



# **MEMBERSHIP ASSEMBLY POLICY DEVELOPMENT GUIDE**



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## Introduction

While there are several formal mechanisms by which policies and positions for the American Nurses Association (ANA) are identified and developed, the focus of the *Membership Assembly Policy Development Guide* is on the process by which policies and positions are considered by ANA's governing body, the Membership Assembly.

One of the Membership Assembly's most important responsibilities is to set policies and positions for ANA. The policies and positions approved by the Membership Assembly provide guidance to the profession of nursing and establish ANA's point of view on relevant nursing practice issues, health policy, and/or related social concerns.

The policy and position topics considered by the Membership Assembly are generated by Constituent/State Nurses Associations (C/SNAs), the Individual Member Division (IMD), Organizational Affiliates (OAs), individual ANA-C/SNA or IMD members, and the ANA Board of Directors.

This *Guide* is divided into seven sections:

- Section 1: Questions to Consider Before Submitting a Proposal
- Section 2: Membership Assembly Policy Development Process
- Section 3: Review of Proposals
- Section 4: Consideration of Emergent Proposals
- Section 5: Onsite Dialogue Forums
- Section 6: Report of the Professional Policy Committee
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## Section 1: Questions to Consider Before Submitting a Proposal

To develop policies that effectively address nationally-relevant challenges impacting nurses and the practice of nursing and advance ANA’s strategic priorities, consider the following questions<sup>1</sup> before submitting a policy proposal:

1. ***What is the problem?*** Ensuring that the problem has been defined accurately is the most important factor in finding a suitable solution.<sup>2</sup>
2. ***What is the cause of the problem?*** Getting to the “root cause” of the problem facilitates the identification of a long-term solution; when just the symptoms of the problem are addressed, the result is often only a short-term fix.
3. ***What is the desired outcome?*** Understanding the varied perspectives of members, stakeholders, and other beneficiaries helps to determine the tangible benefits (i.e., desired outcomes) of solving the problem.
4. ***Why should ANA attempt to solve this problem?*** Making sure that the proposal addresses a nationally-relevant issue; aligns with ANA’s strategic priorities; and/or addresses a critical gap where ANA doesn’t have a relevant policy or the existing policy is outdated ensures that the Membership Assembly remains focused on essential, high-value policy work.
5. ***What other approaches have been tried?*** Finding solutions that might already exist within ANA or identifying prior solutions that were not successfully implemented *and why they didn’t work* prevents “reinventing the wheel”.

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<sup>1</sup> Adapted from BACon Blog by John Barnes: *Great Association Policies: 5 Questions to Ask* (Barnes Association Consultants)

<sup>2</sup> Spradlin, Dwayne. (September, 2012). *Are you solving the right problem?* Harvard Business Review



## Section 2: Membership Assembly Policy Development Process

The Professional Policy Committee<sup>3</sup> facilitates the development of policies and positions by the Membership Assembly.

The Professional Policy Committee:

1. Disseminates a Call for Proposals. Proposals can request that ANA:
  - a. Develop a new policy or position;
  - b. Revise an existing policy or position; or
  - c. Convene a Dialogue Forum on a strategic, nationally-relevant, and timely nursing practice or policy issue.
2. Assesses each proposal.
3. Determines the action that will be taken on each proposal. (See Section 3)

Proposals must meet the following criteria:

1. Align with ANA's strategic goals;
2. Address a nationally-relevant issue facing nurses and the practice of nursing;
3. Not duplicate existing Association policies, positions, or ANA's Bylaws;
4. Include citations for facts and figures; and
5. Be submitted by the established deadline.

Proposals may be submitted by:

- Presidents and Chief Staff Executives of ANA's Constituent/State Nurses Associations (C/SNAs), *or their designees*;
- Chair and Chief Staff Executive of the Individual Member Division (IMD), *or their designees*;
- Presidents and Chief Staff Executives of ANA's Organizational Affiliates (OAs), *or their designees*;
- Individual ANA-C/SNA or IMD members; or
- Members of the ANA Board of Directors.

