

## 2012 ANNUAL REPORT

# Leading Change

One word that best describes the past year—for ANA as an organization, for our members and for the health care environment—is **change**. This report provides a snapshot of changes transforming ANA. The changes will enable you to experience more relevant products and programs and find greater value in your membership. We believe these improvements will attract more nurses to join us in the pursuit of our mission, “Nurses advancing our profession to improve health for all.”

ANA is steadfast in its commitment to help you improve your practice by setting standards, advocating together and creating excellence. The work you do every day has a real and lasting impact on society. ANA has a real and lasting impact on nurses.

In 2012, we made many positive changes to better meet the needs of nurses and the demands of today’s rapidly changing health care environment. The board of directors developed a bold strategic plan to guide us. We updated our governance structure to be more nimble and responsive to the environment. We provided support to state associations that wish to explore new ways of doing business. We implemented a new focus to better translate the work we do into a menu of programs, products and services. We updated and stepped up our use of technology to deliver those programs to you in ways that fit your busy, fast-paced lives.

We remain dedicated to professional development and advocacy work. Practicing nurses have unique perspectives on the effects of health care laws and regulations on providing quality care. One of the greatest values we bring is using these insights to set policy and influence health care legislation.

Going forward, we will embrace new ways to engage with our members, respond to your needs, and represent the interests of all nurses in important policy discussions. As you will see in the following pages, we are moving in a positive and exciting direction.



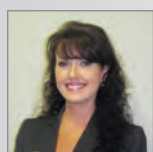
**Karen A. Daley**  
PhD, RN, FAAN  
President



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

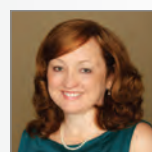
## MEMBER VOICES

*“Being a part of the American Nurses Association Advocacy Institute has made me realize that we as individual nurses have that power to make a difference with regard to nursing as a whole. We do have an opportunity to have a voice and to make an impression on decisions that are being made at the highest levels.”*



**Brenda May, BSN, RN**  
Member, ANA and Arkansas  
Nurses Association

*“It is hard enough being a business owner and taking care of my patients, but having to navigate through difficult processes to apply for grants and incentives without help is really difficult. Until I became an independent practitioner, I was not aware of the political issues and the barriers nurses face and how the ANA was helping me. Knowing they are advocates is a huge support. I don't feel like I am alone.”*



**Betsy McCormack, ARNP**  
Member, ANA





## Simplifying the National Governance Structure

In June, ANA's House of Delegates approved measures developed by a broad coalition of leaders to update and streamline governance of the association. The new structure:

- » **ESTABLISHES** a new governing and voting body, called the Membership Assembly, comprised of representatives from ANA's constituent and state nurses associations, its organizational affiliates and the Individual Membership Division. The Assembly will elect, advise and direct the ANA Board of Directors on emerging environmental trends, as well as determine policy and positions for the association.
- » **CREATES** Professional Issues Panels comprised of volunteer nurse subject-matter experts. The new panels will help ANA respond more quickly to emerging policy and practice issues.
- » **REDUCES** the size of the board of directors, effective in 2014.



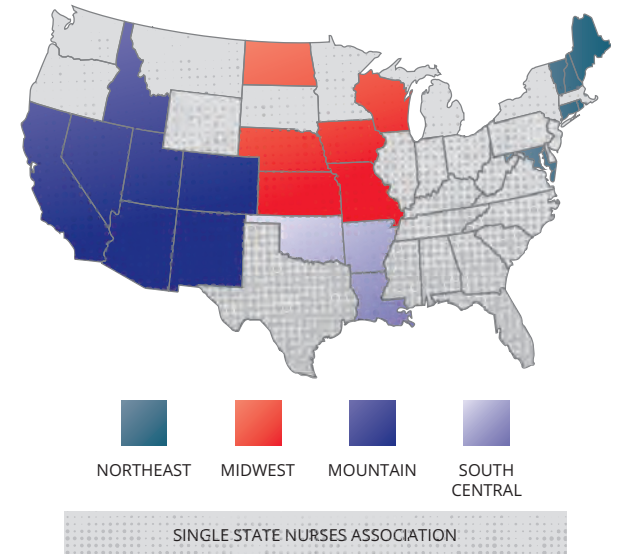
## Strengthening C/SNA and ANA Enterprise Infrastructure and Relationships

To provide better service to our members and position the organization for growth, we are strengthening our constituent and state nurses associations (C/SNAs) and ANA enterprise in two ways.

