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August 2017

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 4,700 New York nurses and schools of nursing through direct mail.

GREETINGS FROM YOUR PRESIDENT



Bring Your Own Chair

Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C

Turbulent times persist politically, locally and globally. Nurses are being challenged to holistically address individual and community needs while incorporating a unified approach to enhance health and minimize risk factors for mankind.

As I have been traveling to various regions; across Long Island, Albany, Binghamton and Barcelona, Spain I witnessed consistent nursing and health care issues:



- Accessibility to health care.
- Nursing education curriculum changes and limited clinical settings.
- Decreasing nursing workforce and increasing workloads with high patient acuity.
- Climate changes directly impacting on population health and well-being.

These issues were reflected in the plenary and workshop sessions at the International Council of Nurses (ICN) Congress 2017 in Barcelona, Spain. There were over 8500 nurses representing 135 countries who articulated the following:

- Legal & ethical issues.
- Health promotion/priorities & workforce obstacles.
- Mental health across the life span.
- Communicable & complex chronic diseases.
- Innovation in undergraduate education.

Dr. Mary Wakefield reviewed the 17 Sustainable Development Goals (SDGs) adopted by the UN in 2015 and how each one has an impact on health. The resounding theme is the emphasis on human resources (nurses) for health and universal coverage. Nurses are the main professional component of front line staff providing 80% of primary care. We are critically positioned to address current and future global health challenges; aging populations, increase in non-communicable diseases, poverty, inadequate resources and workforce shortages. The need for nurses' experience, knowledge, and skills to transform healthcare has never been greater.

Nurses are critical in the delivery of essential health services and are core contributors to strengthening the health system, whether in Rochester, NY or Tanzania. We have an increasing recognized role in shaping health care through our voices, ideas, and as change agents. We must effectively influence high level policy and political decision making with a unified message. Yet what should be the priorities for nurses and how can we provide leadership? Traditionally nurses have not been invited to the table with other policy makers keeping our voice silent. It is time to roar.

Nurses work at the interface of health and social sectors and are experts at providing person and people centered care. Thus we are positioned to make significant contributions to the well-being of families, communities and nations and ultimately sustainable development. We

must take advantage of every challenge and opportunity to enlighten and educate all stakeholders. Worldwide there are daily disasters whether human induced or natural that require assistance in every aspect. Good intentions are not enough. Nurses are essential to short, medium and long-term health and social needs of affected populations. Collaboratively we recognize immediate stabilization issues and identification of assisting the host country to begin regrowth for optimal recovery outcomes.

ICN has altered its management approach to regional organization which will enhance responsiveness to address the members' needs and implement health policy at the local, national and global levels. ANA-New York reinforces ICN's regional directive by reaching out to our members across the state. This will facilitate a stronger connection with our Organizational affiliates and members. We need to address social determinants and promote social justice to enable all people to lead flourishing lives and empower individuals and communities to reduce health inequities.

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FROM THE DESK OF THE **EXECUTIVE DIRECTOR**

Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN **Executive Director**

We have another newsletter edition for you that is brimming with information. Make sure to get registered for our 5th Annual Meeting and Conference. We look forward to getting together with old friends in Albany for Healthy Nurse: Work/Life Balance. I can say that, with a new puppy in the house, I could definitely use a little more balance right about now!



Jeanine Santelli

We also have very important information on our 2017 candidates for office. If last November didn't prove how important casting your ballot is, I don't know what

Jamilynne has been working feverishly since she joined us in November on getting a live "Members Only" section of the website up and running and she has succeeded! We are posting committee minutes on that site and will be adding the annual reports and board

Let us know if you have an article that you would like to have included in our newsletter or an event that you would like us to post on our website. We don't know about things unless you, our members, tell us.

President continued from page 1

Start small. Think big. Go fast. It is time to validate nursing's past contributions and encourage future innovative approaches. Do not let anyone or any obstacles slow you down. Encounter them head on or push them to the side and move forward.

