found nurses to possess “higher weight controllability beliefs” than the general population (Tanneberger & Ciupitu-Plath, 2018).

This is in spite of the fact that a significant percent of the adult population meets the definition of obesity. A person is “labeled” as overweight when their BMI is equal to or over 25 and obese when their BMI is equal to or greater than 30. Kansas, for example, has the 18th highest adult obesity rate in the nation at 32.4% (State of Obesity, 2018). Studies have found that healthcare providers view overweight (not just obese!) individuals as lazy, overindulgent, unproductive, ugly, stupid, lacking willpower, dirty, and fat (Tanneberger & Ciupitu-Plath, 2017). Many nurses view obesity as a modifiable factor that affects their ability to provide effective treatment. Their verbal and nonverbal approach can cause an overweight person to feel insulted, inadequate and/or unwelcome, all of which negatively affect the value of the encounter and their motivation to seek healthcare in the future (Phelan et. al., 2015).

Discrimination begins as soon as a person enters the healthcare environment when available equipment is too small or uncomfortable for anyone who is overweight. When a larger size is available it is often stored in another area requiring extra time for retrieval. Healthcare questions regarding weight, diet, and physical activity are soon to follow. Based on the patient’s answers, nurses are encouraged to provide unsolicited weight loss information and assess “willingness to change” (Phelan et. al., 2015). All too often nurses see only a person’s weight and resort to canned information, such as eat less and move more (Gandel, 2016). A nurse who begins the patient interaction with expectations of noncompliance will spend less time and effort providing relevant health information, negatively affecting assessment and patient care (Narayan, 2019).

This would lead one to believe that the majority of healthcare providers have a BMI < 25. However, a Harvard Nurses’ Health Study found that 60% of nurses surveyed described themselves as being either overweight or obese and greater than 50% report exercising less than two hours a week (Trossman, 2016). A 2012 study conducted at the University of Maryland’s School of Nursing found that 55% of the 2,103 female nurses they surveyed were obese (Katrandjian, 2012). Nurses blame their obesity on job stress, lack of sleep, and irregular work hours.

Still, nurses are not the only healthcare providers who do not meet the “thinness norm.” While difficult to find current studies on the percentage of physicians that are overweight, a 2007 Physicians Health Study found that 40% of the 19,000 doctors surveyed were overweight and 23% were obese (Barnett & Blair, 2014).

Whether discussing healthcare workers or the general population the problem with focusing exclusively on BMI is that fit, muscular people often qualify as being overweight or obese based solely on their BMI. The reality is that some overweight people are in good health, while some thin people are not. Unfortunately, when we think about “getting in shape,” the shape we think about is -- thin. This encourages healthcare workers to maintain their weight biases even though research proves that lifestyle changes, such as healthy eating and exercise, are beneficial regardless of pounds lost or BMI numbers. CDC epidemiologist Edward W. Gregg, PhD, led a team that analyzed data from some 6,400 overweight and obese adults. As expected, they found that people who lost weight lived longer than those who don’t. What the researchers found that was unexpected was that even the people who tried to lose weight but were unsuccessful also lived longer that those who did not even attempt. Researchers speculate that weight loss behaviors, such as eating healthy foods and exercise, are good for you even if you do not lose weight (De Noon, 2004).

Nurses are the predominant healthcare providers within the healthcare system. Their ability to provide patient-centered care for all patients, including the overweight, requires acknowledging and addressing personal bias. Nurses need to recognize what specific group of patients they associate with objectionable incidents and/or cause
them to feel uncomfortable or apprehensive (Narayan, 2019). They then need to acknowledge their bias, attempt to recognize their origin, and work to ensure that they do not negatively affect patient care. Some techniques decrease implicit bias are getting to know the individual on a more intimate level, trying to view the interaction from their perspective, and reframing the way you view the patient. For example, rather than thinking of the patient as obese think of them as the patient who really needs your help.

References


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PROFESSIONAL IDENTITY IN NURSING

Why Does It Matter?

Amy Hite, DNP, APRN, FNP
Nelda Godfrey, PhD, ACNS-BC, FAAN
Imagine asking 50 nurses “How would you define professionalism?”

You would probably get 50 different answers. It turns out that the term ‘professionalism’ in health care is non-specific at best, often being reduced to phrases like “showing up on time,” or “not taking more than your allotted lunch break.” As a profession, we can do better than that!

Other health professions are coming to the same conclusion. The Carnegie Foundation’s study on Preparing the Professions recommended that both medicine and nursing focus more on forming a professional identity in both educational programs and in introducing them to the practice environment (Cook, Irby, & O’Brien, 2010; Schmidt & McArthur, 2018). Professional Identity in nursing is defined as “a sense of oneself, and in relationship with others, that is influenced by the characteristics, norms and values of the nursing discipline, resulting in the individual thinking, acting and feeling like a nurse” (Godfrey & Crigger, 2017, p. 379).

From Florence Nightingale: “Live your life while you have it. Life is a splendid gift. There is nothing small in it. Far the greatest things grow by God’s law out of the smallest. But to live your life, you must discipline it.” (https://quotecites.com/quote/Florence_Nightingale_1783 Retrieved 8-1-19.) In many of her writings, Nightingale distinguishes between the amateur nurse and the professional nurse. Her sense of how one thinks, acts, and feels as a nurse is an important part of how she describes what nursing is, and what nursing is not (Nightingale, 1859/2009).

How could we better care for patients and their families if we had a clear and common understanding of ‘thinking, acting, and feeling like a nurse?’ In their landmark book, Educating Nurses: A Call for Radical Transformation (Benner, Sutphen, Leonard & Day, 2010), the authors offered four recommendations; one recommendation was that those educating nurses need to “shift from an emphasis on socialization and role taking to an emphasis on formation” (Benner, et al., 2010, p. 86).

In September 2018, 50 nursing leaders convened at the University of Kansas School of Nursing for the first Professional Identity in Nursing: Science, Strategy, and Call to Action think tank. Using a research-based approach, health care leaders from the US and Canada worked in groups to flesh out the meaning of professional identity in nursing. Participants determined that we needed four domains and together created definitions, key elements, and competencies. The four established domains: 1) values and ethics; 2) knowledge; 3) leadership; and 4) self-awareness.

**Impact on Nurses and Health in Kansas**

Professional knowledge, skills, and attitudes are desired by nurses in every setting. Nurses in Kansas and across the United States represent the largest sector of professionals in healthcare, with a necessity to protect the title nurse and professional identity. According to the American Nurses Association (ANA), there are four million nurses in the United States and 30,000 in Kansas (ANA, 2019). Nurses are advocates for patients and delivering the highest quality healthcare, with the highest Gallup rankings in honesty and ethical standards for more than a decade. The formation of a professional identity is an evolving process shaped by education, media, experiences, and role modelling (Browne, Wall, Batt & Bennett, 2018).
Nurses in Kansas must be prepared to care for diverse and vulnerable populations of patients, with a large percentage of the state being designated health professional shortage areas. With both rural and urban communities, nurses in Kansas need to participate and adopt a professional identity that will lead to positive impacts on all patient outcomes. In a state with a large percentage designated as rural and medically underserved, nurses must leverage resources for residents with a disproportionate number of health care disparities (University of Wisconsin, 2018). The residents of Kansas deserve to be cared for by nurses that are valued and empowered by their profession, in turn improving the quality of life for all Kansans.

**Summary and Next Steps**

To create a professional identity, all nurses must cultivate and adopt the naming, forming, and fostering of their profession. We are the faces and representatives of the identity. As a nursing professional, one must practice utilizing knowledge gained through inquiry and reflection so when caring for patients, a nurse promotes human flourishing and mitigates distress. The professional nurse will be identified as a leader with the ability to motivate self and others to transform a vision into reality. The implications of the identity will impact education, practice, and regulation. Nurses are often met with a disconnect as they transition from education to the workplace with dissonance of their own values. This leads to disengagement with the profession and retention issues (Benner et al., 2010; Browne et al., 2018).

The second meeting of nursing leaders will occur in the fall of 2019. The information that has been developed has been and will continue to be shared via email, newsletters, professional nursing conference presentations, poster presentations, and through networking.

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**References**


KSNA pays tribute to Michael Henry Metro, who passed away peacefully on July 9th, 2019. Michael was a resident of Salina at the time of his passing.

Michael was an active member of KSNA. He began his nursing career as one of the first graduating classes at North Central Kansas Area Vocational Technical School in Beloit in 1969. In 1976, Michael graduated from Stormont Vail School of Practical Nursing. He returned to Salina in 1977 to work at Asbury Hospital, which eventually became SRHC, through 2010. Michael also graduated from Kansas Wesleyan University with a Bachelor of Science in Business in 1989. He received American Health Information Management Association Certifies Coding Specialist in 2002. He was appointed to the Center for Medicaid and Medicare Services (CMS) 15 member Ambulatory Payment Classification Advisory Panel in 2011. Michael accepted a position with Via Christi Systems in 2011, and was employed there until his retirement in 2014.

Michael was preceded in death by his parents; brother, Ric; and daughter, Michelle Kinnick. He is survived by his wife of 43 years, Carol; sons, Curtis and Nick; son-in-law, Rob Kinnick; 11 grandchildren; 18 great-grandchildren; and 8 siblings, Sandra Hittle, Jolene (Dave) Clark, Larry (Deanna) Metro, Joyce Dutton, Jim (Michelle) Metro, all from Concordia, Kan., Steve (Deb) Metro, Albuquerque, N.M, Geralyn (Bob) Strait, Emporia, Kan., Julie (Kenny) O’Donnell, Salina, Kan. and numerous nieces and nephews.

We appreciate Michael’s contribution and dedication to the profession of nursing. He had a true gift in helping others and will be missed by all who knew him.
This book review deviates from the guidelines established by the editorial board in that the author is not a nurse or a nurse (or nursing) is not the subject. It is, however, a topic that impacts nurses and nursing care globally and warrants careful scrutiny in our understanding of the disease of addiction and current treatment practices.

Hari’s search for answers to questions that had puzzled him for years began in London and took him across nine countries and thirty thousand miles, and would last for three years. Why did the drug war start, and why does it continue? Why can some people use drugs without any problems, while others can’t? What really causes addiction? What happens if you choose a radically different policy? For this reviewer, it was not a leisurely read because of the many intertwining stories of individual situations and the interjection of historical influences that brought us to where we are today. Hari’s search for answers makes the reader aware that the “war on drugs” is more than a century old. It began in 1904 when “a twelve-year-old boy was visiting his neighbor’s farmhouse in western Pennsylvania when he heard a scream. It was coming from somewhere above him. This sound—desperate, aching—made him confused. What was going on? Why would a grown woman howl like an animal?” The boy never forgot those screams and from that moment on, “he was convinced there was a group of people walking among us who may look and sound normal, but who could at any moment become emotional, hysterical, degenerate, mentally deficient and vicious if they were allowed contact with the great unhinging agent: drugs.” This is how Harry Anslinger entered the drug war. He drew together some of the deepest fears in American culture—of racial minorities, of intoxication, of losing control—channeling them into a global war to prevent those screams. Drugs were freely available throughout the world when Harry was growing up. You could go to any American pharmacy and buy products made from the same ingredients as heroin and cocaine. The most popular cough mixtures in the US contained
opiates, a new soft drink called Coca-Cola was made from the same plant as snortable cocaine, and in Britain, the classiest department stores sold heroin tins for society women. From the day he heard the scream while at his neighbor’s farmhouse, Harry knew he wanted to lead the charge to wipe drugs from the earth. As head of the Federal Bureau of Narcotics, Harry was instrumental in establishing policies that continue to influence today. Some of Harry’s beliefs were shocking in that he warned the most frightening effect of marijuana was on blacks. It made them forget the appropriate racial barriers and unleashed their lust for white women.

Arnold Rothstein became a major player in the drug dealer scene; sized upon the opportunity to make money when drugs became illegal, thus entered the Mafia intensifying the “war.” Harry’s agents conducted numerous raids which revealed the growth and strength of the Mafia. It was during this time that the Harrison Act was passed, the first law banning cocaine and heroin.

Harry Anslinger employed Joe Arpaio in 1957 to be an agent in the Federal Bureau of Narcotics and he rose through the bureau over decades. Since 1993 he has been the elected sheriff of Maricopa County, Arizona. Examples of abusive treatment of addicts incarcerated in the desert prisons under the supervision of Arpaio are absolutely despicable. An example provided was the death of a prisoner left in a cage in the sun. Her internal organs had cooked, as if in an oven, the thermometer could only register 108 degrees and she was that hot or even hotter. Arpaio has been praised by our President and has appeared on stage with him. Other examples throughout the book relate the ineffective unsympathetic treatment provided to those with the disease of addiction. What we have been doing is not working.