**Individual ANA-C/SNA or IMD members are encouraged, *but not required*, to collaborate with their C/SNA or the IMD on the development and submission of proposals.**

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<sup>3</sup> Formerly the Reference Committee, the Professional Policy Committee is comprised of seven C/SNA and/or IMD members appointed by the ANA Board of Directors.



## Section 3: Review of Proposals

The Professional Policy Committee:

1. Reviews all proposals to ensure compliance with required criteria. (See Section 2)
2. Takes one of the following actions *depending on the type of proposal*:
  - a. Proposal requesting that ANA develop a new or revise an existing policy or position:**
    - i. Accepts the proposal;
    - ii. Recommends revisions and requests re-submission;
    - iii. Seeks clarification from the submitter or ANA; or
    - iv. Rejects the proposal.
  - b. Proposal requesting that ANA convene a Dialogue Forum:**
    - i. Supports the request;
    - ii. Recommends revisions and re-submission;
    - iii. Seeks clarification from the submitter or ANA;
    - iv. Suggests the topic be discussed via another venue (e.g., networking activity or lunch time discussion at the Membership Assembly, ANA Board of Directors meeting); or
    - i. Rejects the proposed topic.
3. Informs the ANA Board of Directors about proposals to develop a new or revise an existing policy or position that the Committee has approved and will move forward for consideration by the Membership Assembly.
4. Submits recommended Dialogue Forum topics to the ANA Board of Directors for consideration.
5. Communicates the decision to the submitter of the proposal.
6. Communicates the required next steps to be completed by the submitter of an accepted proposal.
7. Disseminates background documents for each proposal to the submitter of the proposal and to Membership Assembly participants.



**Accepted proposals become the property of the Professional Policy Committee, which has the authority to combine proposals and/or make modifications that it deems appropriate.**



## Section 4: Consideration of Emergent Proposals

The submission of an emergent proposal should be avoided *as much as possible*. Emergent proposals do not afford Membership Assembly Representatives sufficient time to review the background materials or consult with colleagues to arrive at an informed decision regarding the proposal. That being said, the Professional Policy Committee recognizes that a mechanism is needed for the submission of an emergent proposal.

### ***Criteria for an Emergent Policy Proposal***

An emergent proposal must demonstrate that the issue:

1. is of great strategic importance to the nursing profession and to ANA;
2. is nationally-relevant;
3. was not and could not have been known *prior to* the submission deadline; and
4. must be considered prior to the next meeting of the Membership Assembly.

### ***Submission Procedure***

1. Emergent proposals must be submitted by **noon Eastern Time three days prior to the Opening Session of the Membership Assembly**.
2. The submission must include:
  - a. Completed Proposal Form
  - b. Justification of:
    - i. strategic importance of the issue to the nursing profession and to ANA;
    - ii. national relevance of the issue;
    - iii. why the issue could not have been known *prior to* the submission deadline; and
    - iv. why the issue cannot be held until the next meeting of the Membership Assembly.
  - c. Background document on the issue, including citations for facts and figures.
3. If the criteria for an emergent proposal is met, the Professional Policy Committee will:
  - a. determine the means by which the proposal will be considered in light of the business that needs to be conducted by the Membership Assembly
  - b. collaborate with the submitter to ensure timely dissemination of materials to the Membership Assembly





## **Section 5: Onsite Dialogue Forums**

The Professional Policy Committee establishes the procedures for the onsite Dialogue Forums. At each Dialogue Forum, time will be allocated for:

1. Short overview of the issue;
2. Briefing on activities related to the issue in which ANA, C/SNAs, IMD, and/or OAs are currently engaged;
3. Facilitated discussion of the issue and;
4. Development of suggested recommendations to address the issue.



## **Section 6: Report of the Professional Policy Committee**

The Professional Policy Committee prepares a report for consideration by the Membership Assembly.

For each Dialogue Forum, the report will include a summary of the Membership Assembly's discussion along with broad recommendations for each.

For proposals requesting the development of a new or revision of an existing policy or position, the Professional Policy Committee will take one of the following actions:

- Recommend adoption of the proposal as submitted;
- Recommend adoption of a revised proposal; or
- Propose a motion without recommendation.

