



## **Committee Report to Board of Directors**

**Date of Meeting/Report:** July 2<sup>nd</sup>, 2024

**PRESIDING:** Verlia Brown

**PRESENT:**

**Committee Members:** Karin Pantel, Jennifer Gales, Gwen Anderson, Frankie Hamilton, and Jonathan Mizgala

**Board Liaison:** Theodora Levine

**EXCUSED:** Shianti Bascom

**ABSENT:** Ebele Maduekwe and Shantay Carter

**STAFF:** Jeanine Santelli, Executive Director and Kennedee Blanchard, Member Engagement Associate

**What are the defined goals/objectives for the committee and with which Strategic Goal do they align?** The defined goals of this committee are to review and oversee the annual awards for ANA NY and financial reporting processes of the organization and the audit of nominations.

**What are the success metrics/estimated timeline for those metrics for the committee?** Calculation of member votes for each nominee in all established categories.

**What activity has the committee completed since the last report?** Committee members along with the Chair reviewed the votes submitted for each candidate with the following results which were approved by the committee members.

Nurse Hero Awardees:

- Shantay Carter
- Weon Hi Kang

Mentorship Award:

- **Fidelindo Lim**

Policy & Service Award:

**Susan Chin**

**What resources (financial or human) are the committee requesting of the staff or BOD? None**

**Is there a motion from the committee? Awardees approved by all committee members. The next meeting will be held at the Annual Convention.**

**Respectfully submitted by: Theodora C. Levine**

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July 15, 2024**

**PRESIDING:** Marilyn Dollinger, President

**PRESENT:**

**OFFICERS:** Marilyn Dollinger, President, Tanya Drake, Vice President, Phyllis Yezzo, Treasurer, and Kimberly Velez, Secretary

**DIRECTORS:** Seon Lewis-Holman, Giselle Gerardi, Sarah Miner, James Connolly, and Teddi Levine

**ABSENT:** N/A

**STAFF:** Deb Spass, Program Manager and Kennedee Blanchard, Member Engagement Associate

**GUESTS:** Amy Kellogg, Lobbyist

Topic	Discussion	Resolution
<b>CALL TO ORDER</b>		President Dollinger called the meeting called to order at 6:01 pm on Monday, July 15, 2024. Seon Lewis-Holman read the ANA-NY mission statement.
<b>ATTENDANCE</b>	Quorum Present	Secretary Velez took attendance and declared a quorum was present.
<b>LOBBYIST’S REPORT</b>	Amy Kellogg recapped her End of Session Memo (see attached). The NP Modernization Act was set to sunset on April 1, 2024, but since the budget was delayed, standalone legislation was introduced and passed to extend the Act to April 1, 2026. She will continue to support NP's push to make the Act permanent. Some of the bills ANA-NY supported that passed both houses but still need to be sent to the Governor include County Boards of Health Appointments, EMS Storing and Distributing Blood, and the Physician Assistant Standards. Some of the bills that did not pass this	

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	<p>year include Nurses on Hospital Boards, Nurse Licensure Compact (Still looking for a Senate sponsor and will need a new Assembly sponsor since Assemblymember O’Donnell is retiring), and the Health Care Professional Transparency Act, which ANA-NY collaborated with a coalition of health care providers to oppose.</p> <p>Amy provided a brief overview of the updated 2025-2026 Legislative Priorities. These have been updated every year but will now be updated every 2 years to remain consistent with the legislative cycle. The Legislation Committee will still review priorities every year and can update if needed. The Board of Directors decided to approve the updates pending the Legislation Committee's approval at their upcoming meeting on August 1<sup>st</sup>. If the Committee has any changes, then the Board will make their final vote via email.</p> <p><b>MOTION TO APPROVE 2025-2026 LEGISLATIVE PRIORITIES PENDING LEGISLATION COMMITTEE’S APPROVAL – Sarah Miner/Giselle Gerardi</b></p>	<p><b>APPROVED UNANIMOUSLY</b></p>
<b>ANNOUNCEMENTS</b>	<p>Deb Spass reminded the Board to think about their contribution to the silent auction at this year’s Annual Conference. Funds from the auction support the Future Nurse Leader Award Program.</p>	

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	<p>Per the request of the ANA Foundation, Sarah Miner may have a connection at Bloomberg that she can share. She is currently waiting to hear back from her contact.</p> <p>The Board decided to support the Nurses House 9&amp;Wine golf fundraiser sponsorship request as a Tee Sponsor for \$500. Sponsorship includes logo on one of the nine tees and 2 tickets to the event dinner.</p> <p><b>MOTION TO APPROVE \$500 TEE SPONSORSHIP FOR THE NURSES HOUSE 9&amp;WINE GOLF FUNDRAISER – Phyllis Yezzo/Kimberly Velez</b></p>	<b>APPROVED UNANIMOUSLY</b>
<b>CONSENT AGENDA</b>	<p><b>MOTION TO APPROVE CONSENT AGENDA – Phyllis Yezzo/Teddi Levine</b></p> <p><b>JUNE 17, 2024, MINUTES</b></p> <p><b>COMMITTEE REPORTS:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Legislation</b> – See attached report from Sarah Miner</li> <li>▪ <b>Nursing Education</b> – See attached report from Giselle Gerardi</li> <li>▪ <b>Awards</b> – See attached report from Teddi Levine</li> </ul>	<b>APPROVED UNANIMOUSLY</b>