Bruce Alexander was a professor of psychology at Simon Fraser University in British Columbia, Canada. He along with colleagues designed experiments to test the theory that addiction is caused by the chemical effects on the brain. They built two sets of homes for laboratory rats. In the first home, the rats lived in solitary confinement, isolated except for their fix. The second home was a paradise for rats. It contained everything a rat could want. There were wheels and colored balls and the best food, and other rats to hang out with and have sex with. It was called Rat Park. In these experiments, both sets of rats had access to a pair of drinking bottles. The first bottle contained only water. The other bottle contained morphine—an opiate that rats process in a similar way to humans and that behaves just like heroin when it enters their brains. At the end of each day, the bottles would be weighed to see how much the rats had chosen to take opiates and how much they had chosen to stay sober.

What was discovered was startling. It turned out that the rats in the isolated cages used up to 25 milligrams of morphine a day but the rats in the happy cages used hardly any morphine at all-less than 5 milligrams. The guys in Rat Park have a complete total 24 hour supply of morphine and they didn’t use it. So it seems that it isn’t the drug causing the harmful behavior, it’s the environment. An isolated rat will almost always become a junkie but a rat with a good life almost never will. Addiction is an adaptation “It’s not you—it’s the cage you live in.”

Alexander stated that human beings only become addicted when they cannot find anything better to live for and when they desperately need to fill the emptiness that threatens to destroy them. A sense of dislocation has been spreading through our societies throughout the 20th century. Countless studies prove this is more than a hunch—the average number of close friends a person has, has been steadily falling. At the same time that our bonds with one another have been diminishing, we are told to invest our hopes and dreams into buying and consuming objects. So people are always trying to find satisfaction and fulfillment in products. We have separated from one another and turned instead to things for happiness.

So, do we need to make policy/practice changes and start thinking about social recovery? Obviously, what is in place is no longer stopping addiction through threats and force and scaring people away from drugs in the first place. It becomes how do we start to rebuild a society where we don’t feel so alone and afraid, and where we can form healthier bonds? How do we build a society where we look for happiness in one another rather than in consumption? As one recovering heroin and crack addict said “addiction is a disease of loneliness.”

Hari does an admirable job of presenting the complex problem of drug addiction—it is convoluted and multifaceted without simple solutions. Where does the solution(s) begin and why hasn’t more research been funded? Would legalization wipe out the violence associated with the sale of drugs? Who is benefiting from the current policy(s)?

Hari’s discoveries led him to give a TED Talk and script an animation which have now been viewed more than 20 million times. This book is the story of a life-changing journey that showed the world the opposite of addiction is connection.
Obesity is a significant public health problem and a major contributor to a wide range of chronic and preventable health problems such as hypertension, diabetes, coronary artery disease, and stroke (Centers for Disease Control and Prevention, 2016; Hales, Carroll, Fryar & Ogden, 2017). In Kansas, the adult obesity rate had risen from 13.5% in 1995 to 32.4% in 2017. Tragically, for the very first time in 2014 - 2015, Kansas and Kentucky were the only two states that showed an increase in adult obesity rates at 34.2 % and 34.6 % respectively (Trust for America’s Health and The Robert Wood Johnson Foundation, 2016). This rate is higher than the Healthy People 2020 targeted goal of 30.5% for adults (Office of Disease Prevention & Health Promotion [ODPHP], 2017). Ultimately, society pays with rising health care costs ranging from 150 to 190 billion dollars annually (The Robert Wood Johnson Foundation, 2018).

The Kansas Health Foundation Healthy Living Grant Initiative sponsored the Win the Day 8-week walking program in Wichita, Kansas in June 2018 to target obesity and increase walkability in the neighborhood surrounding Wichita State University (WSU). This was a collaborative effort with the Shocker Neighborhood Coalition, WSU Public Policy and Management Center, and The Wichita Parks and Recreation. This program sought to encourage participants to become more physically active using the Shocker Neighborhood walking paths in the community utilizing community navigators.
Participants were provided surveys before and after the walking program to identify what barriers impaired their ability to engage in physical activity and to assess if there were differences in body size perception among adult women in desired, actual, and ideal weight categories. Biometric data including height, weight, body mass index (BMI) - (calculated), waist circumference, desired weight, blood pressure, and heart rate were obtained. The analysis targeted adult women due to a disproportionate rise in obesity rates among African American and Latino women population groups (Horton, 2015; The Robert Wood Johnson Foundation, 2018). However, despite knowledge of potential barriers, 80% of American adults still have not met the government’s national physical activity guidelines for aerobic exercise and muscle strengthening activities (Piercy, Troiano & Ballard, 2018). In addition, data related to cultural attitudes and perception of body weight, physical activity, and health maintenance are limited (Bowen, Eaves, Vance, Moneyham, 2015).

This project targeted individuals living in the 67214 area code surrounding WSU, including the Historic Fairmount Neighborhood. Walkways had been created and upgrades to the park installed but perceived safety had been an ongoing issue due to a tragic murder in the park in 2014. Thirty seven percent of the residents living in this area were living below the poverty level and the population was largely African American and Asian. (City-Data.com; KS hometown locator).

The Win the Day Program offered one-hour opportunities twice weekly to utilize walking trails around Fairmount Park Neighborhood Association, WSU, and fitness classes in neighborhood gyms with navigators to assist. A nutritional topic was addressed weekly focusing on areas such as logging food intake, hydration, and portion size. Consistent participation was encouraged with incentives such as a step tracker, a water bottle, a backpack or a free paid 5K Walk/Run registration at select intervals.

The number of walkers averaged 44 with a high of 65 and a low of 31 over the 8-week period with a total of 78 females and 17 males. The program culminated in a 5K walk/run event that had 139 participants. Thirty-three of the women completing the post walking program survey had BMI’s of 25 or greater coupled with a waist circumference greater than 35 inches that is associated with an increased risk for disease (National Institutes of Health, nd).

Results were derived from a sample size of 35 returned pre and post surveys from adult females. Results of a one sample t-test (Table 1) indicated a statistically significant difference (p<.01) between the mean desired body weight and ideal body weight reflecting a difference in the participant’s desired weight and their suggested ideal weight.

| Table 1 |
| One Sample t test of Desired and Ideal Body Weight |
| Weight | t | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the difference - Lower | 95% Confidence Interval of the difference - Upper |
| Desired weight | 36.914 | 34 | .000 | 151.942 | 143.577 | 160.307 |
| Ideal body weight | 50.592 | 34 | .000 | 120.157 | 115.33 | 124.98 |

In addition, there was a statistically significant difference (p<.01) between the individual’s perception of their desired weight and their actual pre and post BMI weight categories (Table 2). In many instances their perceived weight category was lower than their actual BMI category.

| Table 2 |
| One Sample t test of Self-Perceived weight, BMI pre and post |
| Weight | t | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the difference - Lower | 95% Confidence Interval of the difference - Upper |
| Self-perception weight | 29.458 | 34 | .000 | 2.829 | 2.63 | 3.02 |
| BMI Pre Category | 21.154 | 34 | .000 | 3.914 | 3.538 | 4.290 |
| BMI Post Category | 19.440 | 34 | .000 | 3.857 | 3.479 | 4.291 |
Barriers to engaging in physical activity on a regular basis were identified by participants. The most frequent barriers to regular engagement in physical activity were fatigue after work, motivation, family priorities, time, and medical issues.

Significant differences did exist between the participants’ perception of desired weight compared with ideal and actual weight categories. The self-perception of weight in participants with higher BMI’s tended to be lower. However, no parameters were given to participants on selection criteria for desired weight.

This program attempted to increase walkability by creating a sense of community and establish relationships between the participants to promote sustainable networks for behavioral change. The presence of walking paths that connected the neighborhood, community centers, and the university were not enough to ensure utilization. It is important for nurses to support community engagement opportunities to overcome barriers to regular exercise. In addition, lack of guidance in setting a desired weight could impair participant’s ability to set realistic goals for weight loss and management. Identifying other assessment criteria besides weight loss such as endurance by distance walked, duration in minutes or tolerance may be better measures of improvement in status instead of changes in weight. From a nursing standpoint, decision making processes should be guided by assessment of weight in relation to waist circumference to determine an overall risk profile to improve long term outcomes especially in high risk population groups.

Sustainability of walking activity programs utilizing the Shocker Neighborhood pathways continues to be a challenge. During the summer of 2019, phase 2 continued to work on identifying measures to motivate participation in using the walking paths. Unfortunately, during colder months there has not been a viable option for an indoor walking site for the group. Ultimately, it is important for nurses to be aware of the sociocultural impact of community engagement in modifying behavior patterns and promoting change.

References


KSNA would like to pay tribute to one of our own, Catherine E. “Cathleen” Reed who passed away on June 8, 2019.

Catherine received her nursing degree from St. Mary’s College in Leavenworth. After nursing school, Cathleen worked at the Holton Hospital. She later moved to Billings, Montana, and worked as a nurse before moving back to the Holton area. She again worked at the Holton Hospital before moving to the Jackson County Health Department, working first as a nurse and then as director. She retired in 2003 after 23 years of service to the health department.

Cathleen was founding member, Board member and former director of the Jackson County Friends of Hospice. She was very active with the Holton Community Hospital, serving on the Board of Directors of the hospital and the hospital foundation, and the steering committee for the building and a member of the Hospital Auxiliary. Cathleen contributed to her community in many other organizations and associations.

Holton Community Hospital and Auxiliary now is offering the Cathleen Reed Scholarship in honor of her hard work in healthcare and the community.

She married Dale Reed on Sept. 8, 1973, at St. Dominic Catholic Church in Holton. He survives. Other survivors include two daughters, Cody Utz (Aaron), Holton, and Kitty Reed-MacDonald (Ray), Montrose, Colo.; a brother, Joe L. Kennedy (Kathy), Soldier; a sister, Betty Jo Howells (Bart), Dillon, Mont.; and four grandchildren. She was a friend to everyone she met.
Kansas is geographically a rural, even frontier, state. Many small Kansas communities’ health care systems have transitioned to Critical Access Hospitals (CAH). CAH designation allows for a focus on prevention, primary care, chronic disease management, and emergency services (Kansas Hospital Association, 2013). Nurses in rural Kansas are nurse generalists who apply a plethora of nursing skills every day. Rural nursing is not about specializing in a certain procedure or even a specific patient care unit. These nurses experience a wide variety of clients each day. Rural nurses must be prepared for any illness or health disparity that arrives at the Emergency Department or clinic. They must have a general understanding of all health systems and resources should they need to transfer someone to a higher level of care (Troyer & Lee 2006). Nursing students should experience rural nursing, just as they have exposure to larger health care systems. Rural nursing can be considered a specialty due to the complexity of resources utilized and the teamwork required to care for clients across the lifespan.

Rural communities struggle with nurse recruitment and retention primarily due to the hospital environment. Rural nursing can be stressful due to the wide range of skills and limited support and resources (Hunsberger, Baumann, Blythe, & Crea, 2009). Those who choose rural nursing and rural communities do so for family needs, the environment, and the community (Molanari, Jaiswal, & Hollinger-Forrest, 2011). Strategies to increase interest in rural nursing include clinical experiences for nursing students in rural facilities, camaraderie among staff at the hospital, and scholarships to incentivize student nurses to accept rural nursing jobs post-graduation (Sedgwick & Yonge, 2008).
Quality Improvement Project

In Western Kansas, Fort Hays State University (FHSU) provides Baccalaureate nursing (BSN) education for pre-licensure students. To serve the communities of Western Kansas the faculty teaching the Capstone internship course created a rural internship for BSN students to experience rural nursing. Through quality improvement, the faculty assessed the value and effectiveness of the rural internship experience as perceived by the students and the directors of nursing of the CAH hospitals in the region.

The purpose of this project was to explore the perceptions of the rural internship as perceived by nursing students and rural nurse leaders. In the Capstone course, students are required to complete thirty-six hours at a rural CAH with a Registered Nurse (RN) preceptor in the rural Kansas CAH of their choice. The directors of nursing at the CAH help organize the schedule between the student nurse and the RN preceptor. The directors provide orientation for the student and provide feedback to the course faculty.

The researchers designed a Likert style survey for both the students participating in the internship and the nurse leaders at Kansas rural hospitals. The descriptive survey consisted of five questions and an open comments section for question number 6. The survey was sent to directors of nursing at the CAHs and previous semester Capstone students by email. Each email contained the link to the survey and the informed consent. Participants were also able to leave the survey at any time should they wish to do so. This survey was sent by an administrative assistant thus keeping all responses anonymous for the researchers. Contact information for the faculty representatives conducting the study was available in each email and on the survey itself.

Although a small response rate, 80% (4/5) of students agree that the rural internship was beneficial. The students commented that the rural internship provided a different perspective of nursing encouraging students to think outside of the box. Students indicated the nurses had to be extra prepared due to limited resources. 100% (2/2) of the directors of nursing agreed that rural internships are a good way to recruit future nurses in rural organizations. The directors commented that they enjoy students being at their organization.