First, we are bolstering our infrastructure and innovating to use resources more effectively. One approach is the creation of Multi-State Divisions (MSDs) that enable state associations with similar cultures, advocacy views and geographic proximity to join forces. In 2012, with support from ANA, almost half of the state nurses associations explored the formation of MSD pilots. To date, MSD pilots have launched in the Northeast and Midwest, with the Mountain and South Central divisions slated to launch in the coming months. Each pilot will operate for two years and integrate refinements as they prepare for sustainability.

Second, we are leveraging our relationships, looking for new ways to maximize collaboration between and among ANA and the constituent and state nurses associations, as well as our subsidiaries. In 2012, we worked with the American Academy of Nursing, American Nurses Credentialing Center and American Nurses Foundation to improve communications, explore joint planning and maximize participation on projects of shared interest.

## Multi-State Divisions



*"As a staff nurse, I can use this in my leadership development."*

Loretta Jackson Brown, RN  
Member, ANA and Georgia Nurses Association

*"Really interesting and insightful! It was easy to use the webinar information in everyday nursing practice!"*

Catherine Gaillard, BSN, RN  
Member, ANA and ANA\California



**JANUARY**

1,100+ attend ANA Nursing Quality Conference™



**MARCH**

President Daley testifies before Congress on workforce funding



**MAY**

Nurses Week focuses on opportunities under ACA



**JUNE**

House of Delegates takes bold action; Supreme Court upholds ACA





## Delivering Programs, Products and Services

ANA is committed to developing and implementing a robust menu of programs, products and services based on a framework of eight programmatic pillars.

- » **LEADERSHIP:** We prepare and support nurses to advocate and lead in a full range of practice and policy settings. In fall 2012, ANA launched its Leadership Institute with programs focused on addressing the needs of developing leaders. In 2013, programs are planned for emerging and advanced leaders.
- » **CORNERSTONE DOCUMENTS:** These documents articulate the views of ANA on ethical, professional and policy issues that impact contemporary nursing practice and nursing's unique contributions to patients, health care and society. Examples include the *Code of Ethics for Nurses* and scope and standards of practice.
- » **SCOPE OF PRACTICE:** We promote and support the ability of RNs and APRNs to practice to the full extent of their knowledge and professional scope through multiple strategies. This pillar also encompasses ANA's recognition of specialty scope and standards.

» **CARE INNOVATION:** We influence national policy to advance nursing service delivery models to enhance patient centricity and to expand economic opportunities for nurses.

» **QUALITY:** This work encompasses ANA's commitment to advocate and promote nursing quality and patient safety outcomes through research and measurement, collaborative learning, consultative services and advocacy.

» **WORK ENVIRONMENT:** ANA advocates a culture of safety. These programs promote a healthy and safe environment for patients and nurses.

» **SAFE STAFFING:** These programs, products and services assist nurses in promoting safe staffing at every practice level and in all settings.

» **HEALTHY NURSE:** We champion the health, safety and wellness of the nurse through programs, products and services with your health in mind.

For details about the programs, products and services in each pillar, go to [nursingworld.org/2012annualreport](http://nursingworld.org/2012annualreport).



*The pillars are built on a strong foundation of professional development and advanced through advocacy at the national and state levels.*



JULY

Nurses pledge to use personal health records



AUGUST

ANA campaign highlights nurses' role in immunizations



SEPTEMBER

ANA and C/SNA lobbyists meet; Leadership Institute webinars begin

OCTOBER

500+ participate in Campaign Activity Night



NOVEMBER

New rule pays RNs for care coordination; *Principles for Delegation*

DECEMBER

Nursing retains top spot as most ethical profession

## Creating and implementing a high-growth membership organization

Our goal is to make membership in ANA and the state associations simple, easy, logical and affordable. Our approach is evidence-based and disciplined.