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	<p><b>STAFF REPORTS:</b></p> <ul style="list-style-type: none"> <li>▪ <b>ED</b> – See attached report from Executive Director Santelli</li> <li>▪ <b>Program Manager</b> – See attached report from Deb Spass</li> <li>▪ <b>Member Engagement Associate</b> – See attached report from Kennedee Blanchard</li> </ul>	
<b>TREASURER’S REPORT</b>	<p>See attached Treasurer’s Report and Finance Report from Treasurer Yezzo.</p> <p>Treasurer Yezzo reported that total income is below budget due to a decrease in conference sponsors, with a corresponding increase in income due to conference registration. Other increases in income are reflected in Organizational Affiliates, NSO, and the newsletter. Income is consistent with where we were last year, and expenses are lower than budgeted.</p>	
<b>PRESIDENT’S REPORT</b>	<p>President Dollinger provided an update on ANA’s Membership Assembly and Capitol Hill Day:</p> <ul style="list-style-type: none"> <li>▪ The pilot on ANA/CSNA bulk membership is completed and available for CSNAs to try. Not something that ANA-NY can take on due to the considerable staff time.</li> <li>▪ The dues escalator was passed. There has not been a change in dues since 2015, however, the increases are minimal and will go into effect starting January 2025.</li> </ul>	

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	<p>Dues will increase by \$9 for standard members and \$7 for premier members. The increase for members will occur on the anniversary date of membership and will be split between ANA &amp; ANA-NY.</p> <ul style="list-style-type: none"> <li>▪ ANA PAC recommended not endorsing a presidential candidate per the PAC policy recommendation during the previous presidential election.</li> <li>▪ A protest occurred during the business meeting, which members found very disturbing and verbally assaulting. Found out later that the protesters were members themselves.</li> <li>▪ Hill Day focused on 4 bills including Restricting Mandatory OT for Nurses, Nursing Shortage Reduction Act, ICAN Act, and support for the CMS regs on LTC staffing. There was also a request to have House and Senate legislators from NYS join the Bipartisan Nursing Caucus.</li> </ul> <p>President Dollinger suggested giving committees and SIGs the summer off unless there were time-sensitive or urgent issues to deal with and updated the Board on the Health Equity Task Force’s June meetings.</p>	

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<b>UNFINISHED BUSINESS</b>	<p>The Board discussed the options of moving the full conference to sometime in the spring (late May or early June), moving the business meeting to January (so the swearing in of the new Board and board terms are on the same calendar and fiscal year) and having a 2-day program with speakers in either the fall or spring, or keeping it as is.</p> <p>Vice President Drake was concerned about not having a quorum for the business meeting if it was moved to separate event in January, and if a quorum was met, that it would be mostly made up of members from the capital district, since that is where it would be held every year.</p> <p><b>MOTION TO KEEP THE FULL CONFERENCE IN THE FALL WITH THE OPTION TO REVISIT THIS DISCUSSION IN A YEAR – Tanya Drake/James Connolly</b></p>	<b>APPROVED UNANIMOUSLY</b>
<b>NEW BUSINESS</b>	<p>President Dollinger informed the Board that the current Editor-in-Chief for JANANY, Ed Pajarillo, will be leaving his position in December 2024 and asked them to follow up with Executive Director Santelli if they were interested or had any colleagues who would be interested in taking his place.</p> <p>The Board discussed the options for transportation to and from the 2024 Annual Conference. Although ANA-NY would cover a small expense to</p>	



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	<p>provide transportation, the members using the service would be required to pay upfront and would be covering most of the cost. There will be specific times when the bus will pick members up from the airport and train station so that the staff is not coordinating individual travel for them.</p> <p><b>MOTION TO APPROVE TRANSPORTATION TO AND FROM THE 2024 ANNUAL CONFERENCE – Giselle Gerardi/Kimberly Velez</b></p> <p>Vice President Drake asked to amend the motion to clarify that is from the Albany airport and Rensselaer train station to The Sagamore Resort, and vice versa, for the 12<sup>th</sup> Annual Conference.</p> <p><b>MOTION TO APPROVE THE AMENDED MOTION – Giselle Gerardi/Kimberly Velez</b></p> <p>President Dollinger asked Sarah Miner to leave the meeting during the ANAI candidates discussion. Giselle Gerardi provided a brief update about her experience when she was selected to participate in the program 2 years ago with Jessica Varghese. President Dollinger mentioned that 4 out of the 6 applicants were from the Policy &amp; Advocacy Special Interest Group and that Executive Director Santelli had suggested to her previously that if the</p>	<p style="text-align: center;"><b>APPROVED UNANIMOUSLY</b></p>