Discussion

Rural communities depend on hospitals to be available when needed and to be able to respond quickly to emergencies. This type of access requires nurses who are skilled in many areas and are confident in their abilities. Faculty of the Capstone internship course prepare nursing students for the rural internship experience through simulation to develop key concepts such as the generalist role, autonomy, confidentiality, resource management, and diversity (Pront, Kelton, Munt, & Hutton, 2013). Preceptorships in rural nursing expose students to the unique working conditions of rural communities. In a Canadian experience, nursing students found benefit of the rural preceptorship experience as they reported increased confidence, conscientiousness, and growth (Yonge, Myrick, Ferguson, & Grundy, 2013).

In addition to including the rural internship, the Department of Nursing at FHSU has partnered with the Hansen foundation to provide scholarships for nursing students who indicate they will return to Northwest Kansas post-graduation. The foundation also provides scholarships for practicing nurses in Northwest Kansas to return to school to further their nursing education. Partnering with rural Kansas hospitals to provide a rural nursing experience for nursing students contributes to the sustainability of rural nursing in Kansas.

References


http://www.knsnurses.com Vol. 94, No. 3 :: The Kansas Nurse | 25
Shining a light on mental health

KANSAS STATE NURSES ASSOCIATION
MEMBERSHIP ASSEMBLY
THURSDAY & FRIDAY
Oct. 10 & 11, 2019
# CONFERENCE AGENDA

## DISCLOSURES

- **SUCCESSFUL COMPLETION**
  To receive nursing contact hours, participants must:
  - Check in at the registration desk
  - Attend the entire activity
  - Complete the evaluation

- **CONTACT HOURS**
  4.25 contact hours available to those who meet the successful completion requirements
  
  The Midwest Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

- **CONFLICT OF INTEREST**
  No conflicts of interest have been identified for the planners and presenters.

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 7:45 AM - 8:15 AM | Registration & Networking  
Continental Breakfast Provided |
| 8:15 AM - 9:45 AM | KSNA Business Meeting  
All KSNA Members Welcome |
| 9:45 AM - 10:00 AM | EXHIBITS & NETWORKING BREAK |
| 10:00 AM - 11:00 AM | Mental Health First Aid for Substance Use Disorders  
Karen Smothers, LSCSW, LCAC  
*Family Service and Guidance Center* |
| 11:00 AM - 12:00 PM | Hope and Healing: Addressing Mental Illness in Homeless Populations  
Frank Henderson, *Family Service and Guidance Center*  
Laura Sidlinger, DNP, APRN-C, *Valeo Behavioral Health*  
Sgt. Josh Klam, *Topeka Police Department* |
| 12:00 PM - 12:15 PM | VISIT EXHIBITS |
| 12:15 PM - 1:00 PM | LUNCHEON |
| 1:00 PM - 2:00 PM | De-Escalation Strategies, Part I  
Dena Brake  
Aubrey Mink, MLS, BS  
*Stormont Vail Hospital* |
| 2:00 PM - 2:15 PM | EXHIBITS & NETWORKING BREAK |
| 2:15 PM - 3:15 PM | De-Escalation Strategies, Part II  
Dena Brake  
Aubrey Mink, MLS, BS  
*Stormont Vail Hospital* |
| 3:15 PM | Evaluation Instructions |
| 3:30 PM | Conference Adjourns |
2019 KSNA MEMBERSHIP ASSEMBLY

Please join us for the Kansas State Nurses Association Membership Assembly on October 11th at the Capitol Plaza in Topeka, as we combine Association business with informative learning sessions about the challenging issues of the mentally ill.

KSNA members are encouraged to attend the morning membership meeting – your voice is needed in the discussions and as part of the decision-making!

Both members and non-members are welcome at the educational portion of the assembly, where you’ll learn about unique approaches to caring for those with substance disorders and the mentally ill homeless. The day will conclude with an interactive session on de-escalation techniques to help keep yourself and others safe during interactions that may become hostile or threatening.

We hope you will choose to join us on October 11th!

KSNA MEMBERSHIP ASSEMBLY SPEAKERS

DENA BRAKE  
Leadership Development and Program Specialist  
Stormont Vail Hospital

AUBREY MINK, MLS, BS  
Talent Development Specialist  
Stormont Vail Hospital

FRANK HENDERSON  
Director of Homeless Services  
Topeka Rescue Mission

LAURA SIDLINGER, APRN-C, PMHNP-BC  
Director of Medical Services  
Valeo Behavioral Health

JOSH KLAMM  
Sergeant  
Topeka Police Department

KAREN SMOTHERS, LSCSW, LCAC  
Director of Clinical Operations  
Family Service and Guidance Center

EXHIBITORS NEEDED

Are you, or do you know someone who might be interested in being an exhibitor at the KSNA Membership Assembly?

Corporate and non-profit organizations are invited to exhibit at the event. If you wish to join us as an exhibitor, please complete the exhibitor application below and submit to the KSNA/Midwest MSD office for processing.

The deadline to register as an exhibitor is September 6, 2019.

REGISTER ONLINE: https://bit.ly/33D37Ut
DOWNLOAD PDF APPLICATION: https://bit.ly/2P0OPLV
KSNA PROPOSED BYLAW CHANGES CONFERENCE CALL

KSNA invites all members to participate in a proposed bylaw changes review conference call via GoToMeeting. The calls will take place on the following dates:

**Tuesday, October 1, 2019 @ 10:00 AM & 6:00 PM**

**Monday, October 7, 2019 @ 1:00 PM & 6:00 PM**

Members will learn about the proposed changes to KSNA’s bylaws, and will be given the opportunity to voice questions and concerns. The proposed bylaw changes will be voted on during the 2019 KSNA Membership Assembly.

Please visit the KSNA event calendar to RSVP for one of the dates above, and to receive call-in information.

http://www.ksnurses.com/calendar/

2018 KSNA BYLAWS COMMITTEE REPORT

Co-Chairs Terri Johnson, MSN, APRN and Cindy Reazin, MSN, APRN, CNS-BC and members Julie Miller and Marjorie Sams-Dillon received documentation back from the American Nurses Association's Committee on Bylaws with the review of the KSNA 2017 Bylaws for harmony with the ANA Bylaws. This review, along with the proposed changes identified as necessary for the KSNA Bylaws to correctly reflect the Value Pricing Dues pilot in which KSNA is currently participating in, is published in the September *The Kansas Nurse*. Changes made to the ANA Bylaws at the 2019 ANA Membership Assembly concerning membership categories and dues will be brought forward to KSNA membership at the 2021 Membership Assembly. Unfortunately, the 2018 proposed changes were not able to be voted on by KSNA membership as bylaws changes can only be dealt with during a Membership Assembly and the Assembly would not be held until October 2019. Following are the proposed changes being brought forward for membership approval from 2018:

KANSAS STATE NURSES ASSOCIATION BYLAWS COMMITTEE

The KSNA 2018 Recommendations for revisions of KSNA Bylaws for October, 2019

The ANA Committee on Bylaws (COB) has reviewed the KSNA Bylaws as amended in October 2017. They have set out for us the COB recommendations from this triennial review in a new format to more clearly identify which actions are substantive and which are editorial, as well as which are required for the KSNA bylaws to be harmonious with the ANA Bylaws, and which are recommendations for consideration, but do not need to be acted upon for the KSNA bylaws to be harmonious with the ANA bylaws.