**For recommendations approved by the Membership Assembly, the ANA Board of Directors determines the specific actions that will be taken to implement the recommendations in keeping with its corporate and fiduciary authority and responsibility.**



## **Section 7: After the Membership Assembly Meeting**

One of the responsibilities of Membership Assembly Representatives is to promote the implementation of ANA policies and positions. ANA supports these efforts by preparing a summary of the actions taken by the Membership Assembly on proposals to develop a new or revise an existing policy or position, *as well as* the actions taken on the recommendations resulting from the Dialogue Forums.

In addition, notification of the Membership Assembly's actions will be disseminated to C/SNAs, the IMD, Organizational Affiliates, and individual ANA members through various ANA communication channels.

In the early fall, ANA staff develop work plans to implement the recommendations resulting from the Dialogue Forums and present them to the ANA Board of Directors for consideration. An initial progress report on work to advance the approved recommendations will be provided in March of the following year; a second progress report will be provided at the next meeting of the Membership Assembly.



## Appendix A: ANA’s 2017 – 2020 Strategic Goals and Programmatic Tiers

### *ANA’s 2017 – 2020 Strategic Goals*

#### **1. Increase the number and engagement of nurses with ANA**

**Strategic Objective 1.1:** Deliver the most relevant content, programs, services, practices, policies, and advocacy to the registered nurse population via targeted segmentation

**Description 1.1:** To ensure the greatest value and impact on the overall nursing profession, it is essential to define different member/nurse segments, and then tailor specific programs/initiatives to deliver policy, practice, advocacy, products, and professional development that address both current and emerging needs and pain points. This will be achieved by leveraging business intelligence to clearly define market segments, aligning content to these segments, and using association and nurse leaders that reflect the diversity of those we serve to deliver content.

**Strategic Objective 1.2:** Build and expand upon relationships with all registered nurses

**Description 1.2:** Creating a sustainable business model that delivers long-term value and transforms health care requires continually exploring new approaches that mobilize and engage nurses to expand the impact of the nursing profession. This will be achieved by building upon existing initiatives and creating new ones that engage larger numbers of nurses in compelling ways, and evaluating different organizational structures and membership models that will enable ANA to increase impact and pursue other revenue streams.

#### **2. Stimulate and disseminate innovation that increases recognition of the value of nursing and drives improvement in health and health care**

**Strategic Objective 2.1:** Leverage data and analytics across the care continuum to drive nurse-led innovation

**Description 2.1:** Transforming health care requires collecting, sharing, and applying meaningful and actionable data to deliver quality health care to more people at a lower cost. As an integral player across the continuum of care, nursing can be the catalyst for leveraging the most critical data. This will be achieved by advocating, educating, communicating, and engaging nurses and the broader health care community to adopt policies and methodologies that maximize the power of nursing and add transformative value in the form of quality, cost, and safety across the care continuum.



**Strategic Objective 2.2:** Foster and disseminate nurse-focused innovations and best practices to significantly impact patient and nurse outcomes

**Description 2.2:** Transforming health care to positively impact patient and nurse outcomes requires creative thinking and innovation that keeps pace with the rapidly changing needs and demands of nurses, consumers, and stakeholders. This will be achieved by identifying, prioritizing, and disseminating nurse-focused insights, knowledge, and best practices that foster the development of new, expanded, or improved policy/practice, advocacy, products, and professional development, both nationally and globally.

**3. Leverage the ANA Enterprise to position nurses as integral partners in consumers' health and health care journeys**

**Strategic Objective 3.1:** Launch a nationwide campaign to improve the health of nurses and the nation (e.g., Healthy Nurse, Healthy Nation (HNNH): Improve the health of the nation)

**Description 3.1:** While the future of health care is focused on wellness, in every category except for smoking, the health of America's nurses is worse than that of the average American. Nurses should serve as role models for their patients, colleagues, family, and neighbors, but today's nurse is not meeting this goal. This challenge can be addressed through improving the health of nurses in ways that visibly demonstrate leadership around the value of nursing across the continuum of care, develop strategic partnerships that amplify critical messages, and disseminate best practices to nurses and beyond.