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	<p>Board decided to choose more than 2 candidates to be nominated for the program ANA-NY has the money to support it. The cost is \$500 per member. Due to the level of interest this year the Board decided to sponsor their top 3 candidates, Sarah Miner, Tara Zacharzuk-Marciano, and Celia McIntosh.</p> <p><b>MOTION TO APPROVE TOP 3 CANDIDATES TO BE FORWARDED TO ANA FOR THE ANAI PROGRAM – Tanya Drake/Teddi Levine</b></p> <p>There is a conflict with the September Board meeting since it overlaps with NYONL’s Annual Conference. President Dollinger and Executive Director Santelli discussed merging the August and September Board meetings to either one week before (August 26<sup>th</sup>) or after (September 9<sup>th</sup>) Labor Day. Staff will send out a doodle poll for the proposed dates to find out the Boards preference.</p>	<b>APPROVED UNANIMOUSLY</b>
<b>UPCOMING EVENTS</b>	<ul style="list-style-type: none"> <li>▪ BOD, 8/19/24 @ 1800</li> <li>▪ ANAI, 9/9/24-9/10/24</li> <li>▪ ANA Lobbyists Meeting, 9/11/24-9/12/24</li> <li>▪ <b>BOD, 9/16/24 @ 1800 – conflicts with NYONL Conference</b></li> <li>▪ Prudential: Taking Control of Your Taxes, 9/18/24 @ 1300 &amp; 9/19/24 @ 1800</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Foundation Nightingale Gala, Marriott – Wolf Road, Albany, NY, 10/18/24, 1830-2300</li> <li>▪ 12<sup>th</sup> Annual Conference, The Sagamore Resort, Bolton Landing, NY (on Lake George), 10/21/24-10/23/24  <a href="https://www.opalcollection.com/sagamore/?utm_source=Google&amp;utm_medium=Listing&amp;utm_campaign=The%20Sagamore%20Resort">https://www.opalcollection.com/sagamore/?utm_source=Google&amp;utm_medium=Listing&amp;utm_campaign=The%20Sagamore%20Resort</a></li> <li>▪ EEC in Raleigh, NY, 1/8/25-1/10/25 (JS)</li> <li>▪ 13<sup>th</sup> Annual Conference, TWA Hotel @ JFK, Queens, NY, 10/9/25-10/11/25  <a href="https://www.twahotel.com/">https://www.twahotel.com/</a></li> <li>▪ 14<sup>th</sup> Annual Conference, Hilton Garden Inn, Troy, NY, 11/11/26-11/14/26  <a href="https://www.hilton.com/en/hotels/albtygi-hilton-garden-inn-troy/">https://www.hilton.com/en/hotels/albtygi-hilton-garden-inn-troy/</a></li> </ul>	
<b>ADJOURNMENT</b>	<p>No further business.</p> <p><b>MOTION TO ADJOURN – Tanya Drake/Sarah Miner</b></p>	<p><b>APPROVED UNANIMOUSLY</b>  President Dollinger adjourned the meeting at 7:52 pm.</p>

**Recorded by,**

**Kennedee Blanchard, Member Engagement Associate**



AssociationVoting.com

10205 Crossview Trail

Howell, MI 48855

## CERTIFICATION OF ONLINE VOTE RESULTS

September 9, 2024

Kennedee Blanchard

ANA-New York

Dear Kennedee Blanchard,

Thank you for the opportunity to conduct this election for the ANA-New York. The election was conducted from August 1, 2024 7:00 am EDT to September 6, 2024 11:59 pm EDT. The following are the official results of your election.

### *Voting Results*

#### *Positions*

#### **President and ANA Membership Assembly Representative (vote for 1)**

Candidates	Unweighted	Weighted
Connie Perkins, PhD, RN, CNE – St. Bonaventure, NY*	255	255.000
David Theobald, DNP, MS, RN, NE-BC – Ballston Spa, NY	142	142.000

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David Theobald (Write-In)	1	1.000
Abstain	7	7.000

**Treasurer (vote for 1)**

Candidates	Unweighted	Weighted
<b>Elisa Mancuso, RNC-NIC, MS, FNS, AE-C – Islip Terrace, NY*</b>	392	392.000
Elisa Mancuso (Write-In)	1	1.000
Phyllis Yezzo (Write-In)	1	1.000
Strong candidate for the position of Treasurer (Write-In)	1	1.000
Abstain	10	10.000

**Director-at-Large (vote for 2) (Select 2)**

Candidates	Unweighted	Weighted
<b>Kerlene Richards, DNP, RN, NE-BC, CCRN – Hempstead, NY*</b>	267	267.000
<b>Alison Simpson, PhD, RN – Victor, NY*</b>	143	143.000
Patricia Lavin, DNP, RN, NEA-BC – Garden City, NY	128	128.000
Veronica Valazza, DNP, MBA, RN, CNE, NE-BC – Lancaster, NY	92	92.000
Suzanne Soltysik, DNP, RN-BC, NPD-BC, CNE – Great Valley, NY	74	74.000
Nicole White, MSN, RN – Elma, NY	37	37.000
Karleen Richards (Write-In)	1	1.000
Suzanna Soitysik (Write-In)	1	1.000
Abstain	2	2.000