The following proposed amendments are to be adopted in order for the KSNA bylaws to be more clearly aligned with the ANA Bylaws. In other words, these recommendations are Substantive Recommendations.
<table>
<thead>
<tr>
<th>CURRENT LANGUAGE</th>
<th>PROPOSED CHANGES</th>
<th>RATIONALE</th>
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<tr>
<td><strong>ARTICLE II, Membership, Section 2. D.</strong></td>
<td><strong>Qualifications</strong></td>
<td>Delete the words &quot;the ANA Bylaws,&quot; to read:</td>
</tr>
<tr>
<td><strong>”abides by the ANA Code of Ethics for Nurses, the ANA Bylaws, and the KSNA Bylaws.”</strong></td>
<td>&quot;D. abides by the ANA Code of Ethics for Nurses and the KSNA Bylaws.”</td>
<td>KSNA State-Only members do not need to abide by the ANA bylaws since they are not ANA members.</td>
</tr>
<tr>
<td><strong>Article II, Membership, Section 3. A. 2.</strong></td>
<td><strong>Types of members</strong></td>
<td>Change to read:</td>
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<tr>
<td><strong>”Vote in all KSNA elections.”</strong></td>
<td>&quot;2. Vote in all KSNA elections to include KSNA officers as well as the election of the KSNA representatives and alternate to the ANA Membership Assembly.”</td>
<td>This change more clearly articulates this membership right allowing from being an ANA Member.</td>
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<tr>
<td><strong>Article II, Membership, Section 3. A.</strong></td>
<td><strong>Types of members</strong></td>
<td>Add new subsection 8 to read:</td>
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<tr>
<td><strong>No current wording.</strong></td>
<td>&quot;Receive an ANA membership card.”</td>
<td>Addition addresses the right of a full ANA member to an ANA membership card.</td>
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<tr>
<td><strong>Article II, Membership, Section 3. A.</strong></td>
<td><strong>Types of members</strong></td>
<td>Add new subsection 9 to read:</td>
</tr>
<tr>
<td><strong>No current wording.</strong></td>
<td>&quot;Abides by ANA Bylaws.”</td>
<td>Addition addresses that full members must abide by the ANA Bylaws as they are members of ANA.</td>
</tr>
<tr>
<td><strong>Article II, Membership, Section 3. B. 1. B</strong></td>
<td><strong>Types of members</strong></td>
<td>Change to read:</td>
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<td><strong>”1. b. seek and participate in appointed positions in the KSNA;”</strong></td>
<td>&quot;1. b. seek and participate in some appointed positions in the KSNA.”</td>
<td>This change clarifies that KSNA State Only members are limited regarding appointments as they cannot be appointed/elected to the bylaws and nomination committees.</td>
</tr>
<tr>
<td><strong>Article II, Membership, Section 3. B. 2. a.</strong></td>
<td><strong>Types of members</strong></td>
<td>Strike the word &quot;regional” and add “or alternate” to read:</td>
</tr>
<tr>
<td><strong>”a. shall not have the right to serve as a KSNA officer or KSNA representative to the ANA Membership Assembly.”</strong></td>
<td>&quot;a. shall not have the right to serve as a KSNA officer or KSNA representative or alternate to the ANA Membership Assembly.”</td>
<td>Changes allow for freedom to replace representatives as needed and clarifies that representatives are KSNA Representatives and not KSNA regional representatives.</td>
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<tr>
<td>Article II, Membership, Section 3. B. 2. a. Types of members No current wording.</td>
<td>Add a new subsection b. to read: “b. shall not have the right to any benefits of ANA member status.”</td>
<td>State-Only members do not have any rights to any other benefits of ANA member status.</td>
</tr>
<tr>
<td>Article II Membership, Section 3. B 2. c. Types of members No current wording.</td>
<td>Add new sub-section c. to read: “c. shall not be eligible to be a state-only member unless the RN lives or works in Kansas and this category of membership is sanctioned by a written agreement between ANA and the KSNA.”</td>
<td>Kansas currently does not have a State-Only category and it would, therefore, require working with ANA for a written agreement to establish this category. Membership in this category is limited to RNs who work or live in Kansas.</td>
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<tr>
<td>Article II, Membership, Section 3. C. 5 Types of members No current wording.</td>
<td>Add new sub-section 5. to read: “5. These nurses must abide by the ANA Bylaws.”</td>
<td>This addition addresses the need for this category of membership to abide by the ANA Bylaws since they are ANA members.</td>
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<tr>
<td>Article II, Membership, Section 3. D. 6. C Types of members No current wording.</td>
<td>Add new sub-section 6. to read: “6. Shall not have the right to any benefits of ANA member status.”</td>
<td>Addition clarifies that this category of members are not entitled to any ANA benefits.</td>
</tr>
<tr>
<td>Article II, Membership, Section 5. B. Disciplinary Action “B. Disciplinary action and appeal procedures at the state level for individual members shall be conducted pursuant to common parliamentary and statutory law. Depending on the severity of the disciplinary violation, a member may be disciplined as follows…”</td>
<td>Add “and assure the right to due process” to read: “B. Disciplinary action and appeal procedures at the state level for individual members shall be conducted pursuant to common parliamentary and statutory law and assure the right to due process. Depending on the severity of the disciplinary violation, a member may be disciplined as follows…”</td>
<td>All individuals have the right to due process in disciplinary actions.</td>
</tr>
<tr>
<td>Article III, Officers and Duties of Officers, Section 2. A. Terms of office “A. The president shall be elected to a four-year term: the first year as president-elect, automatically becomes president for two years, and serves as immediate past-president for one year.”</td>
<td>Insert the word “-elect” after “president” to read: “A. The president-elect shall be elected to a four-year term: the first year as president-elect, automatically becomes president for two years, and serves as immediate past-president for one year.”</td>
<td>KSNA does not elect a president, it elects a president-elect who later transitions to the president and to the past president roles.</td>
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<tr>
<td><strong>Article III, Officers and Duties of Officers, Section 4. D</strong> Terms of office</td>
<td>“D. stand as (or chose a designee to stand as) a representative at the ANA Membership Assembly along with an annually elected representative.”</td>
<td>The change clarifies that the president, after transitioning to the role of president, represents KSNA at the ANA Membership Assembly. Representatives to the ANA MA cannot be appointed.</td>
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<tr>
<td><strong>Article III, Officers and Duties of Officers, Section 4. Terms of office</strong></td>
<td>Add new subsection 4. E to read: “E. serve as one of the two KSNA representatives the other being the KSNA Executive Director, to the ANA Leadership Council and cast KSNA’s one vote on business matters.”</td>
<td>The addition addresses the role of the president or designee to represent KSNA at and vote at the ANA Leadership Council.</td>
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<tr>
<td><strong>Article VI, Elections, Section 6.</strong> “6. One representative shall be elected each year for one-year term to the ANA Membership Assembly according to the ANA Bylaws.”</td>
<td>Add “(s) and alternates” and “by Full Members (KSNA and ANA) by secret ballot” to read: “6. One representative(s) and alternates shall be elected each year for one-year term to the ANA Membership Assembly by KSNA Full Members (KSNA and ANA) by secret ballot according to the ANA Bylaws.”</td>
<td>The change addresses the possibility that KSNA could have more than two representatives to the ANA Membership Assembly as a result of the 2017 ANA bylaws and that the representatives can only be elected by KSNA Full Members via a secret ballot.</td>
</tr>
<tr>
<td><strong>Article VII, Standing Committees, Section 6. B.</strong> “6. B. obtain approval from the KSNA Board of Directors for amendments.”</td>
<td>Remove current wording and replace with: “6. B. submit proposed amendments to the KSNA Board of Directors for review.”</td>
<td>It is a member’s fundamental right to submit proposed amendments to organizational bylaws that need to be reviewed by the KSNA BOD, but not approved.</td>
</tr>
<tr>
<td><strong>Article VII, Standing Committees, Section 6. C.</strong> “6. C. submit amendments to the ANA Committee on bylaws for an opinion.”</td>
<td>Remove current wording and replace with: “6. C. submit KSNA proposed amendments to the ANA Committee on Bylaws (COB) for a review and recommended action for harmony with the ANA Bylaws.”</td>
<td>The ANA COB has a responsibility to review C/SNA proposed amendments for harmony with the ANA Bylaws and provide recommendations regarding proposed amendments.</td>
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<tr>
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<td>PROPOSED CHANGES</td>
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| **Article VII, Standing Committees, Section 7. D.**  
“6. D. submit amendments, approved by the Board of Directors, to the voting body of KSNA.” | Remove current wording and replace with:  
“6. D. submit proposed amendments, to include those recommended by the ANA COB and reviewed by the KSNA Board of Directors, to the voting body of the KSNA.” | Proposed amendments submitted to the KSNA voting body needs to include the substantive recommended action from the ANA COB. |
| **Article VII, Standing Committees, Section 6.**  
No current wording. | Add new subsection 6. G. to read:  
“6. G. submit KSNA proposed amendments to the bylaws to the ANA COB within two (2) years of the year that ANA amends its bylaws to bring the KSNA Bylaws into harmony with the ANA Bylaws.” | ANA Bylaws changes in 2017 now mandate the need for KSNA bylaws to be amended within two years of the year that ANA amends its bylaws to assure harmony between KSNA and ANA Bylaws. |
| **Article VII, Standing Committees, Section 6.**  
No current wording. | Add new subsection 6. H. to read:  
“6. H. insure only Full/Joint members of both KSNA and ANA are appointed to the KSNA Committee on Bylaws.” | This addition provides that only full members of both KSNA and ANA can be appointed to the KSNA Bylaws Committee, since the committee work interfaces with ANA. |
| **Article VII, Standing Committees, Section 11**  
“11. The Nominating Committee shall consist of four persons, three of whom shall be elected as provided for in Article VI Elections. The member receiving the highest number of votes in the election shall be the chair. Each member of the Nominating Committee shall be from a different region. The committee shall perform the duties described in the Article V Nominations.” | Remove the word “three” and replace with “all” and add “by joint KSNA and ANA members (Full Members) to read:  
“11. The Nominating Committee shall consist of four persons, all whom shall be elected by joint KSNA and ANA members (Full Members) as provided for in Article VI Elections. The member ....in the Article V Nominations.” | All members of the Nominating Committee must be joint members of both KSNA and ANA since they are responsible for preparing the slate of candidates for KSNA representatives to the ANA Membership Assembly. |
| **Article X, Meetings, Section 1. D.**  
“1. D. Special meetings of KSNA may be called by the Board of Directors or by the president upon the request of a majority of the RNA.” | Add “of the presidents” to read:  
“1. D. Special meetings of KSNA may be called by the Board of Directors or by the president upon request of a majority of the presidents of the RNAs.” | Change provides clarity for who is meant by the word “majority”. |
| **Article X Meetings, Section 4**  
“4. Members of the Kansas Association of Nursing Students (KANS) may attend meetings of the KSNA.” | Add “as non-voting participants” to read:  
“4. Members of the Kansas Association of Nursing Students (KANS) may attend meetings of the KSNA as non-voting participants.” | Only KSNA members can vote at KSNA meetings. |
### Current Language vs. Proposed Changes

<table>
<thead>
<tr>
<th>Article XII, Dues, Section 5</th>
<th>Add “dues policies” and remove “the entire S/CAN membership” and replace with “all joint KSNA and ANA members” to read:</th>
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<td>5. The KSNA shall be bound by the obligation to pay dues to the ANA pursuant to the ANA bylaws and Membership Assembly policy until such time as two-thirds of the entire S/CAN membership votes to disaffiliate with the ANA.”</td>
<td>5. The KSNA shall be bound by the obligation to pay dues to the ANA pursuant to the ANA bylaws and Membership Assembly dues policies until such time as two-thirds of all joint KSNA and ANA members votes to disaffiliate with the ANA.”</td>
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<td>Article XVI, Representation at State and National Meetings, Section 2. A.</td>
<td>Add “and Membership Assembly policies” to read:</td>
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<td>“2. A. The KSNA is entitled to representation in the ANA Membership Assembly. The number of representatives is determined by the ANA Bylaws.”</td>
<td>2. A. The KSNA is entitled to representation in the ANA Membership Assembly. The number of representatives is determined by the ANA Bylaws and Membership Assembly policies.</td>
</tr>
<tr>
<td>Article XVI, Representation at State and National Meetings, Section 2. C.</td>
<td>Add “by only joint members of both KSNA and ANA” and “Bylaws and” to read:</td>
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<tr>
<td>“2. C. KSNA representative vacancies shall be filled with alternates from Full or Reduced Fee Members elected by secret ballot in accordance with the ANA policy and procedures.”</td>
<td>2. A. KSNA representative vacancies shall be filled with alternates from Full or Reduced Fee Members elected by secret ballot by only joint members of both KSNA and ANA in accordance with ANA Bylaws and policy and procedures.</td>
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### Rationale

The change clarifies that it must be two-thirds of the joint KSNA and ANA members who must vote to disaffiliate from ANA.

The change addresses that it is both ANA Bylaws and Membership Assembly dues policies that determine the number of representatives to the ANA Membership Assembly.

Representatives of national meetings can only be elected by joint members of both KSNA and ANA.

### Editorial Recommendations

The following proposals are editorial, not substantive, and may include inconsistency, punctuation, grammar, capitalization, structural, and/or format issues. Since these are not substantive, the member can adopt these proposed amendments without objection, or approve the C/SNA Bylaws Committee to make these edits to the C/SNA Bylaws.

ANA (COB) suggests that the KSNA Articles of Incorporation be added between the Table of Contents and Article I of the KSNA Bylaws. (The ANA Bylaws can be used as an example.)

ANA (COB) suggests that the header on all of the bylaws be changed from “approved” to “adopted” as this more accurately describes the action taken by the KSNA membership in October 2017. To read:

“Kansas State Nurses Association Bylaws Approved 10/2017”

Throughout the KSNA bylaws, there is a reference to “State/Constituent Nurses Association” (S/CNA) which is not the correct terminology or acronym; it is “Constituent/State Nurses Association (C/SNA). ANA (COB) asks that KSNA make these changes throughout the KSNA Bylaws.
## CURRENT LANGUAGE | PROPOSED CHANGES | RATIONALE
---|---|---
**Article III, Section 5. B.**<br>Officers and Duties of officers<br>“5. B. in the event of a vacancy in the office of president, shall become president for the remainder of the term including the past-president role.”<br><br>Add “follow-on to” and “and term” to read:<br>5. B. in the event of a vacancy in the office of president, shall become president for the remainder of the term including follow-on to the past-president role and term.”<br><br>The change clarifies that the vice-president will complete the remainder of the president’s term, as well as the follow-on term as the past president.<br><br>The PROVISO at the end of Article III can be deleted as the action described has been completed.

**Article IV, Section 5**<br>Board of Directors and Duties of Board of Directors<br>“5. There shall be an Executive Committee of the Board of Directors composed of the president, president-elect, immediate past president, the vice president…”<br><br>Insert the word “or” to read:<br>5. There shall be an Executive Committee of the Board of Directors composed of the president, president-elect or immediate past president, the vice president…..”<br><br>There would never be a president-elect and immediate past president severing at the same time.

**Article X, Section C**<br>Meetings<br>“C. The rules contained in Robert’s Rules of Order Newly Revised shall govern meetings…..”<br><br>Add “the current edition of” to read:<br>C. The rules contained in the current edition of Robert’s Rules of Order Newly Revised shall govern meetings…..”<br><br>This is the edition that should be used.

At the end of the KSNA Bylaws, ANA (COB) has requested that KSNA provide the past history of dates when the KSNA bylaws were previously amended and adopted by the KSNA membership.

### Optional Substantive Recommendations
The final proposed amendment is substantive, but it is NOT required to be adopted for the KSNA bylaws to be in harmony with the ANA Bylaws. It is merely offered for consideration to further enhance the overall quality of the KSNA Bylaws. Since it is not editorial in nature and because it is substantive it would require adoption by the membership, if KSNA decided to take action on it.

**Article II, Membership, Section 2.**<br>“A member is one who”<br><br>Strike “one” and replace with “any RN” to read:<br>A member is any RN who<br><br>Change more closely aligns with the intent of the ANA Bylaws.
The next COB Triennial Review of the KSNA Bylaws will be in 2020. If KSNA membership or the Bylaws Committee proposed any amendments to the KSNBA Bylaws in 2018 or 2019 other than those identified in this letter, then those proposed amendments and the current bylaws are due to the ANA COB for review no later than ninety (90) days before the date membership must be notified of the proposed amendments.

The following bylaws changes coming forward for review and adoption are related to the ANA Value Pricing Pilot the Kansas State Nurses Association is participating in and has been doing so since March, 2017. The Value Pricing project requires a different type of membership structure than currently being maintained by KSNA.

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<tr>
<td><strong>Article II, Membership, Section 1. Definition</strong></td>
<td>Remove current definition and replace with the following:</td>
<td>Updates definition to remove KSNA State only Members and Reduced Fee Members language which are not a part of the American Nurses Association Value Pricing Pilot. KSNA has no KSNA-Only Members and only members in the Reduced Fee Members category prior to March 1, 2017 are allowed to stay at that price point.</td>
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<td>“Members of the KSNA are professional Registered Nurses who are Full Members, who also belong to the ANA, KSNA State-only Members, Reduced Fee Members, or Honorary Members.”</td>
<td>“Registered professional nurses who belong to the state association, which includes membership in the American Nurses Association, are herein after referred to as Kansas State Nurses Association members.”</td>
<td>Delete use of ANA and replace with American Nurses Association.</td>
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<td><strong>Article II, Membership, Section 2. Qualifications</strong></td>
<td>Delete “one” and replace with “any RN” to read:</td>
<td>Change more closely aligns with the intent of the ANA Bylaws.</td>
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<td>“A member is one who”</td>
<td>A member is any RN who</td>
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| **Article II, Membership, Section 3.** Types of members  
“A. A Full Member has the following rights”  
(No change in the 1 – 7 rights except previously noted for ANA)  
“B. A KSNA State-only Member is a nurse who meets all of the qualifications of membership and is a member of KSNA only.  
1. The KSNA State-only Member has the right to (a – e)  
2. Limitations for the KSNA State-only Member are as follow.  
(a)  
“C. A reduced Fee Member is a full member so qualifies for one of the following and may elect to pay fifty (50%) of the annual dues.  
1. Nurses who are not employed;  
2. registered nurses in full time study;  
3. Graduates of basic nursing programs for the first year of membership, if initiated within six months following licensure to practice as a registered nurse; and  
4. Nurse 62 years of age or older, employed or unemployed.  