**Strategic Objective 3.2:** Educate registered nurses to assume new roles that transform the nurse-to-consumer relationship

**Description 3.2:** The dramatic shift in nurses' roles will continue as the health care system transforms into a consumer-driven model. To effectively impact the practices, policies, delivery models, and outcomes across the continuum of care, nurses will require new leadership skills and competencies. This can be achieved through education, provided directly and through strategic partnerships; advocacy; and leadership that redefine the nurse-to-consumer relationship across the care continuum for nurses themselves and for the health care industry.

**Strategic Objective 3.3:** Partner with consumer-focused content providers and educators to dramatically increase nurse-to-consumer positioning and awareness



**Description 3.3:** The drivers of consumer-driven health care go far beyond the traditional health care industry itself and include technology disruptors, new consumer experiences tied to mobile devices and online resources, and other trends. Opportunities to leverage these trends (versus being disrupted by them) include new partnerships that advance consumers' awareness of and engagement with nursing, as well as new business models that create new non-dues revenue streams.

**Strategic Objective 3.4:** Increase consumers' awareness of the value of nurses to improve health and wellbeing

**Description 3.4:** With the power of the consumer voice rapidly becoming the driver of new policy, change, and business models in today's connected world, it becomes essential to establish ever-present awareness in the minds of consumers. This can be achieved by highlighting the positive outcomes of the nurse-to-consumer relationship and tapping into the ethics and human rights values that transcend nursing.

### ***Programmatic Tiers***

In order to align existing work with ANA's strategic goals and objectives; a 3-tiered system was developed to support the distribution of resources related to strategic objective 1.1: *Deliver the most relevant content, programs, services, practices, policies, and advocacy to the registered nurse population via targeted segmentation*

- Tier 1 topics are those that warrant the greatest level of involvement and investment across the ANA Enterprise.
- Tier 2 topics require mid-level involvement that focuses on issues that raise ANA's visibility externally and strengthens relationships with industry and government/congressional partners.
- Tier 3 topics involve the lowest level of investment focused on monitoring only with minimal engagement.

The goal is to approach each Tier 1 topic from the perspectives of: policy, practice, advocacy, product and services development, marketing, communications, and business development. The five Tier 1 topics are:

- **Staffing** is focused on developing and advancing innovative practice and policy approaches and products to support optimal staffing for safe patient care.



- **Health System Activity** is focused on the active engagement to maintain or advance policy objectives dedicated to quality, access, and affordability and work to take advantage of new opportunities to advocate for the role of the registered nurse.
- **Connected Health** is focused on revising ANA's 1998 *Core Principles on Telehealth* and advocacy related to federal legislation designed to increase access to health care through technology.
- **Bullying, Violence, and Incivility** is focused on galvanizing nurses, health care stakeholders, and consumers to systematically reduce violence and incivility within health care, by strengthening zero tolerance policies, leveraging nurses' collective voice, and promoting the reporting of these incidents.
- **New Business Development** is focused on conducting an environmental scan to understand the current state of nurse staffing, care coordination and health and wellness; identifying gaps, new product and business opportunities and partners; and prioritizing potential opportunities and investments.



## **Appendix B: Engaging Members in the Call for Proposals**

### **Successful Approaches Used by State Nurses Associations**

Below are the approaches of two state nurses associations that have proven successful at engaging their members in the development and submission of proposals.

#### ***Florida Nurses Association***

1. Sends an email to all FNA members as well as FNA Board members soliciting their input on issues/topics about which they are passionate AND that they feel should be addressed at the national level.
2. Reviews the proposed issues/topics, along with “current events”, to determine their relationship to nursing and health care and then further reviews them to determine those issues or topics that might be most impactful at the national level.
3. Reads all ANA communications, forwards them to the FNA Board as appropriate for information or includes them on a board meeting agenda.
4. Attempts to identify key FNA members who are interested in the issue or topic. As an example, FNA advanced a reference proposal related to health care in the prison system that originated through the state bargaining unit after prisons were privatized and quality of care, or the lack thereof, was a frequent topic in media.