**Nominations and Elections Committee (vote for 3) (Select 3)**

<b>Candidates</b>	<b>Unweighted</b>	<b>Weighted</b>
<b>Marilyn Dollinger, DNS, FNP, RN – Rochester, NY*</b>	365	365.000
<b>Tara Zacharzuk-Marciano, PhD, RN, LNC – Highland, NY*</b>	345	345.000
<b>Michael Rosario-McCabe, EdD, MS, RN, CCM – Churchville, NY*</b>	342	342.000
Jennifer Powell, MS, RN, CHPN, CEN (Write-In)	1	1.000
Marilyn Dolinger (Write-In)	1	1.000
Michael Rosario-McCabe (Write-In)	1	1.000
Nora Higgins (Write-In)	1	1.000
Tara Zacharzuk-Marciano (Write-In)	1	1.000
Abstain	6	6.000

**Bold/\* - Current top vote getter.**

*Italic/(Tie) - Indicates tie for the final top-vote-getter position(s).*

**Turnout**

**Unweighted Turnout**

<b># Eligible</b>	<b># Voted</b>	<b>Turnout %</b>
8,814	405	4.6

**Weighted Turnout**

# Eligible	# Voted	Turnout %
8,814.000	405.000	4.6

## Layout and Configuration

The ballot language as it appeared to members is included in the attached Election Summary Report.

## Data Retention

As part of the voting software, we maintain a confidential audit trail that includes the unique identifier, time ballot was cast, and ballot selections for your members. This data will be preserved for 12 months from the date of certification for your election. Please contact us if you have any further questions about our data storage policies or if you need access to this data.

These vote results are true and accurate, and represent the votes cast by eligible members in the online election during the voting period as identified above. Records of individual votes are maintained in electronic format pursuant to the data retention guidelines described above. The Voting Manger has restricted access to the election information and doesn't have permission to manipulate a voter ballot during or after this election period.

Congratulations on the successful completion of your election. Thank you again for choosing AssociationVoting.com. If you have any further questions, you can contact us at 1-877-8-VOTING.

Sincerely,

*Kimberly J Harwood, Chief Voting Officer*

Kimberly J Harwood, Chief Voting Officer

Enclosure:

**Prepared September 9, 2024**

## Election Summary Report with Ballot Language



# **Dedicated Educational Units as an Intervention to Decrease the Nursing Shortage**

## **Overview**

Staffing is a pervasive and pressing challenge in the current health care environment. Hospitals need to be adequately staffed with proficient nursing professionals capable of meeting the patient population's increasingly complex acuity. This shortage of competent skilled nursing professionals is a critical challenge for health care systems to provide quality care. Dedicated Educational Units (DEUs) are a valuable strategy to augment educational practices and improve overall patient care delivery, thus increasing nurse retention and decreasing the nursing shortage.

## **Dedicated Educational Units**

The DEU model is a partnership between academia and clinical practice. This model was introduced in 1997 as a solution to the challenges in clinical nursing education (Bonner & Harding, 2020). The DEU model is based on five characteristics and four processes. The characteristics include effective academic-practice partnership, adaptability to diverse contexts, unit culture of educational excellence, responsive and supportive unit leadership, and clarity of roles and responsibilities. The processes involve building nurse and faculty capacity, facilitating student learning, communicating regularly at systems and unit levels, and evaluating and sustaining the model (Marcellus, et al., 2021).

The DEU represents a clinical education model designed to offer tailored learning experiences and enrich the learning aptitude of student nurses (Williams et al., 2021). Through the DEU, students are afforded increased chances to refine their skills, engage in diverse learning

scenarios, reinforce their understanding, and cultivate a robust professional nursing identity. The basic tenets of the DEU model are peer teaching and collaboration between educators and clinical service providers to enhance student learning and improve clinical experiences. The goals of the DEU model are to: enhance collaboration between nursing academia and professional practice, encourage students to apply theory to practice using professional nursing staff as clinical preceptors, increase learning opportunities by immersing students in the nursing role, and expose staff nurses to the educator role to help address the faculty shortage (Hunt, et al., 2015). This collaborative model gives the student nurse a chance to engage in interprofessional interactions which support improved patient outcomes through care consistency.

### **Current Environment**

The current challenge facing nursing professionals is the diverse thoughts and perceptions of the definition, benefits, and use of dedicated educational units within the health care system and in academia. There is a lack of awareness of the benefits of implementing the DEU Model as a strategic approach to the nursing shortage. This knowledge gap prevents the adoption of DEUs as a viable strategy to improve the educational experience for the student, the health outcomes for the patients, and the financial viability of the health care system. Exploration of this strategy will help bring a focus on the need for “research, advocacy, and dissemination of information to bridge the existing knowledge deficit and promote the integration of DEUs into the broader discourse on alleviating the nursing shortage” (Williams, et al., 2021).