**Replace Section 3 A, B, and C with:**  
**Section 3. Types of members**  
In addition to the Kansas State Nurses Association Full Membership which includes membership to the American Nurses Association, there is the Kansas State Nurses Association Honorary membership. (KSNA Reduced Fee Member consisting of those receiving reduced dues due to educational activity, unemployment status, new graduate, or 62 years of age or older) shall retain that membership form until such time as the membership dues exceed the prevailing dues fee for the Kansas State Nurses Association.  
**Remove “A Full Member has the following rights.” and replace with:**  
“A. Full Membership is any RN who belongs to the Kansas State Nurses Association and American Nurses Association, and has the right to:  
(continue with the 1 – 7 rights)  

**Article II, Membership, Section 3.** Types of members  
“D. A Honorary Membership may be conferred on long-standing members by the KSNA Board of Directors. An Honorary Member shall be recognized as follows…… (1 – 7 remain the same)  

**Change “D” to “B”**  
Honorary Membership type continues with current members but no member can be added to this category unless addressed by the Board of Directors.  

Article II reflects the KSNA ANA pilot which lowers the price point for membership dues ($174.00).  
Full Membership dues for Premier members is $298.00. For the most part this price point is less than most of the special memberships offered in the past (Reduced Fee Membership dues are $149.00). In those instances where the membership dues are less than the KSNA membership described, the member can retain that special membership at that dues price point.  

The language change describes types of KSNA memberships going forward with and those membership that will no longer be available. Also described is the preservation of the member’s right to retain a former membership type if the dues fee continues to be below that prevailing fee for the Kansas State Nurses Association membership.
2019 KSNA BYLAWS COMMITTEE REPORT

Chair Terri Johnson, MSN, APRN and members Cindy Reazin, Julie Miller, Traci Atzenweiler, and Carla Lee conducted all business of the KSNA Bylaws Committee via email. Proposals were brought to them from the KSNA Board of Directors and the KSNA Nominating Committee. Proposed changes centered around committees and councils and their makeup and functions and one editorial change. Membership categories and dues changes were made at ANA Membership Assembly at the 2019 meeting but we feel it will be helpful to be able to take time to review and understand how these changes will affect KSNA members so there will be proposed changes coming to membership on this for the KSNA Membership Assembly in October 2021. North Central Reginal Nurses Association's bylaws have been reviewed and revised by their region and are with the KSNA Bylaws Committee for assessment on harmony with KSNA Bylaws. The committee is also reviewing South Central and Southeast regional bylaws for harmony. Following are the 2019 proposed changes being brought forward for KSNA membership approval:

KANSAS STATE NURSES ASSOCIATION BYLAWS COMMITTEE

2019 Recommendations for revisions of KSNA Bylaws for October, 2019

The following proposed amendments are to be adopted in order for the KSNA bylaws to more clearly reflect current KSNA functions and beliefs.

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| **Article V Nominations, Section 1.**  
All KSNA members may submit nominations, including their own. | Add “Prefer (but not required) two years of experience as a nurse” to read:  
Section 1. All KSNA members may submit nominations, including their own. Prefer (but not required) two years of experience as a nurse. | Proposed change requested by the KSNA BOD to hold KSNA Board and members to a high standard. |
| **Article V Nominations, Section 2.**  
On or before March 1st, the Nominating Committee shall send to each Region the names of officers serving, those whose terms of office will expire at the end of the year, and those eligible for re-election, together with the names of the Nominating Committee. | Insert “KSNA” and “and contacts” to read:  
Section 2. On or before March 1st, the Nominating Committee shall send to each KSNA Region the names of officers serving, those whose terms of office will expire at the end of the year, and those eligible for re-election, together with the names and contacts of the Nominating Committee. | Request from KSNA Nominating Committee for clarification and to assist KSNA members. |
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<td><strong>Article V Nominations, Section 3.</strong> Each Region president or secretary will be requested to submit to the KSNA Nominating Committee, no later than April 30, a list of members who are willing to serve in the positions for which their names are submitted, including members qualified and willing to serve as representatives to the ANA Membership Assembly.</td>
<td>Insert “KSNA” and change “30” to “1” to read: Section 3. Each KSNA Region president or secretary will be requested to submit to KSNA Nominating Committee, no later than April 1, a list of members who are willing to serve in the positions for which their names are submitted, including members qualified and willing to serve as representative to the ANA Membership Assembly.</td>
<td>Proposed change requested by the KSNA Nominating Committee for clarification and to provide a more useful timeline in which the committee and KSNA BOD can work.</td>
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<td><strong>Article V Nominations, Section 4.</strong> Any KSNA member serving on the Nominating Committee who wishes to submit his/her name for a state elected position must notify the KSNA President and the Board of Directors of his/her resignation from the elected/appointed position on the Nominating Committee at least thirty (30) days prior to sending in their consent to serve for state office.</td>
<td>Remove “/appointed” and change Nominating to Nominations to read: Section 4. Any KSNA member serving on the Nominations Committee who wishes to submit his/her name for a state elected position must notify the KSNA President and the Board of Directors of his/her resignation from the elected position on the Nominations Committee at least thirty (30) days prior to sending in their consent to serve for state office.</td>
<td>This change is necessary in order to remain congruent with the requested KSNA BOD and Nominating Committee changes in how Nominating Committee members are determined.</td>
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<td><strong>Article V Nominations, Section 6.</strong> In addition to considering the eligibility of a candidate for each position, the Nominating Committee composing the final ballot will also consider demographic and regional/geographical diversity, variation in practice roles and equality of representation. The Committee will consider the names submitted by the Regions as well as other qualified members in preparing the ticket.</td>
<td>Insert “KSNA” and “Eligibility consists of at least one year of membership in KSNA prior to election, one year of professional practice, and competencies germane to the selected office” to read: Section 6. In addition to considering the eligibility of a candidate for each position, the Nominating Committee composing the ballot will also consider demographic and regional/geographical diversity, variation in practice roles and equality of representation. Eligibility consists of at least one year of membership in KSNA prior to election, one year of professional practice, and competencies germane to the selected office. The Committee will consider the names submitted by the KSNA Regions as well as other qualified members in preparing the ticket.</td>
<td>Proposed change requested by the KSNA Nominating Committee as they feel this will more ensure that elected positions be filled by well qualified individuals reflecting the diversity of membership in KSNA.</td>
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| **Article V Nominations, Section 7.**  
No name shall be placed on the ballot unless the nominee has consented to serve, if elected. | Add “; Write-ins must have filed consent to serve prior to date of return of ballot” to read:  
Section 7. No name shall be placed on the ballot unless the nominee has consented to serve, if elected; Write-ins must have filed consent to serve prior to date of return of ballot. | Proposed change requested by the KSNA Nominating Committee to document the accepted process. |
| **Article V Nominations, Section 9.**  
A copy of the ticket shall be published in The Kansas Nurse prior to the balloting. | Insert “and/or Newsletter or other electronic media, including candidate’s position statement” to read:  
Section 9. A copy of the ticket shall be published in The Kansas Nurse and/or Newsletter or other electronic media, including candidate’s position statement prior to the balloting. | Proposed change requested by the KSNA Nominating Committee. |
| **Article VI Elections, Section 4.**  
Section 4. Each year three members of the Nominating Committee shall be elected to serve for one year. | Replace “three” with “four” to read:  
Section 4. Each year four members of the Nominating Committee shall be elected to serve for one year.  
**OR**  
Replace “three” with “five” to read:  
Section 4. Each year five members of the Nominating Committee shall be elected to serve for one year | Change requested by KSNA BOD as there is not a formal process for appointing a fourth person and does not seem to be a clear reason for why appointing a non-elected member of the committee is necessary. |
| **Article VI Elections, Section 4.**  
Section 4. ... Nominating Committee shall be elected to serve for one year. | Add “Each member of the Nominating Committee preferably should be from a different KSNA Region.” To read:  
Section 4. Nominating Committee shall be elected to serve for one year. Each member of the Nominating Committee preferably should be from different KSNA regions. | Change request comes from the Nominating Committee in an attempt to provide the best state coverage. |
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<tr>
<td><strong>Article VII Standing Committees</strong></td>
<td>Remove “Technology”, rename “Nominating” to “Nominations”, and remove “three” to read: Section 4. The following standing committees, with the exception of members of the Nominating Committee who shall be elected, as herein, before provided, shall be appointed annually and serve until their successors are appointed.</td>
<td>Removal of Technology Committee proposed change request from the KSNA BOD as it is felt that the Technology Committee is obsolete and redundant as technology expertise and functions are being provided by staff of the Midwest Division and the State Director. Name change requested by Nominating Committee to be more in harmony with ANA and other organizations. All members of Nominations Committee are elected.</td>
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Bylaws
Editorial Board
Finance
Legislative
Membership
Nominating
Technology

| **Article VIII, Councils** | “Delete C. Continuing Education” and assume this council’s functions under “B. Education” believing that Section 6, D. developing educational materials and planning educational programs for the membership and other nurses relating to the area of responsibility has been and can continue to be carried out by the Education Council | KSNA BOD requests combining the two councils as neither is currently active and there are areas of overlap. |

Section 2. Councils established are
A. Practice
B. Education
C. Continuing Education
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<td><strong>Regional Nursing Associations (RNA)</strong> Section 3. The responsibilities of the RNAs shall be to:</td>
<td><strong>Editorial correction to read: Section 3.</strong> B. The Executive Committee… …a – e. 4. Submit bylaws to KSNA after approval by the RNA. 5. Submit reports to KSNA as requested. 6. Present issues and concerns pertinent to its regional members to KSNA. 7. Disseminate information to its regional members and the nursing community including KSNA purposes and programs.</td>
<td>Editorial correction. (1) – (4) are not related to conducting regional elections and not subsets of filling vacancies but really are four further functions of the Executive Committee. This change clarifies this.</td>
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<td>3. Conduct regional elections:</td>
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<td>e. vacancies shall be filled by the Executive Committee of the Region. (1) submit bylaws to KSNA after approval by the RNA (2) submit reports to KSNA as requested (3) present issues and concerns pertinent to its regional members to KSNA (4) disseminate information to its regional members and the nursing community including KSNA purposes and programs</td>
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**NOW ACCEPTING SPONSOR/EXHIBITOR APPLICATIONS FOR THE 2019 KSNA MEMBERSHIP ASSEMBLY**

Corporate and non-profit organizations are invited to exhibit at the KSNA Membership Assembly. If you wish to join us as a sponsor and/or exhibitor, or know someone who may be interested, please visit the following link for pricing, and for full details.


*The deadline to register as an exhibitor is September 6, 2019.*
CALL TO ORDER — Jan Kemmerer
ROLL CALL TO ESTABLISH A QUORUM (BY REGION) — Jackie Koch
PRESENTATION OF PARLIAMENTARY PROCEDURES — Jan Kemmerer
PRESENTATION OF AGENDA AND STANDING RULES — Jan Kemmerer
INTRODUCTION AND ANNOUNCEMENTS — Jan Kemmerer

REPORTS OF OFFICERS
PRESIDENT'S ADDRESS — Jan Kemmerer
SECRETARY REPORT — Jackie Koch
TREASURER REPORT — Martha Stroot

REPORTS OF STANDING COMMITTEES
BYLAWS REPORT — Terri Johnson
EDITORIAL REPORT — published September The Kansas Nurse — Carol Moore
FINANCE REPORT — Published September The Kansas Nurse — Martha Stroot
KNF REPORT — published September The Kansas Nurse — Debbie Hackler
LEGISLATIVE — no report
MEMBERSHIP — no report

REPORTS OF COUNCILS
EDUCATION — published September The Kansas Nurse — Sheryl Sommer
PRACTICE — no report

REPORTS OF REPRESENTATIVES TO OTHER GROUPS
ANA MEMBERSHIP ASSEMBLY — published September The Kansas Nurse — Jan Kemmerer
MIDWEST MULTISTATE DIVISION — published September The Kansas Nurse — Jill Kliethermes
KANSAS NURSES FOUNDATION — published September The Kansas Nurse — Debbie Hackler
KANSAS ASSOCIATION OF NURSING STUDENTS — published September The Kansas Nurse

OTHER BUSINESS
NEW BUSINESS — Jan Kemmerer
OLD BUSINESS — Jan Kemmerer
DECLARATION OF NEW OFFICERS — Jan Kemmerer
AWARDS AND RECOGNITION — Jan Kemmerer
NIGHTINGALE TRIBUTE — Jan Kemmerer
ADJOURNMENT — Jan Kemmerer
KSNA
KANSAS STATE NURSES ASSOCIATION
2019 annual report
KSNA REGION ANNUAL REPORTS

EAST REGION

Main Objective(s) for the Committee/Council: Electing Officials, Improving Participation at Meetings by Planning First Meeting that Will Draw Attendants.