Nurses are not a cost to be managed but must be envisioned as an investment. Consistently articulate in every venue the essential value and importance of nursing's positive proactive impact on health.

If you want to go fast; go alone. If you want to go far; go together. Collaborate with patients, communities, and interdisciplinary teams to insure all issues are addressed and resources are mobilized.

Purpose + Action = Results. How can you make your nursing footprint? Motivate everyone at every stage, manipulate environments and advocate for every patient. Venture beyond your comfort zone. Set personal goals and develop an action plan. Change begins with yourself. If you want a seat at the table bring your own chair!

Opportunities are like sunrises - if you wait too long vou miss them.

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Directors:

Bill Donovan, MA, RN Joanne Lapidus-Graham, EdD, RN, CPNP, CNE Mary Lee Pollard, PhD, RN, CNE Linda O'Brien, MS, RN Victoria Record, EdD, RN, CNE

Article Submission

- Subject to editing by the ANA-NY Executive Director & **Editorial Committee**
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: programassociate@anany.org
- Subject Line: ANA-New York Nurse Submission: Name of the article
- Must include the name of the author and a title.
- ANA-NY reserves the right to pull or edit any article / news submission for space and availability and/ or deadlines
- If requested, notification will be given to authors once the final draft of the *Nursing Voice* has been submitted.
- ANA-NY does not accept monetary payment for

Article submissions, deadline information and all other inquiries regarding the ANA-New York Nurse please email: programassociate@anany.org

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YOUR VOTE MATTERS



The Nominations & Elections Committee is pleased to announce the ballot for 2017 Elections. Meet your candidates. Polls will be open from 7/28/17 through 9/6/17.

The candidate profiles will be available in the members only section of our website www.ana-newyork.org. Campaign materials from those candidates wishing to submit them will also be available in the members only section of our website.

ANA-NY 2017 Candidate Profiles

Vice President



William Donovan, MA, RN – Brooklyn, NY

Current Employment: Adjunct faculty, Excelsior College School of Health Services

Position Statement: I hold strong beliefs that we must continue to maintain and expand the energy and vitality of ANA-NY. I believe our primary goal is to increase membership by getting the word out to nurses in NY state. By increasing our visibility and membership, we will have the ability to address the concerns of nurses statewide

and continue to serve as the voice for nurses at the state level and in addition having a strong presence within ANA. I bring my experience in elected and appointed positions at both ANA and ANA-NY. It would be an honor to continue to serve the organization.



Joanne Lapidus-Graham, EdD, RN, CPNP, CNE - Woodbury, NY

Current Employment: Professor, Farmingdale State College, Department of Nursing; Pediatric Nurse Practitioner, Pierce Country Day Camp

Position Statement: Goals for ANA-NY: 1) Encourage the voices of Registered Professional Nurses at local, state, and national levels as experts and leaders in the delivery of quality health care. 2) Support ANA-NY's vision and mission of excellence in nursing practice. 3) Lead initiatives that promote innovative and excellence in the preparation

of nursing students at all levels. 4) Inspire the ANA-NY membership to embrace research and evidence-based practice. 5) Facilitate collaboration with other healthcare professionals to build and strengthen ANA-NY. I would be *HONORED* to have the opportunity to serve on the board as the Vice-President. The last four years have been an exciting time of developing new policies and guidelines that have helped to shape and to increase the visibility of ANA-NY. I am highly motivated and my colleagues can attest to my accountability and diligence in completing work. I am committed to continuing the excellent work ANA-NY has done and to lead the organization on to new heights.

Secretary



Tanya Drake, MSN, RN – Haverstraw, NY

Current Employment: Retired

Position Statement: I am a Founding and Charter Member of ANA-NY. I have been active in my local, state and national professional nursing organizations since my initial licensure. I have held numerous leadership positions in nursing and academia and am currently chairperson of the ANA-NY Bylaws Committee. If elected, I will bring a fresh perspective on governance and my passion for nursing and universal access to quality

healthcare to the Board of Directors as we continue to work to strengthen ANA-NY, grow our membership, and advance our mission of patient advocacy and providing a voice for all nurses across all specialties.