In the DEU model, academic institutions and health care organizations collaborate as partners with the goal of providing nursing students with a clinical experience that most closely

relates to professional practice. Implementing the DEU model requires advanced planning. The roles and responsibilities of the faculty, nursing students, clinical staff, and the nurse manager must be clearly identified. The benefits of peer teaching and the collaborative relationship between nurse educators and clinical staff (preceptors) help to enhance the overall quality of the student clinical learning experiences. An additional benefit of a DEU for students is an opportunity to develop an ongoing, trusting working relationship with the preceptor. The preceptor/student relationship can also facilitate concepts of caring and help promote resilience within the working environment. The faculty member, having a consistent presence on the DEU, can serve as a professional role model, collaborator, consultant, and resource to both students and staff.

Several nursing education programs in New York follow the traditional model of a DEU in which one to two students are assigned to the same nurse preceptor on the designated unit over multiple semesters. The same nurse faculty member is also present on the unit to collaborate, coordinate, facilitate, and evaluate the educational experience for the students ensuring that the expected learning outcomes are achieved. This collaborative relationship benefits both the staff, the students, and the nursing faculty providing a consistent, effective, collaborative work relationship.

## **Arguments for Implementing the DEU Model**

### **Financial Benefits**

When the financial benefits are considered for implementing a dedicated educational unit the return on the investment is not immediate. Long-term, indirect benefits of the DEU are the recruitment of new nurses who had a positive clinical experience as a student, retention of clinical staff who had an enriching experience as a preceptor, improved patient care, and improved quality indicators leading to higher reimbursement rates for the health care facility.

### **Quality Indicators**

Faculty embedded in a DEU can impact the quality of care on a clinical unit. They are positioned to deeply understand and appreciate the needs of the unit and the patient population. Student awareness of the importance of the nurse's role in quality improvement can be facilitated by the faculty.

### **Academic Institution**

Implementation of a DEU can positively impact a nursing program. DEU arrangements provide the school with a dedicated unit for clinical placements in a time where clinical locations are difficult to secure. The DEU provides an environment where the faculty member is familiar and has met all mandatory skills training requirements.

### **Registered Nurse**

Academic-practice partnerships have a positive impact on the clinic staff on the DEU. The professional practice environment is enhanced by the consistently high clinical expectations of student clinical practice as well as the professional development and potential clinical advancement of the RNs who act as preceptors.

## **Nursing Student**

There are many potential benefits to the nursing student when using this educational clinical model. One benefit includes consistency of faculty and nursing staff. When using a dedicated educational unit, the student can develop a trusting working relationship with the faculty and nursing staff. This helps with professional development and a sense of comfort in the learning environment. Another benefit is that the student becomes familiar with the policies and procedures for the specific unit and the student can work toward meeting specific measurable goals on the unit.

## **Recommendations**

It is recommended that health care facilities and academia strengthen and enhance their collaborative relationships to implement dedicated educational units as a strategic intervention to address the nursing shortage, improve quality of care, and decrease the overall cost of care to hospitals. It is recommended that both academia and health care institutions embrace, engage, and resource respective partners in moving dedicated educational units forward.

Health care professionals and institutions can support the establishment of DEUs including creating and implementing formalized mentoring programs. This would include using experienced nurse volunteers passionate about cultivating relationships with newer nurses. This relationship would begin as a student/preceptor relationship and then potentially change to a new nurse/mentor relationship. The longevity of the student/preceptor and nursing staff/faculty relationships create the opportunity for building trust. Preceptors have an opportunity to work with students in a unique way to model professional behavior, fostering quality working experiences with the overall goal of building retention on the designated unit.

Academic institutions and nursing educators can seek out and foster collaborative partnerships with health care organizations. A sustained, positive collaboration focused on the benefits for both health care and academics will ensure all goals are achieved when using designated education units. The shared understanding of the curriculum, student learning outcomes, and patient quality indicators will allow for all participants to work toward the common goals of improved patient care outcomes and retention of proficient nurses. Achieving these goals will positively impact the financial resources of the health care organization.

Dissemination of data from the implementation and assessment of the DEU Model is critical as other systems explore innovative strategies to address shortages of health care professionals. Evaluating the effectiveness of a DEU is essential for future decision making by both the academic and service institutions. Outcomes for service providers can include: the increased number of RN (Registered Nurse) preceptors on a unit, the number of RNs who have engaged in preceptor training, the number of RNs who have used student preceptors as evidence in their clinical promotion, staff satisfaction, improvement of care quality indicators, and number of students who have chosen to work on the DEU after graduation. Academic institutions could consider collecting evidence such as: number of students recruited to a DEU for employment, increase in collaboration by faculty on clinical units, the increase in skill development of students, student satisfaction with clinical experiences, number of embedded faculty on DEUs, and faculty satisfaction with clinical staff relationships.

## **Resources**

American Association of Colleges of Nursing. (2021). *The Essentials: Core Components for Professional Nursing Education*.