Goals in Process: Planning Medicare for All Event with Contact Hours.

Goals Accomplished: Officials Elected for President, Vice President and Secretary/Treasurer.

Decisions Made: Date for Medicare for All Event: October 19, 2019 and two of speakers confirmed for event; Event in centrally located area—Johnson County; No charge for event and non-KSNA East members also invited.

Unresolved Items: Event location and catering; names of panel members who will speak with one of confirmed speakers.

Committee/Council Actions: 1) President to get confirmed names of individuals on panel from Dr. David Terry (one of confirmed speakers); President to inquire about event space at Overland Park Regional Medical Center and Advent Health in Shawnee; 2) Vice President to inquire about event space at Olathe Health and Children’s Mercy Kansas; 3) Secretary/Treasurer to inquire about event space at Johnson County Libraries.

Committee/Council Requested Action for KSNA Board: Funding for event space (if needed) and catering; Advertising to KSNA East members.

NORTH CENTRAL (SUNFLOWER CHAPTER) REGION

When the Kansas State Nurses Association made the decision to move from Districts to Regions, District 5 voted to become a Chapter. Sunflower was the winning name for the Chapter and District 5 made the move to it as of January 2017. It was determined that it would be helpful and efficient to elect officers who would serve as both officers for the Sunflower Chapter Executive Committee and that of the North Central Regional Nurses Association. Current officers are: President, Terri Johnson; Vice President, Emma Doherty; Corresponding Secretary, Jan Kemmerer; Recording Secretary, Pat Brown; Treasurer, Linda Henningsen; and Members At Large, Blanche Rolph and Janet
KSNA REGION ANNUAL REPORTS

Jolley. The NCRNA Bylaws Committee established bylaws which were approved by the membership and sent to the KSNA Bylaws Committee for review. At three years’ time from the original bylaws, Sunflower Chapter and NCRNA reviewed/revised their bylaws which have been reviewed by the membership, sent to the KSNA Bylaws Committee for review for harmony, and will be looked at for approval in September by Chapter/Region membership. The Sunflower Chapter continues to support two KNF Endowments, Roberta Thiry and Sr. Mary Leon, and have an active representative on the KNF Executive Board. The Sunflower Chapter Executive Committee and chapter membership and the NCRNA Executive Board meet at each meeting – in 2018 January, March, April, August, September, November and in 2019 January, March, and April with April and November being NCRNA membership meetings, also. Meetings are held mostly at Perkins Restaurant in Salina with eating and socializing opportunities prior to each meeting. Instead of a meeting in April 2019, members met at Martinelli’s for appetizers and a program by Carol Moreland, KSBN was offered for membership and current graduates of Kansas Wesleyan University, KU-Salina, and Cloud County Community College. Students attending were also given a gift certificate to Martinelli’s. Sunflower Chapter and NCRNA will be meeting September 12th and November 14th with an Executive Committee meeting scheduled in November prior to the membership meeting to plan for 2020. NCRNA will be offering a Continuing Education workshop on stopping the bleed and how to respond to post traumatic conditions in schools, businesses, malls etc. on September 21st from 8:00 to noon at Tammy Walker Cancer Center in Salina, KS. Cost to members will be $10.00 and to non-members will be $15.00.

Members were saddened at the loss of two of its long time District members, Lois Holt and Dolly Wilson. We were also saddened by the passing of longtime member LaVeda Montgomery’s mom.

NORTHEAST REGION

As President of the NE region, I am asking for you all in the NE region for support and guidance on how we structure and develop this region. Our region is in need of officers to help establish goals. I would love for our region to find ways to become involved in community events that align with mission of KSNA. Please contact KSNA if you are interested in becoming an officer to help move this region along. We continue to look for other opportunities to meet with members to help build and make our Region strong.

Submitted by: Vicky McGrath
KSNA REGION ANNUAL REPORTS

NORTHWEST REGION

This region does not currently have a regional president, therefore no report has been submitted. If you are interested in serving as regional president for the Northwest Region, please email director@ksnurses.com.

SOUTH CENTRAL (CHAPTER 1) REGION

South Central Region, Chapter 1 meet every other month starting September through May. The meeting sites are altered to provide all members with convenience of one meeting held in their vicinity. The meeting sites are places so members can purchase their evening meal. With our routine meetings includes recognition of colleagues remember, present Scientific tidbit (updates in nursing care), and have CEU presenter (1 CEU). In July we have a Program Planning meeting with the officers.

Chapter 1 provides for one nursing student attending Hutchinson Community College and Barton Community College to receive a scholarship. The scholarships applications are due in January and March meeting the announcement of recipients. The recipients are invited to attend our May meeting for members to meet.

Chapter 1 has the challenge to maintain memberships. Our chapter has approximately fifteen to eighteen active members that attend scheduled meetings. Our Chapter with lack of more active members has difficulty having members for the election ballots.

Chapter 1 goals are to maintain members with continuing to meet every other month and providing continued education units. Each meeting minutes are electronically delivered to members.
KSNA REGION ANNUAL REPORTS

SOUTHEAST REGION

Main Objective(s) for the Committee/Council: Southeast Region main goal is to get group established, with officers voted in and By-laws voted on. Plan a Regional CEU activity and then start holding regional meetings 3-4 times a year or as group determines.

Goals in Process: (1.) Establishing the Southeast Region of KSNA. (2.) Have a couple meetings to begin developing the region.

Goals Accomplished: Have started working with the regional membership to develop the region and have held two meetings in different locations to encourage membership participation. The turnout for meetings was low but need to have more meetings.

Decisions Made: Next meeting hopefully will be at the General Assembly in October, 2019. Continue to build the region and participate in conference calls with Kelly for ideas.

Unresolved Items: Need to have membership vote on By-Laws once completed, also nominations and voting of Treasurer and Secretary combined role. Another issue is rotating meeting sites in the region due to the large area, so everyone has a chance to participate.

Committee/Council Actions: none at present.

Committee/Council Requested Action for KSNA Board: Requested that time be set aside at General Assembly for region meetings. Also made suggestion for having to have Nurses on Boards Coalition come speak at next Legislative Day Conference.

Based on this information, plan on holding a meeting October 10th at 2pm – 3 pm the afternoon of General Assembly this year.

SOUTHWEST REGION

This region does not currently have a regional president, therefore no report has been submitted. If you are interested in serving as regional president for the Southwest Region, please email director@ksnurses.com.
ANNUAL REPORT FROM THE EDITORIAL BOARD

The editorial board for The Kansas Nurse has conducted all board activities and communications via email. One issue has been published this year with the second issue due to be published in time for the membership assembly and will contain information to be considered at the assembly.

The board members primary responsibility is to review article submissions for publication that adhere to the APA Manual, 6th edition. Each article is a blind review by two or three members of the committee. Feedback is provided to each author for changes, if necessary, in order for publication.

The committee has reinstituted the writing awards for clinical, non-clinical, and research content. The recipients of the awards will be recognized at the Membership Assembly. Efforts are underway to recognize nurses in Kansas for innovative care giving, academic achievements, and workplace promotions. Nurses do not need to be members of KSNA to be recognized.

Another feature to be included in The Kansas Nurse is a Book Review on a topic that promotes understanding of a health care issue, a historic or current event in which nurses play(ed) a noteworthy role, preferably written by a nurse author.

Committee Membership: Debra Pile and Carol Moore, co-chairs 
Penny Chura, Wendy Gibson, Janice Jones, Linda Adams-Wendling

ANNUAL REPORT FROM THE EDUCATION COMMITTEE

Main Objective(s) for the Committee/Council: Support the educational needs of KSNA members.

Goals in Process: (1.) Examine the education needs of practicing nurses (PN, RN, APRN) in Kansas. (2.) Identify the education needs of nurses during the first six to twelve months in the workforce after graduating from a pre-licensure nursing program in Kansas. (3.) Explore the education needs of novice and experienced nursing faculty in Kansas.

Goals Accomplished: (1.) Established a committee chair (Sheryl Sommer) and co-chair (Jessica Shippe McDaniel). (2.) Identified Education Committee members. (3.) Survey questions developed for assessing the educational needs of nurses in the state. (4.) Data collected from KC metro area deans and directors at their April meeting.

Decisions Made: (1.) The committee will reach out to a group of Kansas nursing programs and hospitals to identify educational needs of nurses in the state. (2.) The committee will use information from the hospital and nursing program interviews as well as comments from members to establish additional goals.

Unresolved Items: Continuing to collect information about educational needs of nurses in Kansas.

Committee/Council Actions: Committee goals established.

Committee/Council Requested Action for KSNA Board: n/a.
APPRAVER UNIT

The Midwest Multistate Division (MSD) is an Accredited Approver through the American Nurses Credentialing Center’s Commission on Accreditation. Our Accredited Approver Unit reviews individual activity and Approved Provider applications from providers located in Arkansas, California, Georgia, Hawaii, Illinois, Kansas, Michigan, Missouri, Nebraska, and Oklahoma. Individual activity applications arrive sporadically through the year and Approved Provider applications arrive on a three-cycle schedule through the year. The Midwest MSD Approver Unit develops multiple resources to help agencies plan and implement quality CNE activities, including white papers on specific topics our providers are facing, a monthly newsletter, monthly conference calls with providers. The CNE Team also answers a myriad of questions daily from applicants and sister organizations. Changes in the ANCC educational design processes to make CNE more relevant and to measure positive patient outcomes has led to the need for an increase in educational resources and support provided by the MW MSD CNE Team. Approved Provider Units and Individual Activity Applicants require and receive significant personal assistance via direct phone calls, group conference calls, emails, web-based resources and in-person training.

In collaboration with our Provider Unit, we will be hosting our Approved Provider Training again this year on September 9 in Missouri. We had 101 participate in this annual event in 2018 and hope to reach that many if not more with this year’s program.

As of June 30, 2019, the Midwest MSD is currently working with 61 Approved Providers, which include hospitals, universities, health systems, and specialty nursing organizations, providing resources to help them plan their continuing nursing education programs. We have also reviewed individual activity applications from 43 other agencies in the Midwest.

All members of the CNE team handle individual questions, concerns, educational development, training and administrative issues throughout the year. The CNE team holds bi-weekly conference calls to discuss significant topics of concern, movement of Corrective Action Plans and Progress Reports due from Approved Provider Units, and identification of topic areas for further educational resources.

In 2019, NPRL Judi Dunn developed additional training for the Nurse Peer Reviewers in anticipation of their completion of the ANCC Gold Standard Assessment. The Assessment was completed in May, 2019 and aggregate results will be provided early in 2020.

PROVIDER UNIT

The Midwest MSD is an Accredited Provider through the American Nurses Credentialing Center’s Commission on Accreditation. Our Accredited Provider Unit plans programs for the state nurses’ associations in Kansas, Missouri, Nebraska, and Arkansas. State Directors and planning teams work with our MSD Nurse Planner, Carol Walker and MSD staff to plan their state conferences, as well as Region and MIG events that utilize MSD services and/or provide nursing contact hours.
KSNA 2018-2019 LEGISLATIVE PLATFORM

As the largest group of health care professionals in any health care unit, nurses have a vital interest in enlightened legislation. The Kansas State Nurses Association provides leadership for the nursing profession and promotes quality health care for consumers through education, advocacy, and influencing of healthcare policy.

NURSING PRACTICE AND EDUCATION

As the professional association for registered nurses, KSNA supports:

1. Recognition of the KSBN as the sole regulatory authority for professional nursing practice and the provision of adequate funding for the agency.
2. Representation by KSNA, or their designees, on all interdisciplinary bodies concerned with planning, implementing and evaluating health care services.
3. Ensuring the composition of the KSBN includes members whose professional qualifications relate to the functional responsibility of the state regulatory agency for nursing practice and nursing education.
4. Promoting the role and protecting the practice of registered nurses. Nurses should practice to the full extent of their education and training.
5. Efforts aimed at addressing an adequate supply of nursing work force include expanding state funding to educate more nurses at all levels of nursing and encourage recruitment and retention in nursing by employers.
6. Funding for research to maximize nursing’s contribution to health, nursing education programs, nursing faculty salaries, and advanced education for nurses.
7. Programming efforts that encompass education, prevention, and treatment/interventions related to the opioid crisis.