#### ***Minnesota Organization of Registered Nurses (MNORN)***

1. During the MNORN elections, a question is placed on the e-ballot which describes ANA’s Dialogue Forum process. MNORN members are asked what they would like ANA Membership Assembly Representatives to discuss during the next Membership Assembly. Members are able to free-form their suggestions for the next year’s Dialogue Forum topics.
2. After sorting responses into functional (like) categories, a survey is sent to all MNORN members asking them to rank in order of importance the responses from the e-ballot. They may also add topics or refine existing responses. Any topics ANA staff may have recommended are also included.
3. The survey results are provided to the MNORN Board to inform their consideration of topics to submit in response to ANA’s Call for Proposals.
4. The MNORN Board discusses the topics and selects two for submission as Proposals. For 2016, the MNORN Board only considered topics that MNORN members suggested; they did not add any other topics that might be of interest to them as individuals.
5. MNORN members then receive the survey results that were provided to the MNORN Board, the two topics the MNORN Board selected for submission as Proposals, and all supporting documentation.





6. During National Nurses’ Week, MNORN holds a face-to-face meeting of MNORN members to discuss the Dialogue Forum Topics approved by the ANA Board of Directors. A report of the discussion is sent to all MNORN members and informs MNORN’s representatives to the Membership Assembly participation at Membership Assembly.
7. After Membership Assembly, a report of the ANA Dialogue Forums and their outcomes is sent to all MNORN members.

**Member Surveys**

ANA surveyed the Leadership Council *as well as* all ANA members to gauge members’ collective opinion on their priorities with respect to issues impacting nurses and the practice of nursing. It is also hoped that the survey results will drive engagement, increase understanding of, and encourage members’ interest in ANA’s policy work.

**Leadership Council**

In August 2017, an email survey was sent to members of the Leadership Council. When asked to identify their **three most pressing professional practice/policy needs**, the five most frequently cited responses were:

APRN full practice authority (11)
Staffing (10)
Work Environment (9)
<i>Competing Priorities (1)</i>
<i>Health and Safety (4)</i>
<i>Re-assignment to a different unit (1)</i>
<i>Shift Work (1)</i>
<i>Violence (2)</i>
Membership (8)
<i>Value Proposition (3)</i>
<i>Increasing Membership (2)</i>
<i>Increasing Engagement (3)</i>
Workforce (8)
<i>Capacity Development and Leadership (3)</i>
<i>New Graduates As Charge Nurses (1)</i>
<i>Nursing Shortage (2)</i>
<i>Satisfaction and Retention (1)</i>
<i>Technology Used to Replace rather than Augment Registered Nurses (1)</i>
Affordable Care Act (4)
Opioid Issue (3)
Faculty Shortage (2)
Legislative Efforts (2)



When asked, **what they are trying to accomplish in their state or constituency**, the five most frequently cited responses were:

<b>Membership (17)</b>
<i>Increasing Membership 7</i>
<i>Member Engagement 7</i>
<i>Member Retention 1</i>
<i>Value Proposition 2</i>
<b>APRN full practice authority (4)</b>
<b>Advocacy (2)</b>
<i>Outlaw mandatory overtime for nurses</i>
<i>Provide clear and unified message to legislators in collaboration with other professional organizations</i>
<b>Workforce (2)</b>
<i>Technology as a Substitute for the Nursing Workforce in telehealth/telenursing</i>
<i>Capacity and Leadership</i>

**All ANA Members**

In September 2017, an email survey was sent to all ANA members. When asked to identify three challenges they face as a registered nurse in the current health care delivery model/environment, the three most frequently cited responses were:

- Staffing (25)
- Work environment, including bullying, violence, safety, burnout, workload (20)
- MD and RN relationship (7)

When asked how ANA and state nurses associations can help them in addressing these challenges, the three most frequently cited responses were:

- Legislative/Regulatory (21)
- Continuing Professional Development (6)
- Leadership Development (2)

In 2016, an email survey was sent to all ANA member requesting that they submit proposed strategic policy topics aligned with ANA’s 2017-2020 strategic goals to support the work of the Professional Policy Committee. The table below lists the 10 most frequently submitted topics.