- Benner P., Hughes R., Sutphen M. (2008). Clinical reasoning, decision making, and action: Thinking critically and clinically. *Patient safety and quality: An evidence-based handbook for nurses (chapter 6)*. Rockville, MD: Agency for Healthcare Research and Quality, AHRQ Publication No. 08-0043. <https://journals.healio.com/doi/abs/10.3928/01484834-20131014-07>
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- Maoz, E., Danino, E., Zerahia, M. (2021). A mixed-methods assessment of the transition to a dedicated educational unit: Nursing students' perceptions and achievements. *International Journal of Nursing Education Scholarship* 18(1): 1-8
- Marcellus, L., Jantzen, D., Humble, R., Sawchuck, D., Gordon, C. (2021). Characteristics and processes of the dedicated education unit practice education model for undergraduate

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## September 2024 ED Report

### Advocacy

- White papers on DEU and Nursing as Revenue have been drafted – in folder for approval
- ANAI member is at the training
- 2025-2026 Legislative Priorities have been sent out in the Call to Meeting per Bylaws
- Filed bi-annual lobbying report with state
- Submitted required paperwork for Health Equity Grant disbursements

### Services

- 8,983 members
- Award recipients have been notified, Awards Gala arrangements are finalized
- Election closed on 9/6
- All conference presenters are confirmed
- News Journal in press
- JANANY in press
- Annual conference CE application submitted
- Collected reports for Annual Book of Reports
- Testing ANA-NY app which includes conference features

### Professional Promotion

- Invited “special guests” to report at GA
- Exhibited at NYLN & AND Council
- Exhibited at PNA of Western NY
- Exhibited at Northeast Region Chi Eta Phi
- Exhibited at HIMSS
- Exhibited at ENA
- Exhibited at Region 3 NPA

### Educational Advancement

- See Program Manager’s Report for program updates
- RN-BS Fellowship call closed 8/31 - application in folder
- Launched new LMS platform through Nursing Network so that we can charge for viewing enduring CE activities



## **Committee Report to Board of Directors**

**Date of Meeting/Report: 08/1/2024**

**Committee: Legislation Committee**

**Committee Members:** Jessica Varghese, Heidi Hahn-Schroeder, Susan Dewey-Hammer, Tara Zacharzuk-Marciano, Michelle Slymon, Caroline Ledoux, Jacob Wilkins

**Board Liaison:** Sarah Miner, President Marilyn Dollinger

**Staff:** Kennedee Blanchard

**Guests:** Amy Kellogg

**What are the defined goals/objectives for the committee and with which Strategic Goal do they align?**

Presentation and connection with the current NYS legislative agenda and representation of NYS government, in order to have familiarity with the NYS legislative process.

Provide guidance and recommendations for ANA-NY on NYS legislative issues and actions.

Committee discussion and actions align with the 5 legislative priorities that have been established for ANA NY for 2024.

**What are the success metrics/estimated timeline for those metrics for the committee?**

Attendance at monthly/bimonthly meetings

Provide guidance and recommendations to ANA NY on position for NYS legislation and actions as needed. Maintenance of a standing document with current NYS bills and ANA NY position on those bills.

Attendance at national lobby day for ANA NY on Tuesday May 7, 2024.

**What activity has the committee completed since the last report?**

- Discussion and Approval of 2025-2026 ANA NY Legislative Agenda

**What resources (financial or human) are the committee requesting of the staff or BOD?**

Support from Program Associate, Support from ANA NY lobbyist Amy Kellogg

**Is there a motion from the committee?**

Approval of June 2024 meeting minutes

**Respectfully submitted by:**

**Sarah Miner RN, PhD**

## **Member Engagement Associate Report**

August 29, 2024  
Kennedee Blanchard

**Organizational Affiliates** – The next OA Legislative Priority meeting is scheduled for September 17th at 6pm. So far, 7 OAs are exhibiting at the Annual Conference.

**Newsletter/Magazine** – Finalized proof for the print version and will be working with HCM on proofing the digital version of the September issue.

**Special Interest Groups** – Coordinate, attend, and take notes for all SIG meetings. The Policy & Advocacy group's next meeting is scheduled for September 16<sup>th</sup> at 2pm, the Climate & Health group's next meeting is scheduled for September 12<sup>th</sup> at 1 pm and the Advances in Nursing Technology group's next meeting is scheduled for September 12<sup>th</sup> at 5 pm.

**Weekly Emails** – Provide Brittany with content for weekly emails, which goes out every Thursday morning.

**Project MZ CSNA Advisory Group** – The next Phase 2 meeting is scheduled for September 5<sup>th</sup> at 3 pm.

### **Events:**

- Destination Niagara Event on August 15<sup>th</sup> at the Saratoga Racetrack

# **Nursing is Revenue, Not Expense**

## **Overview**

Historically, nursing has been an expense line in health care systems' budgets (Nandaprakash, 2023). Nursing is the largest workforce and the largest operational cost in health care (Garcia, et al., 2024). Nursing care accounted for more than 50% of operational costs in U.S. hospitals in 2022 (American Hospital Association, 2022). Based on nurses' valuable contributions to positive patient outcomes and the impact of nursing interventions, nursing should be considered as a revenue line because the reason that in-patient hospital admissions exist is for the provision of nursing care (Ogundeji, 2020). Quality nursing care decreases length of stay, minimizes nosocomial infections, prevents readmission, reduces falls, and improves quality indicators (Hatfield, 2024; Nickitas & Nanof, 2023; Wan & Tang, 2022).