Patricia Hurld, BSN, RN – Grand Island, NY

Current Employment: Retired

Position Statement: ANA-NY, needs the flexibility to meet today's challenges and the vision to prepare for the future. We need to reach out to All RNs: to be inclusive of all specialties and education levels, from new graduates to retirees in innovative ways. Everyone is needed at OUR table if we are to meet the challenges of tomorrow. Over my career, I have experienced nursing from the ICU to homebound, from

the hospital and clinic to coordination of service between New York State and counties, from the perspective of both nurse and client. The future is ours if we reach out for it!

Director-at-Large

Verlia Brown, MA, RN – Wantagh, NY

Current Employment:

Position Statement:



Ann Fronczek, PhD, RN – Endicott, NY

Current Employment: Assistant Professor, Decker School of Nursing, Binghamton University

Position Statement: I have previously served a successful 3-year term as a Director on the inaugural board. If elected, I plan to continue the leadership efforts of ANA-NY and serve as a member from the Upstate

Candidate Profiles continued on page 4



ANA-NY Annual Meeting and Conference 2017

September 14-16, 2017

Hilton Albany, 40 Lodge Street, Albany, NY 12207 Register today: https://goo.gl/bzSr8p

Dear ANA-NY Members,

We are pleased and excited to announce that we will be holding our 5th Annual Meeting and Conference on Friday, September 15, 2017 and Saturday, September 16, 2017. This year's annual meeting will be held at the Hilton Albany in Albany, NY.

This year's annual meeting includes the following:

• **Pre-conference** on September 14th (No cost to attend but registration is required. Please indicate your participation when you register for the conference) *Please join us for a pre-conference on Hepatitis C (HCV),*



- co-sponsored by the NYSDOH AIDS Institute Clinical Education Initiative and Mount Sinai Institute for Advanced Medicine. This afternoon training will provide an update on HCV treatment recommendations, and take a deeper look at HCV among substance users, women of childbearing age, and during pregnancy.
- Healthy Nurses Walk to Benefit Nurses House, Inc. (Please indicate your participation when you register for the conference) Join Nurses House, Inc. at the ANA-NY Annual Meeting on Saturday September 16 at 6:45 a.m. for a healthy nurse walk to raise funds for RNs in need. Raise \$25 or more and receive a free t-shirt on the morning of the walk.

Registration and the Meeting Agenda are available at: https://goo.gl/bzSr8p. If you need to register by mail or encounter any difficulties registering, call and leave a message at 1-877-810-5972, Ext 702 or membership@anany.org. **Reduced Registration Fees** are available through **August 15, 2017**.

Room Reservations Albany Hilton Online registration at: https://goo.gl/XR4nXd Call Hilton Albany at 1-866-691-1183 and reference the Group Code: **1AMNA**. Special rates are available until **August 15, 2017**.

Register today: https://goo.gl/bzSr8p

Sincerely, The Annual Meeting Committee: Patricia Hurld, Chair; Gorete Crowe; Marilyn Klainberg; Ann Purchase Laura Terriquez-Kasey; Elisa Mancuso, Ex-Officio; Linda O'Brien, Board Liasion

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YOUR VOTE MATTERS

Candidate Profiles continued from page 3

central area of New York State. I will assure continued effort in recruiting young new graduates to our organization and mentorship activities for them to transition into leadership roles in professional organizations. I also will continue to support any effort to foster the advancement of nurses in their academic and professional careers through advocacy and continuing education efforts.