WORKPLACE ADVOCACY

As the professional association for registered nurses, KSNA supports:

1. The right of nurses to official representation on employment matters affecting them as employees and as professional practitioners.
2. Maintenance of laws germane to the practice of nursing.
3. Nurse driven staffing ratios that ensure quality patient care.
4. Enactment of legislation that protects the economic and employment rights of nurses, including their right to advocate for patients.
5. Policy initiatives to provide education for health care providers in awareness of violence potential, de-escalation methods, actions to take in a violent incident

CONSUMER ADVOCACY

As the professional association for registered nurses, KSNA supports:

1. Policy that ensures equal access to all health care services and nursing care across the life span for individuals in the state of Kansas.
2. Establishing, implementing, and maintaining safeguards for the rights of all citizens, especially children, senior citizens, the disabled, and the economically and socially disadvantaged.
3. Efforts aimed at physical and mental health promotion, early intervention, treatment, and referral.
4. The ability of individuals to select an appropriate health care provider of their choice.
5. Initiatives to eliminate substance abuse including tobacco, alcohol, legal, and illegal drugs.
6. Legislative efforts to fund education and prevention programs and treatment/intervention therapies related to the opioid crisis.

OCCUPATIONAL AND ENVIRONMENTAL HEALTH

As the professional association for registered nurses, KSNA supports:
1. Legislation and regulation that promotes workplace safety and promotes occupational and environmental health.
2. Resources to increase the capacity of nurses to prepare and respond to disasters.
3. Research and education for the prevention and treatment of occupational and environmental health issues, through evidenced-based health policy initiatives.
4. Efforts to provide a safe, non-threatening collegial work environment by instituting policy preventing bullying behaviors.

FINANCING HEALTH CARE

As the professional association for registered nurses, KSNA supports:
1. Funding to provide health care, mental health services, food, and shelter to persons in need.
2. Funding for state health plans, public health, and public health nursing services.
3. A health care system that provides quality care, quality of life, and patient safety.
4. The use of evidence-based cost containment incentives to provide an affordable health care delivery system for all citizens.
registration beginning at 9:30 AM. We encourage all members of KANS to attend, this event will be free of charge. More information about the Leadership Summit will be sent later in the summer with a registration form. Feel free to email our VP of Parliamentary, Whitney Weston, in charge of the event at parliamentary.vp.kans@gmail.com. We look forward to seeing you there!

We are in the process of organizing the 2019 KANS State Convention. This year, it will be held at the DoubleTree by Hilton by the Wichita Airport. The convention will take place on October 24th and 25th. I am excited to share that we have two important keynote speakers. Peggy Johnson from the Wichita Medical Research & Education Foundation will be speaking to the attendees on the 24th. October is Breast Cancer Awareness month and Peggy will be speaking about the research behind breast cancer and what future nurses can do to help. Nurse Blake is joining us on the 25th. Nurse Blake is the largest nurse on social media, his content reaches an average of 20,000,000 people every month. Students will be able to meet him as well as take photos with him after he speaks. We also have many different breakout sessions that will help nursing students during nursing school as well as future nurses. The Annual Convention gives nursing students from all over Kansas an opportunity to meet with vendors as well as communicate with other nursing students. Some of the vendors are future employers and Universities that offer graduate programs. More details about the convention including signing up will be posted on the KANS official website within the next few months.

KANSAS NURSES FOUNDATION ANNUAL REPORT

1. Total assets as of December 2018 of $260,198.43. This did result in a loss overall from 2017 to 2018.
2. Continue to have multiple fundraising thanks to the PR Committee.
   • Annual Giving – Flo’s Fund
   • Topeka Gives (this changed in 2019)
   • Legislative Day
   • Membership Assembly (2017)
3. Continued to be recipients of the Pistotnik $1000.00/month. Scholarship Committee will be making a recommendation to Governing Board related to potential endowment fund.
4. Honor-a-Nurse donation was revised deceased from $50.00 to $25.00. However, need to get this word out to help honor nurses across Kansas.
5. Federal and State Tax Forms and Form 990 filed for KNF were submitted.
6. Finance Committee reviewed and revised the Investment Policy in 2018 to help us remain stronger financially.
7. Scholarships awarded in 2018 in the amount of $9600.00 with awards for 2019 being approved in August 2019 Annual Meeting.
   • Letter sent to donors
   • Letters sent to recipients and colleges
8. Jonna Upson took over the Interim chair of Scholarship Committee (2018) as a result of Martha Sanders health issues.
9. Two successful Videoconferencing meetings this past year. Recommend continuing for at least November and April meetings.
10. Scholarship Committee met in July 2018 and July 2019 and awarded a scholarship to everyone who qualified.
11. KNF continues to be strong – will need to branch out and find ways to continue positive bottom line in checking/investments. With the change in Membership Assembly for every year to every other year could be a positive by encouraging those who typically attend to donate to the Annual Giving fund.
12. Development of brochure which is updated to new scholarships.
KSNA TREASURER’S ANNUAL REPORT

KSNA’s financial situation has remained stable during the past year thanks to our partnership with the Midwest Multistate Division. A thank-you goes out to Karen Harris for handling our day to day finances and providing monthly reports.

Proceeds from the sale of our property were invested in a CD this spring.

In order to continue advocating for nurses in a broad way, we still need to increase membership. With the dues structure currently in place, it is an ideal time for new members to join; but this also means we need more members to accomplish our goals.

I would like to thank KSNA members for the confidence you have extended to me the last 4 years. It has been a real pleasure to serve as your treasurer.

Respectfully submitted,

Martha Stroot
INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Kansas State Nurses Association
Topeka, Kansas:

We have audited the accompanying financial statements of the Kansas State Nurses Association (a nonprofit Organization), which comprise the statement of assets, liabilities and net assets - cash basis of as of December 31, 2017, and the related statement of support, revenues, expenses and changes in net assets - cash basis for the year ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting as described in Note 1; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities and net assets of Kansas State Nurses Association as of December 31, 2017 and its revenues, expenses, and changes in net assets for the year then ended in accordance with the cash basis of accounting as described in Note 1.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Evers & Company, CPAs, LLC
EVERS & COMPANY, CPAs, L.L.C.
Jefferson City, Missouri

August 9, 2018
KANSAS STATE NURSES ASSOCIATION  
Topeka, Kansas  

STATEMENT OF ASSETS, LIABILITIES, AND NET ASSETS - CASH BASIS  
December 31, 2017  

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$220,876.86</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$220,876.86</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NET ASSETS:</td>
<td></td>
</tr>
<tr>
<td>Unrestricted, Undesignated</td>
<td>$203,244.51</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>$17,632.35</td>
</tr>
<tr>
<td>TOTAL NET ASSETS</td>
<td>$220,876.86</td>
</tr>
</tbody>
</table>
## Unrestricted Net Assets

**Support and Revenue**
- Conference Income: $29,736.19
- Membership Dues: 125,392.45
- Rental and Royalty Income: 4,123.25
- Miscellaneous Income: 1,174.22
- Contribution Income: 475.00
- Interest Income: 56.14
- Net Proceeds on Sale of Fixed Assets: 93,439.53

**Total Unrestricted Support**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Unrestricted Support</td>
<td>254,396.78</td>
</tr>
</tbody>
</table>

## Expenses:

- Advertising & Promotional: 284.87
- Computer/Internet Expense: 6,546.24
- Communications Expense: 338.41
- Conference Audio/Visual Equipment Expense: 671.27
- Conference Materials Expense: 2,186.31
- Conference Meals Expense: 20,913.65
- Conference Meeting Room Expense: 2,000.00
- Conference Speaker Fees: 2,701.00
- Contributions: 500.00
- Insurance: 543.00
- Interest Expense: 2,220.49
- Occupancy: 13,194.00
- Taxes: 4,520.97
- Office Expense: 6,784.56
- Payroll Expense: 39,588.47
- Division Dues: 57,138.84
- Professional Fees: 8,920.20
- Dues & Subscriptions: 180.00
- Bank & Credit Card Fees: 1,068.37
- Travel: 7,792.16

**Total Expenses**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses</td>
<td>169,092.91</td>
</tr>
</tbody>
</table>

**Increase (Decrease) in Unrestricted Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (Decrease) in Unrestricted Net Assets</td>
<td>85,303.87</td>
</tr>
</tbody>
</table>

## Temporarily Restricted Net Assets

**Interest Income**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Income</td>
<td>8.73</td>
</tr>
</tbody>
</table>

**Increase (Decrease) in Temporarily Restricted Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (Decrease) in Temporarily Restricted Net Assets</td>
<td>8.73</td>
</tr>
</tbody>
</table>

**Increase (Decrease) in Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (Decrease) in Net Assets</td>
<td>85,312.60</td>
</tr>
</tbody>
</table>

## Net Assets, Beginning of Year

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets, Beginning of Year</td>
<td>135,564.26</td>
</tr>
</tbody>
</table>

## Net Assets, End of Year

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets, End of Year</td>
<td>$220,876.86</td>
</tr>
</tbody>
</table>
## Kansas Nurses Association
### Balance Sheet
#### As of December 31, 2017

### ASSETS
#### Current Assets
- **Checking/Savings**
  - 10100 · Equity Bank-General Checking: 1,359.96
  - 10300 · Central Bank-General
    - 10310 · General Checking: 183,778.80
    - 10320 · East Region: 3,403.83
    - 10330 · North Central Region: 584.84
    - 10340 · North East Region: 5,819.35
    - 10350 · North West Region: 669.96
    - 10360 · South Central Region: 271.20
    - 10370 · South East Region: 4,371.21
    - 10380 · South West Region: 3,061.24
  - Total 10300 · Central Bank-General: 201,960.43
- 10800 · Equity Bank-Catherine Voth Fund: 17,531.47
  - Total Checking/Savings: 220,851.86
- Total Current Assets: 220,851.86

#### Fixed Assets
- 15000 · Fixed Assets
  - 15900 · Website Improvements: 1,490.00
  - Total 15000 · Fixed Assets: 1,490.00
- Total Fixed Assets: 1,490.00

**TOTAL ASSETS**: 222,341.86

### LIABILITIES & EQUITY
#### Equity
- 30000 · Opening Balance Equity: 109,536.26
- 31300* · Permently Restricted Net Assets
  - 31330 · Kansas: 17,531.47
  - Total 31300* · Permently Restricted Net Assets: 17,531.47
- 32000 · Unrestricted Net Assets
  - Total 32000 · Unrestricted Net Assets: 158,105.57
  - Net Income: -62,831.44
  - Total Equity: 222,341.86

**TOTAL LIABILITIES & EQUITY**: 222,341.86
The -$25,743.21 was due to lack of membership growth. The budget was for a 20% growth in membership that was not met.

The -$37,088.23 was a result of the building sale.

The -$1,238.37 was due to increase in the travel for the state meeting.
## 2019 Annual Report

### Kansas Nurses Association

#### Balance Sheet

As of December 31, 2018

<table>
<thead>
<tr>
<th>Dec 31, 18</th>
</tr>
</thead>
</table>

### ASSETS

#### Current Assets

- Checking/Savings
  - 010KSNA · KSNA Operating Funds
    - 011KSNA · KSNA Central Bank-General Funds: $70,898.75
    - 012KSNA · (KS02) KSNA East Region: $4,161.21
    - 013KSNA · (KS05) KSNA NC Region: $855.63
    - 014KSNA · (KS01/02) KSNA NE Region: $7,499.54
    - 015KSNA · (KS16) KSNA NW Region: $881.90
    - 016KSNA · (KS07) KSNA SC Region: $534.00
    - 017KSNA · (KS06) KSNA SE Region: $5,353.51
    - 018KSNA · (KS08) KSNA SW Region: $3,292.89
    - 019KSNA · KSNA Proceeds frm Building Sale: $93,439.53
  - Total 010KSNA · KSNA Operating Funds: $186,916.96

- 080KSNA · KSNA Trust Funds
  - 081KSNA · KSNA Central Bank-C Voth Trst: $17,539.54
  - Total 080KSNA · KSNA Trust Funds: $17,539.54

- Total Checking/Savings: $204,456.50

- Total Current Assets: $204,456.50

- TOTAL ASSETS: $204,456.50

### LIABILITIES & EQUITY

#### Liabilities

- Current Liabilities
  - Credit Cards
    - 21000 · Credit Cards Payable
      - 210KSNA · KSNA: $56.95
    - Total 21000 · Credit Cards Payable: $56.95

- Total Credit Cards: $56.95

- Total Current Liabilities: $56.95

- Total Liabilities: $56.95

#### Equity

- 31500 · Temp. Restricted Net Assets
  - 315KSNA · KSNA Catherine Voth Fund: $17,539.54
  - Total 31500 · Temp. Restricted Net Assets: $17,539.54