## **Issue**

In the 1920's nurses were private contractors who billed patients directly for the nursing services provided. As in-patient hospitals transformed as the centralized location for the delivery of advanced medical and surgical care, nursing services were needed around the clock. Patients then received bills for hospital services and supplies, physician care, and private duty nursing care. In the 1930's, these private duty nurses were identified as competition by the hospitals, so they began to employ their own nursing staff billed as room and board charges to control the money paid for nursing services. Reimbursement models were developed with no inclusion of nursing services (Love, 2022). The definition and attempt to capture the value of nursing services has continued to be discussed and conceptualized ever since (Schwartz and Swanson, 2024).

## **Current Environment**

Nursing services are included in room and board charges on a patient's in-patient bill, making the profession invisible to both payors and patients (Hoddinott, 2024; Love, 2022; Nickitas & Nanof, 2023). Following the recent pandemic, the role of nursing has become more visible to the public; however, many still do not understand nursing's full scope of practice, the roles nurses perform, and the ethical standards under which they practice (Chabal & Hibbert, 2023; Gelinas, 2023; Nickitas, 2024; Pandemic..., 2020). Not all patients require the same amount of nursing care, just as not all patients require the same amount of medical decision-making, procedures, diagnostic studies, etc. (Ogundeji, 2020). Respiratory therapy, phlebotomy, occupational therapy, and other members of the health care team charge by procedures, treatments, and time involved. Some hospitals charge patients more based on the unit where they are admitted; however, the nursing care required is not specifically costed out, so these additional charges are just financial estimates (allnurses, 2003).

Because nursing services cannot be billed separately in the current reimbursement structure, health systems, needing to maintain a viable bottom line, cut nursing positions increasing nurse patient ratios. Although this investment in nursing has long-term implications for improving patient, community, and world health outcomes, the staff cuts provide short term improve the hospital financial reports for the short term (Hatfield, 2024; Love, 2022; Yakusheva, et al., 2022).

## **Arguments in Favor**

Hospital financial decisions are based on cost data and reimbursements based on outcomes. Daily nursing billing provides the cost data, helps quantify the value of nursing

services, improves the patient outcomes, and decreases the risk of patient deaths (Defining..., 2024; Firth, 2024; Hewner, et al., 2018; Lucatoro, et al., 2016). This is tangible revenue that can also be used to monitor and assess implemented care efficiencies (Malley, et al., 2024; Rutherford, 2012). For example, studies conducted at the University of Pennsylvania have shown that, “for each additional patient the average nurse takes care of, the odds of in-hospital mortality, longer lengths of stay, and 30-day readmissions increase significantly. In New York, the researchers estimated that if hospitals maintained safe nurse staffing levels, 4,370 more patients would live, and \$720 million would be saved through shorter length of stay and avoided readmissions” (Love, 2022).

## **Recommendations**

### **Delineating charges**

Nursing services can be separated from room and board charges. Identification of the actual nursing services provided can then be costed out and submitted for reimbursement. These reimbursements would be direct revenue generation, savings in patient positive patient outcomes, decreased length of stay, and decreased readmission rates would be indirect revenue streams (Yakusheva, et al., 2024).

### **Track nursing services within the current documentation system**

Another recommendation is for individual nurses to apply for and use unique nurse identifiers. Most advanced practice nurses (in New York these would be Clinical Nurse Specialists, Certified Nurse Midwives, and Nurse Practitioners, sadly, New York does not currently recognize Certified Registered Nurse Anesthetists) are registered in the Centers for Medicare and Medicaid Services (CMS) Unique Provider Identifier (NPI) Registry to be able to



bill and be reimbursed for Medicare and Medicaid services. There is no charge to register, and registration is available to any licensed nurse (ANA, 2022; CMS, 2022; Nickitas & Nanof, 2023).

Another unique nurse identifier is one that every Registered Nurse and Licensed Practical Nurse already has but may not be unaware of. It is the identifier assigned by the National Council of States Boards of Nursing (NCSBN) for the Nursys ® database. This identifier is assigned at the time of initial licensure and is used to aggregate nursing data for research.

Many of the electronic health care record systems (EHRs) can support the use of unique nurse identifiers. Use of unique identifiers would allow researchers, patients, payors, and health care systems the ability to identify, measure, and track the time, value, and impact of nursing care (Alliance, n.d., Chan, et al., 2023; Ogundeji, 2020; Sensmeier, et al, 2019).

### **Change reimbursement model**

Nationally, the American Nurses Association is working to encourage the Center for Medicare and Medicaid Innovation to explore different reimbursement models for nursing following the model for most other healthcare practitioners. Although CMS is only one payor, CMS policy drives other third-party reimbursement providers (Hatfield, 2024; Olenick, 2022).

### **Bill directly for services**

Nurses could work as independent contractors like most anesthesiologists. Instead of being hospital employees, they can contract and bill for the services provided as had been done in the 1920's. Nurses and nursing care generate volumes of data and yet there remain gaps in the ability to capture and analyze this data. Impediments to operationalize nursing value and demonstrate its return on investment include various care models, customized documentation

systems, complex acuity calculators, underuse of standardized nursing terminologies, and variety of settings and contexts in which nursing care is provided (Garcia, et al., 2024; Hatfield, 2024; Love, 2022; Ogundeji, 2020).