Keith Hornbrook, MPH, RN - Cohoes, NY

Current Employment: Medical-Surgical RN, Albany Medical Center

Position Statement: I support the mission of the ANA-NY. I believe that an interdisciplinary approach to health achieves better outcomes. I believe there is work to be done to bridge the

gap between acute and community care and that nurses in all levels of professional practice have a unique role in doing that successfully. Nursing can be the platform for which caring meets science to holistically achieve health by valuing and utilizing the diverse education and experience we bring to the table. That is how we need to reflect and communicate understanding to the diverse peoples we serve.



Rona Faye Levin, PhD, RN - Yonkers, NY

Current Employment: Retired

Position Statement: I submit my nomination with great enthusiasm. I was involved for 20 plus years with NYSNA, as district 14 board member, chair of both the Council of Nursing Research and the Council of Nursing

Education. Accomplishments during my tenure include development of a Statewide Nursing Research Agenda and the initiation of a Faculty Camp during June, which became a popular venue. I will work to help ANA-NY achieve not only strength, but reach new heights, and will strive to create innovative ways to enhance membership and provide members with what they expect from a professional nursing association.



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Mary Lee Pollard, PhD, RN, CNE -**Ballston Spa, NY**

Current Employment: Dean, Excelsior College School of Nursing

Position Statement: I am proud of the accomplishments of the ANA-NY Board of Directors and wish to continue my service as a director for

a second term. During the last two years, the Board has successfully transitioned to a new leadership team with a new President and Executive Director. We have extended our participation in the Northeast Multistate Division, recognizing cost savings by sharing staff and services. We have increased our membership to more than 4,450 Registered Nurses while also increasing the number of organizational affiliates. I am asking for your vote to continue this path of success for our organization.

ANA Membership Assembly **Representative and Alternate**



Toby Bressler, PhD, RN, OCN -Brooklyn, NY

Current Employment: Vice President Oncology Nursing and Clinical Quality for the Mount Sinai Health System

Position Statement: Dr. Bressler is the chair of the ANA-NY Education Committee and is also serving a

2-year term as a Jonas Policy Scholar with the American Academy of Nursing. Her research interests include Interprofessional education, promotion of palliative care and quality of life of patients and families living with serious illness. She has published and presented extensively both nationally and internationally and has received awards for exemplary leadership, academic excellence and community service. Her proven track record in clinical, quality, administrative and research program development, coupled with her strong leadership skills makes her an ideal candidate for a Board position with ANA-NY.



Donna Florkiewicz, BS, RN, CCRN-CMC, CSC - Glenville, NY

Current Employment: Ellis Hospital ICU RN

Position Statement: I would like to represent ANA-NY as a representative at the ANA Membership Assembly because I want to advocate for ANA-NY members at the national level. I am an active,

founding member of ANA-NY, and I clearly understand how our organization's mission and vision mesh with that of ANA. I have attended the ANA Membership Assembly for many years as an observer and alternate representative, and I am ready and willing to advance to the position of representative. I would appreciate your vote for me as Membership Assembly Representative.



Ann Fronczek, PhD, RN - Endicott, NY

Current Employment: Assistant Professor, Decker School of Nursing, Binghamton

Position Statement: I have previously served a successful 3-year term as a Director on the inaugural board. If elected, I plan to continue the

leadership efforts of ANA-NY and serve as a member from the Upstate central area of New York State. I will assure continued effort in recruiting young new graduates to our organization and mentorship activities for them to transition into leadership roles in professional organizations. I also will continue to support any effort to foster the advancement of nurses in their academic and professional careers through advocacy and continuing education efforts.

Winnie Kennedy, MSN, RN - Brooklyn, NY

Current Employment:

Position Statement:



Rona Faye Levin, PhD, RN - Yonkers, NY

Current Employment: Retired

Position Statement: I submit my nomination with great enthusiasm. I was involved for 20 plus years with NYSNA, as district 14 board member, chair of both the Council of Nursing Research and the Council of Nursing

Education. Accomplishments during my tenure include development of a Statewide Nursing Research Agenda and the initiation of a Faculty Camp during June, which became a popular venue. I will work to help ANA-NY achieve not only strength, but reach new heights, and will strive to create innovative ways to enhance membership and provide members with what they expect from a professional nursing association.