- 32000 · Unrestricted Net Assets
  - Net Income
    - (16,750.38)

- Total Equity: $204,399.55

- TOTAL LIABILITIES & EQUITY: $204,456.50
## KSNA Profit & Loss Budget vs Actual

January through December 2018

<table>
<thead>
<tr>
<th>Ordinary Income/Expense</th>
<th>Jan - Dec 18</th>
<th>Budget</th>
<th>$ Over Budget</th>
<th>% of Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40200 - Conference/Meeting Income</td>
<td>25,625.00</td>
<td>38,260.00</td>
<td>(12,635.00)</td>
<td>66.92%</td>
</tr>
<tr>
<td>40500 - Membership/Dues Income</td>
<td>129,523.93</td>
<td>150,322.50</td>
<td>(20,798.57)</td>
<td>86.16%</td>
</tr>
<tr>
<td>40700 - Publications Income</td>
<td>250.00</td>
<td>300.00</td>
<td>(50.00)</td>
<td>83.33%</td>
</tr>
<tr>
<td>46000 - Recouped Expenses</td>
<td>437.00</td>
<td>0.00</td>
<td>437.00</td>
<td>100.0%</td>
</tr>
<tr>
<td>48000 - Other Miscellaneous Income</td>
<td>4,843.13</td>
<td>5,572.00</td>
<td>(728.87)</td>
<td>86.92%</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>160,679.06</strong></td>
<td><strong>194,484.50</strong></td>
<td><strong>(33,805.44)</strong></td>
<td><strong>82.62%</strong></td>
</tr>
<tr>
<td>Gross Profit</td>
<td>160,679.06</td>
<td>194,484.50</td>
<td>(33,805.44)</td>
<td>82.62%</td>
</tr>
<tr>
<td>Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60000 - Advertising and Promotion</td>
<td>1,653.77</td>
<td>5,008.00</td>
<td>(3,354.23)</td>
<td>33.02%</td>
</tr>
<tr>
<td>61700 - Computer/Internet Expenses</td>
<td>3,510.36</td>
<td>5,348.00</td>
<td>(1,837.64)</td>
<td>65.64%</td>
</tr>
<tr>
<td>61800 - Communications Expense</td>
<td>44.22</td>
<td>0.00</td>
<td>44.22</td>
<td>100.0%</td>
</tr>
<tr>
<td>61900 - Conference Expenses</td>
<td>24,277.03</td>
<td>27,472.27</td>
<td>(3,195.24)</td>
<td>88.37%</td>
</tr>
<tr>
<td>62000 - Contributions Expense</td>
<td>275.37</td>
<td>1,000.00</td>
<td>(724.63)</td>
<td>27.54%</td>
</tr>
<tr>
<td>63300 - Insurance Expense</td>
<td>0.00</td>
<td>543.00</td>
<td>(543.00)</td>
<td>0.0%</td>
</tr>
<tr>
<td>64700 - Occupancy Expenses</td>
<td>909.65</td>
<td>175.00</td>
<td>734.65</td>
<td>519.8%</td>
</tr>
<tr>
<td>64900 - Office Expenses</td>
<td>7,971.68</td>
<td>5,346.00</td>
<td>2,525.68</td>
<td>149.12%</td>
</tr>
<tr>
<td>66000 - Payroll Expenses</td>
<td>28,616.28</td>
<td>32,540.48</td>
<td>(3,924.20)</td>
<td>87.94%</td>
</tr>
<tr>
<td>66700 - Professional Fees</td>
<td>97,923.94</td>
<td>110,720.00</td>
<td>(12,796.06)</td>
<td>88.44%</td>
</tr>
<tr>
<td>67200 - Repairs and Maintenance</td>
<td>148.95</td>
<td>0.00</td>
<td>148.95</td>
<td>100.0%</td>
</tr>
<tr>
<td>67900 - Service Charges/Fees</td>
<td>1,239.66</td>
<td>1,195.00</td>
<td>44.66</td>
<td>103.74%</td>
</tr>
<tr>
<td>68400 - Travel Expense</td>
<td>10,858.53</td>
<td>8,303.00</td>
<td>2,555.53</td>
<td>130.78%</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td><strong>177,429.44</strong></td>
<td><strong>197,650.75</strong></td>
<td><strong>(20,221.31)</strong></td>
<td><strong>89.77%</strong></td>
</tr>
<tr>
<td><strong>Net Ordinary Income</strong></td>
<td>(16,750.38)</td>
<td>(3,166.25)</td>
<td>(13,584.13)</td>
<td>529.03%</td>
</tr>
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<td><strong>Net Income</strong></td>
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<td><strong>529.03%</strong></td>
</tr>
</tbody>
</table>
CONGRATULATIONS

LYNELLE N.B. PIERCE, MS, RN, CCRN, CCNS

Congratulations to Lynelle N.B. Pierce, MS, RN, CCRN, CCNS — The University of Kansas Health System.

Lynelle was one of 231 highly distinguished nurse leaders who were selected as the American Academy of Nursing’s 2019 class of Academy fellows. The inductees will be honored at a ceremony during the Academy’s annual policy conference which will take place October 24-26th in Washington, D.C.

Lynelle was one of the newest addition fellows within this class which represents 38 states, the District of Columbia, as well as 17 countries. The Academy is currently comprised of more than 2,600 nurse leaders in education, management, practice, policy, and research. They have been recognized for their extraordinary commitment to the promotion of the public’s health through evidence and innovation.

Through a competitive and rigorous process, a committee of elected fellows review hundreds of applications. The new fellows are selected based on their impressive contributions to increase access, reduce cost, and improve quality through nursing theory, practice, and science. Induction into the Academy is a significant milestone in a nurse leader’s career where their accomplishments are honored by those within the nursing discipline.

Congratulations, Lynelle, for this amazing accomplishment. We are certain your knowledge and expertise will contribute to many in Kansas and around the world.
KANSAS NURSES TO THE HILL

Kelly Sommers, BSN, RN

Carla A. Lee, PhD, APRN-BC, A/FNP, CNS, FAAN, FIBA
KSNA nurses (Jan Kemmerer, President of the KSNA Board; Angella Herrman, KSNA Representative; Dr. Carla Lee, KSNA member and ANA Committee on Bylaws; Kelly Sommers, KSNA Director) arrived in Washington, DC as the representatives from Kansas for the Day on the Hill, #ANA HillDay, which preceded the ANA Membership Assembly on 6/20/19. The agenda that day was packed, commencing with a lovely breakfast, inspirational speeches, and detailed instructions for the “advocacy” work of all those so participating. Over 300 meetings with U.S. Representatives and Senators were held that day with each state members meeting with their state delegations. We were honored to meet with senior staff for Senators, Jerry Moran and Pat Roberts. We were equally honored to meet with our four Representatives, Roger Marshall, Steve Watkins Jr., Sharice Davids, and Ron Estes. It was exciting to learn that Steve Watkins Jr., had co-sponsored two House bills for nursing. They all expressed a real interest and need to support Kansas Nurses.

As part of the advocacy that day, we were able to share important issues and bills with lawmakers and the urgency to address these issues. One key bill is The Workplace Violence Prevention for Health Care and Social Services Act which directs OSHA to issue a standard requiring health care and social service employers to develop and implement a comprehensive violence plan tailored to the facility and services with the intention to protect employees from violent incidents in the workplace. Another important bill is Title VIII Nursing Workforce Reauthorization Act urging reauthorization of nursing workforce development programs through FY 2024 to assist with funding for nurses to obtain education that is needed to secure proper education preparation for the practice of professional nursing, especially in rural and medically underserved communities. We asked lawmakers to cosponsor the bipartisan Home Health Care Planning Improvement Act of 2019 which provides Advanced Practice Registered Nurses the opportunity to provide high quality, affordable health care in areas where access to physician is limited, particularly in medically underserved urban and remote rural areas. We also addressed the issue of safe staffing levels for nurses and patient to add registered nurses to unit staffing decisions. Increasing the levels of registered nurses per patient improves clinical and economic outcomes in our state.

During this June event, over 20,000 signatures were obtained on the #EndNurseAbuse pledge. This bill now has more than 190 cosponsors. Of the 300 participating, over 800 messages were sent directly to lawmakers. The day was long, a bit warm walking across the entire campus to both House and Senate office buildings. We did have a short break to eat lunch in the underground cafeteria areas between buildings. At noon, a picture was taken of those able to return in time to the East of the Capitol Building. This was another spectacular Hill Day and we were honored to represent the nurses of Kansas.

As you might wish to obtain more information, please contact Matt Fitting, Advocacy and Engagement Specialist, for the ANA at 8515 Georgia Ave, Suite 400, Silver Spring, MD, 20910 or call 1-800-274-4ANA or go to nursingworld.org. Also, please see the summary of the ANA Membership Assembly. Within these reports is information on ANA Bylaws, many revisions this year reviewed via hearing, passed with Dr. Carla A. Lee, KSNA, serving on the Committee on Bylaws.
2019 ANA MEMBERSHIP ASSEMBLY

Jan Kemmerer BSN, RN
The Annual ANA membership assembly in Washington DC was held last month and was a vibrant meeting as always.

I was proud to be a part of this year’s assembly. As the president I was a voting member and was very serious in what I voted for and worked hard to represent Kansas nurses with my votes.

The assembly started with Hill Day and with four representatives from KSNA we were able to meet with Rep Roger Marshall, Rep Steve Watkins, and Rep Sharice Davids in person and with Rep Ron Estes page Elizabeth Diohep. They all listened as we addressed workplace violence, nurse workforce development programs, APRN’s ability to order home health care services, and safe staffing levels for nurses and patients. We were also able to meet with Sen. Jerry Moran, and Sen Pat Roberts staff members.

During the membership assembly, we revised ANA’s position statement on vaccination compliance, removing the religious exemption and requiring annual recertification for medical exemptions.

We revised the ANA position statement on the nurse’s role when a patient request aid in dying. This means that ANA supports recommendations that nurses remain objective when discussing end-of-life options with patients who are exploring medical aid in dying, among others.

We approved a recommendation aimed at allowing nursing students who are DACA recipients to take NCLEX in all states without barriers.

We agreed that nursing should take the lead on screening for human trafficking and educate the workforce.

We also agreed to adopt the ANA Presidential Election Engagement Policy, which means instead of continuing to endorse a presidential candidate we will educate the candidates of ANA’s policy agenda and priorities and promote voting among RN’s as well as other engagement efforts.

As you can see we had a very busy two days and as always I was very proud and honored to serve on behalf of Kansas Nurses.

Thank you all for the privilege of representing Kansas Nurses and I hope to adequately relay the issues each of us face in caring for our patients. Thank you for your dedication and commitment to our profession.
2019 KSNA BOARD OF DIRECTORS

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jkemmerer@mchks.com

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**VICE PRESIDENT**
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dawnm Julian@gmail.com

Nicki Cleveland
MSN, RN
ncleveland@mchks.com

Staff

**STATE DIRECTOR**
Kelly Sommers
BSN, RN
director@ksnurses.com

UPCOMING KSNA BOARD MEETINGS

**THURSDAY**
**OCTOBER 10, 2019**
10:00 AM - 2:00 PM
Capitol Plaza | Topeka, KS

**SATURDAY**
**DECEMBER 7, 2019**
10:00 AM - 3:00 PM
Capitol Plaza | Topeka, KS
committee chairpersons

MEMBERSHIP COMMITTEE
Vacant

LEGISLATIVE COMMITTEE
Jackie Koch, Co-Chair
Danielle Olds, Co-Chair

EDITORIAL BOARD
Carol Moore
Debra Pile

BYLAWS COMMITTEE
Terri Johnson
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NOMINATING COMMITTEE
Diana Guthrie
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Michael Nelson

EDUCATION COUNCIL
Sheryl Sommer
Jessica Shippee-McDaniel

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Vacant

KSNA STANDING COMMITTEES, COUNCILS & EVENT PLANNING GROUP GENERAL GUIDELINES
Can be found on the KSNA website at:
www.ksnurses.com/membership/committees-councils/

How Can I Serve?
GETTING INVOLVED IN KSNA

There are a number of ways to become active in the Kansas State Nurses Association. To the left is a listing of the Committees, Councils, and Event Planning Groups that are appointed on an annual basis to carry out the work of the professional organization. If you are interested in serving with any of these groups, please print the consent form at www.ksnurses.com/membership/committees-councils and return it to the KSNA office for processing.
LET’S GET SOCIAL!

KSNA is on Social Media!

LIKE US ON FACEBOOK
www.facebook.com/KansasStateNursesAssociation

FOLLOW US ON TWITTER
@ksnurses

ADD US ON INSTAGRAM
www.instagram.com/ksnurses

CONNECT WITH US ON LINKEDIN
www.linkedin.com/company/kansas-state-nurses-association