## Conclusion

“When healthcare systems can stop treating nurses as costs, and rather as a reimbursable service, the inherent misalignment in healthcare over nurse staffing levels can be resolved, and with it, the nursing shortage. Some may argue that we cannot afford to do this, but the reality is, if we want there to be a sustainable future for the nursing profession, improved patients’ outcomes and viable healthcare systems, we can’t afford not to” (Love, 2022).

## Resources

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## Policy 2.4 Actions of the Board of Directors Between Regularly Scheduled Meetings

### **Conference Calls**

Between regularly scheduled meetings of the Board of Directors, discussion or action may be required of the Board on items of business requiring immediate attention. The President may request a **virtual meeting or conference call** and such business may be conducted, provided that there is a quorum. The Board of Directors will receive written minutes of the conference call at its next regularly scheduled meeting.

### **Referenda**

In intervals between regular meetings, the President may refer and submit to members of the Board of Directors definite questions or issues requiring action relating to affairs of ANA-NY, as specified in the bylaws.

### **Actions of the Executive Committee**

The Executive Committee of the Board of Directors may transact business of an emergency nature between regular meetings of the Board.

Business of an emergency nature is defined as a matter of great significance to the welfare and/or stability of ANA-NY that requires immediate action in a time period that precludes the possibility of a conference call of the full Board of Directors.

The Board of Directors may, by a majority vote during a regularly scheduled meeting, or by a majority vote obtained by a referendum, assign to the Executive Committee disposition of a matter which does not require the attention of the entire board.

All board members shall be notified of any Executive Committee actions and shall receive a written report and will ratify the actions at the next regularly scheduled meeting of the board.

### **Virtual Voting**

**Business of ANA-NY requiring decisions via email must follow these criteria per NYS Not for Profit Corporation law:**

- **Electronic votes must have 100% participation**
- **To be valid, electronic votes must have unanimous vote**
- **A motion is required as well as a second**
- **Making the motion or the second does not count as casting a vote**
- **Results of electronic votes will be recorded in the minutes of the next regular meeting**

**Adopted: April 25, 2015**  
**Reviewed: March 15, 2021**  
**Revised: September 14, 2017**



	<b>POLICY #</b>	<b>POLICY NAME</b>	<b>POLICY DESCRIPTION</b>	<b>CHANGE TYPE</b> (No Change, Minor, Major, Archived, New)	<b>CHANGE COMMENTS</b>
1.	1.3.1	Association Non-member Awards	This policy describes the two awards that are currently available for non-members: Friend of Nursing and Nurse Heros.	No change	
2.	2.4	Actions of the Board of Directors Between Regularly Scheduled Meetings	This policy outlines ways in which the business of ANA-NY may be conducted via special meetings and/or Executive Committee.	Minor	Virtual voting protocols were added in compliance with NYS Not-For-Profit requirements.
3	4.1	Role of ANA-NY in ANA Nominations Process	This policy urges members to keep ANA-NY in the loop when they apply for ANA positions. The language of this policy is included when we send out the call.	No change	
4	4.1.1	Assistance to Candidates	This policy reinforces that we can assist with member campaigns for national positions.	No change	
5	4.2	Role of ANA-NY in ANA and ANA-PAC Endorsements	This policy covers the action of ANA-NY Legislation Committee and Board of Directors regarding endorsement of national candidates for political office.	Archive	ANA no longer endorses political candidates. ANA's PAC continues to raise money and make contributions to campaigns supporting aligned health care policy.
6	6.1	Job Descriptions	This policy assures that all staff positions have current job descriptions.	No change	
7	6.3	Property Maintenance	This policy charges the Executive Director with maintaining property and resources of the association.	No change	

Policy Manual with appendices can be found at

<https://anany.sharepoint.com/:f:/r/Board%20of%20Directors/Shared%20Documents/Resources/ANA-NY%20Policies%20and%20Procedures?csf=1&web=1&e=iSpJNn>

### **Program Manager's Report for September Board meeting:**

At the conclusion of our 2023 Conference, the 2024 Prospectus was strategically placed on each exhibitor's and sponsor's chair.

I initiated my outreach by sending an email to 36 past exhibitors and sponsors, followed by individual follow-ups starting in January. During the conference, I engaged with various vendors, exchanged business cards, and subsequently sent personalized emails along with the Conference Prospectus to each contact. On average, I sent out 10-15 emails per month.

Once the abstracts were selected, I contacted relevant companies to obtain the contact information of the appropriate representatives. In some instances, I had the opportunity to speak directly with them about the Conference. I then sent personalized emails highlighting that their employees had been chosen to present posters or speak at the Conference, highlighting their accomplishments. I inquired if they would be interested in sponsoring our event. Due to these efforts, one outreach has led to a potential Gold Sponsor (\$4,000).

As a result of follow-ups, we have received 2 Silver Sponsor (\$2,500) each. One Sponsor did decrease their Sponsorship Level from Gold (\$4,000) to Silver (\$2,500) this year.

I continued to do outreach to past exhibitors and has resulted in 3 additional exhibitors.