Larry Z. Slater, PhD, RN-BC, CNE -Brooklyn, NY

Current Employment: NYU Nursing/ **Clinical Assistant Professor**

Position Statement: It has been a great pleasure to serve on the ANA-NY Board of Directors since 2013, first as a Director and currently finishing my term as

Secretary. In addition, over the last 2 years I have served as an Observer at the ANA Membership Assembly. With the experience gained on the Board as well as a Membership Assembly Observer, I feel I can adequately represent the interests of ANA-NY membership and the Board of Directors at the ANA Membership Assembly. I would be honored to continue my service to ANA-NY in this capacity.

Kimberly Velez, MSN, RN - Brooklyn, NY

Current Employment: Northwell Health (formerly NSLIJ) Informatics Nurse/Educator

Position Statement: The message I bring is to be "proactive." I love motivating fellow nurses to get involved and then stepping aside to watch them go! We, as nurses, need to mentor the new faces in nursing, collaborate with peers, and be ready to adapt to the new roles in nursing. My challenge is to engage our members.



Phyllis M. Yezzo, DNP, RN, CPHQ, NEA-BC - Eastchester, NY

Current Employment: Bon Secours Charity Health System; SVP, Patient Care Services and CNO

Position Statement: Nursing needs to have a voice with the legislature to influence health care policy decisions and protects

and promotes nursing practice to ensure the vision of nursing with the ability to work to the full scope of their license. I believe ANA-NY is a strong voice for nursing through its growing membership, collegial relationships and outreach to all nurses across our state. I volunteered as an observer at the ANA Membership Assembly in 2014 and have served on the Audit Committee and Membership Committee in 2016-17. I welcome the opportunity to serve ANA-NY advocating for nurses, patients and our profession.

Nominations and Elections Committee

Louise Dean-Kelly, DNS, RN, FNP - Deerfield, NY

Current Employment: SUNY Polytechnic Institute, Associate Professor, Coordinator of NP programs, Family NP, Chair of Nursing Department

Position Statement: I have been a nurse and family nurse practitioner of over 30 years and a continuous member of ANA for all of that time. My focus has been on practice, education and cultural issues. I have been a nurse practitioner, coordinator of NP programs and chair of the Nursing department in addition to being a Board member and treasurer of our local chapter in the past. I am concerned about the future of health care in our country as we anticipate decreased funding of preventive health care, nursing issues and programs of our most vulnerable populations.

YOUR VOTE MATTERS





Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R - Altamont, NY

Current Employment: Director of History & Education, Center for Nursing, FNYSN; Adjunct Professor, SUNY ESC

Position Statement: As a charter member of ANA-NY and an employee of the Center for Nursing, FNYSN, I am seeking a way to participate in this organization. As a professional nurse, ethicist, historian, and archivist, I understand the importance of documentation. It is key to preserving the history of an organization as well as facilitating

the day-to-day functions of ANA-NY. I understand the importance of deadlines. I have functioned as an elected or pro-tem secretary for many years within my professional and non-professional organizations. I am currently secretary for NENYONEL.



Coretta Killikelly, MS, RN - Albany, NY

Current Employment: RN Care Manager Samuel S. Stratton Veterans Administration Medical Center; Clinical Examiner Excelsior College

Position Statement: My nursing experience includes Geriatrics, Management, and Education. I am employed at the Veterans Administration [VA] Medical Center in Albany as an RN Care Manager for nine years. I believe in the development of nurses from bedside to the boardroom. I wish to align myself with an organization whose mission is

to "foster high standards of nursing, promote the professional and educational advancement of nurses, and advocate for the welfare of nurses to achieve the outcome of better health for all." It would be an honor to serve and represent my colleagues through this post.