ANA has engaged in extensive research to better understand members' and prospective members' needs, how to attract new members and improve retention. We embarked on creative and intensive recruitment campaigns and are working with state associations on a variety of pilot programs.

We are beginning to see results, enjoying membership growth and the energy and enthusiasm new members bring to the organization.



### New Organizational Members

*ANA welcomed three new state associations and one organizational affiliate in 2012:*

ANA-Illinois | ANA-New York

Minnesota Organization of Registered Nurses

American Association of Diabetes Educators

## Technology Solutions

Cloud-based services

Online electronic voting solution for ANA and C/SNAs

Mobile-friendly website

Learning Management System

## Developing an integrated business and technology platform

We are implementing a technology platform that will allow ANA and state associations to leverage tools to save money, increase efficiency and enhance the services we provide to nurses. Technology will be always available, moving ANA and state associations to excel in performance and capability.

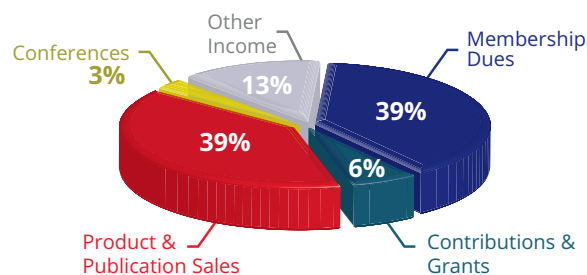
Several state associations are already taking advantage of national services and providers, including web conferencing, mobile cell service discounts, website hosting and more.

## ANA Enterprise Organizations

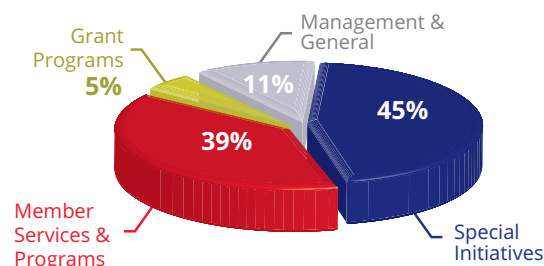


## Financials

### REVENUE



### EXPENSES



Tell us what you think about ANA's transformation:

Have you participated in new programs, enjoyed better service?

Send your comments to: [leadingchange@ana.org](mailto:leadingchange@ana.org)

## ANA BOARD OF DIRECTORS

**Karen A. Daley** PhD, RN, FAAN, President

**Cindy R. Balkstra** MS, RN, CNS-BC, First Vice President

**Jennifer S. Mensik** PhD, RN, NEA-BC, Second Vice President

**Teresa Gene Stone** BSN, RNC, PRP, Secretary

**Teresa M. Haller** MSN, MBA, RN, NEA-BC, Treasurer

**Thomas Ray Coe** PhD, MBA, MHA, RN, NEA-BC, FACHE, Director-at-Large

**Barbara Crane** RN, CCRN, Director-at-Large, Staff Nurse

**Jennifer Davis** MSN, RN, Director-at-Large

**Devyn Denton** RN, Director-at-Large

**Andrea C. Gregg** DSN, RN, Director-at-Large

**Linda M. Gural** RN, CCRN, Director-at-Large, Staff Nurse

**Faith M. Jones** MSN, RN, NEA-BC, Director-at-Large

**Rose Marie Martin** BSN, RN, OCN, Director-at-Large

**Gayle Peterson** RN-BC, Director-at-Large, Staff Nurse

**Patricia Travis** PhD, RN, CCRP, Director-at-Large

Download the report »

Visit [www.Nursingworld.org](http://www.Nursingworld.org)  
<http://www.nursingworld.org/2012annualreport> or scan the QR Code to download the full report.



Connect with us » [www.Nursingworld.org](http://www.Nursingworld.org)