<b>Topic</b>	<b># of Submissions</b>
Optimal Nurse Staffing	42
Work Environment	42
Scope of Practice APRN	28
Advocacy	19
Academic Preparation	18
Health Policy	14
Healthy Nurse Healthy Nation	11
Licensure	11
Scope of Practice RN	8
Professional Development	5



## Appendix C: Proposal Form – **Sample**

(A link to the actual form can be found on p.20)

- Topic:** Statement of topic/issue
- Strategic Goal:** Identify the strategic goal to which the proposal most directly relates.
- Is the topic of national relevance?** Yes: No:
- Introduced By:** Identify the submitter (C/SNA, Individual Member Division, Organizational Affiliate, individual ANA-C/SNA or IMD member, or ANA Board of Directors)
- Submitter (or Designee) Name:** Provide full name and credentials  
*[This individual will need to be available to respond to questions or requests from the Professional Policy Committee or Membership Assembly Representatives if the proposal is accepted.]*

<b>Submitter (or Designee) Contact Information:</b>	Provide the preferred phone number and email address
<b>Second Contact Person's Information:</b>	Provide the name, preferred phone number and email address
<b>Description:</b>	<ol style="list-style-type: none"> <li>1. Refer to Section 1: Questions to Consider Before Submitting a Proposal</li> <li>2. Provide the reason for submitting the proposal:             <ol style="list-style-type: none"> <li>a. Develop or revise an Association policy or position</li> <li>b. Recommend a Dialogue Forum topic</li> </ol> </li> <li>3. Explain how the topic/issue is of national relevance.</li> <li>4. Describe the impact of the topic/issue on the association, profession, and/or the public.</li> </ol> <p>For a <b>proposed new policy</b>, identify the critical policy gap that would be addressed.</p> <p>For a <b>proposed revised policy</b>, speak to the revisions needed and the rationale for the revisions.</p> <p>For a <b>proposed Dialogue Forum Topic</b>, identify the underlying issue(s) to be addressed during the Dialogue Forum.</p> <p>For an <b>Emergent Proposal</b>, include the following: a) justification for why the proposal should be considered at this time and b) a brief background document identifying the critical policy gap OR underlying issue(s) that need to be addressed.</p>
<b>Recommended Actions:</b>	Include suggested recommendations, <i>rather than prescriptive actions</i> , to address the issue.



## **Proposal Form**

Please click on the link to access the [Proposal Form](#). Completed Proposals must be submitted by **5:00pm Eastern Time on Monday February 12, 2018**.

When submitting an emergent proposal for consideration, see Section 4 for the additional elements that are required. Completed proposals for emergent issues must be submitted by **12:00pm Eastern Time** three days prior to the Opening Session of the Membership Assembly.

## Appendix D: 2017 - 2018 Timelines

DATE	ACTIVITY
December 4, 2017	Call for Proposals OPENS
February 12, 2018	<b>DEADLINE:</b> Call for Proposals CLOSES at 5:00pm ET
March 12, 2018	<p>Communicate the decision of the ANA Board of Directors on Proposed Dialogue Forum Topics to submitters</p> <p>Communicate the decision of the Professional Policy Committee on Policy Proposals to develop or revise a policy or position to submitters</p>
May 21, 2018	Disseminate materials for Dialogue Forums and for Policy Proposals to develop or revise a policy or position to submitters and Membership Assembly participants
June 19, 2018	<b>DEADLINE:</b> Receive Emergent Issue Proposals by Noon ET
June 22– 23, 2018	ANA Membership Assembly Meeting
June 22, 2018	<p>Convene Opening Session of the Membership Assembly meeting</p> <p>Provide report of Professional Policy Committee to Membership Assembly</p>
June 22 or June 23, 2018	<p>Hold onsite Dialogue Forums</p> <p>Present Professional Policy Committee’s recommendations to the ANA Membership Assembly for consideration</p>