Tara Millson, MSN, RN, CIC - Rome, NY

Current Employment: Infection Preventionist, Mohawk Valley **Health System**

Position Statement: I look forward to serving the professional nurses of NY. Nurses need strong representative voices to advocate for our profession and for our patients, and I vow that if I am selected I will be that voice for you. I have experience serving on committees and the Executive Board with a regional APIC Chapter, and have been an invited speaker at the local, state, and national level. I am dedicated to the advancement of nursing as a profession, and to providing safe, effective care to our patients.



Jeffrey Schwertfeger, MBA, BSN, RN - Hilton, NY

Current Employment: Chief Nursing Officer, Monroe Community

Position Statement: I am a seasoned nursing leader with 13+ years of senior Management experience. I strive to be a transparent and transformational leader. I believe strongly in shared governance and the empowerment of bedside staff nurses. However, this empowerment should not occur without adequate preparation and training. This

education and training is essential in order for the nurse to act effectively in an empowered role. It is important that nursing leader's and the ANA represent the interests of this group.



Maryann Sharpe-Cassese, MS, RN - Rhinebeck, NY

Current Employment: Faculty, Excelsior College, Adjunct faculty, **Duchess Community College**

Position Statement: My expertise in the field of professional nursing includes education, sales, marketing, business development, surgical and transplant services. As an RN with over 45 years in the field, my interests include education and professional development. Insuring a

smooth transition into the professional role and advocating for the health and life balance of colleagues throughout their career is an essential role for all nurses, as champions of health and wellness. If elected, I will commit to being a visible presence and will focus on the well being of all RN's, as they achieve their professional goals and aspirations.



Christine Verni, EdD, RN, FNP-BC - Buffalo, NY

Current Employment: Clinical Associate Professor, D'Youville College; Family Nurse Practitioner and Research Coordinator, UB/MD Emergency Medicine

Position Statement:







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ANA-NY Congratulates 2017 Future Nurse Leaders

Award recognizes nursing students for achievement and potential

The American Nurses Association - New York (ANA-NY) is proud to introduce its 2017 cohort of Future Nurse Leaders. Started in 2014 to recognize the high quality of students graduating from nursing schools in New York and foster engagement and ongoing professional development, the award is given to graduating students in honor of their scholarship, professional dedication and commitment to community service.

The 2017 cohort of ANA-NY Future Nurse Leaders is:

- Laurel Marie Algase, Le Moyne College
- Marisa Armstrong, Farmingdale State College
- Kelsey Baker, The College at Brockport
- Kayla C. Brooks, Fulton Montgomery Community
- Sarah Godnick, Nazareth College
- Arlen Halstead, Mohawk Valley Community College
- Alexander Klotsche, Adelphi University College of Nursing and Public Health
- Daniel Leon, D'Youville College
- Erin Leppien, Niagara University
- Hannah M. Mackay, Arnot Ogden Medical Center School of Nursing
- Jaclyn Malone, Molloy College
- Kacy Mang, Memorial College of Nursing
- Cassedy J. Meade, Corning Community College
- Melissa Mendoza, Binghamton University
- Kacey Merhige, Ellis Medicine, The Belanger School of Nursing
- Lindsey Theresa Michaud, Wegmans School of Nursing, St. John Fisher College

- Marielle Claire Morin, Russell Sage College
- Rachel Nurse-Baker, Hunter College, CUNY
- Santashia Reed, Roberts Wesleyan College
- Patricia Rojas, Phillips School of Nursing at Mount Sinai Beth Israel
- Alexander Salinas, University at Buffalo School of Nursing
- Lorenzo Sanguedolce, State University of New York -**Downstate Medical Center**
- Jennifer Schmidt, Suffolk County Community College
- Henry L. Snyder, Pace University
- Danielle Stampp, Elmira College
- Maryann Thomas, Nyack College
- Shelby Lynn Valenti, Finger Lakes Community College
- Angela J. Vilasi, NYU Rory Meyers College of Nursing
- Elizabeth Weaver, Samaritan Hospital School of Nursing
- Taysha Wellington, Monroe College School of Nursing

The ANA-NY Future Nurse Leaders were nominated by their schools of nursing as outstanding students who embody the ethics and values of nursing; demonstrate leadership; make a significant contribution to the overall excellence of their school; set a healthy example and promote a healthy lifestyle; and demonstrate a clear sense of the direction for their future nursing careers.

Each future nurse leader receives a certificate of recognition, a free online continuing education course from Advantedge Education, Inc., and a complimentary membership to American Nurses Association and ANA-NY for a year.





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The Assistant Professor and Clinical Coordinator is comprised of two components: **teaching in the FNP program** and **clinical coordination**. The Clinical Coordinator is responsible for acquiring and maintaining clinical sites for preceptorship experiences; works in collaboration with the program director, faculty, and preceptors to prepare, place and monitor students' progress via Typhon log. The Coordinator mentors all respective adjuncts, provides supplemental graduate student advisement and participates on committees in the Nursing Division as well as college-wide committees.

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- Family
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- Community
- MPS-MS Nursing Dual Degree Program

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- Forensic Health

www.binghamton.edu/dson

In the Sptlight -**Future Nurse Leader**

Jess Robie, RN

Jess Robie grew up in a family with strong values about taking care of others, the environment and the world. She graduated with a BA from Friend's World Program of LIU (now Global College) saying, "I want to help people." With some help from a friend, she was introduced to Family of Woodstock, Inc, a small notfor-profit organization Ulster County NY that serves



Jess Robie

as a safety net to the county's most vulnerable residents. Jess started her career there in 2001 as a case manager for young adults with addiction and mental health issues and quickly moved up the ranks into various supervisory roles, eventually overseeing all the adolescent services provided by the agency, a runaway crisis shelter, a transitional living program with two sites and numerous case management programs located across the county. Jess also oversaw the agency wide training and provided support to the program supervisors for program specific trainings and staff development.

After 13 years of service, Jess decided to go back to school to become an RN. In addition to her work at Family, she had been running a small body and energy work practice for 6 years and decided that becoming a nurse practitioner would give her the licensure, knowledge and experience to grow the small practice into a holistic health practice. She left her position at Family and started her associates in nursing science at SUNY Ulster. While in school full time, Jess worked full time on the Ulster County Mobile Mental Health team, responding to mental health crises across Ulster County. She worked part time at the Psychiatric Emergency Room at the local hospital and took a leading role in her nursing class. She was president of the Nursing Club, organized class wide study games, and worked as a peer tutor in the nursing lab. Jess was instrumental in bringing in speakers to address some of the pressing issues in Nursing, like cultural senility when working with LGBTQ patients, and patients with mental health issues.

After graduating, Jess got a job at the local hospital working as a staff nurse on a med-surg floor and got involved in committee working to prevent readmissions. After seeing the discrepancy in care given to patients who do not speak English, Jess organized a Spanish class for medical professionals. She is taking a leading role in developing the hospital's hands on healing program which incorporates reiki, healing touch, and therapeutic communication into patient care. She is looking forward to attending the annual conference for the American Holistic Nurses Association in June where she hopes to learn new ways to expand the program.

Outside of work, Jess has been advocating about health care issues in politics. She, along with a friend and fellow nurse, organized a group of nurses around the issue of universal health care in NY. They have participated in a lobby day in NY, attended many rallies outside their congressman's office, and are in the process of organizing an event to raise awareness about Healthy NY, the NY state bill for universal health care in NY.

Jess loves to garden, hike and play games and spends time doing all these things with her supportive vife, Brenda and dog, Ozzie. Jess is currently exploring the options for continuing her education with the goal of becoming a Family Nurse Practitioner with a Psych Certification. She continues to have a small private practice where she does body and energy work.

Nurse Home Visitor

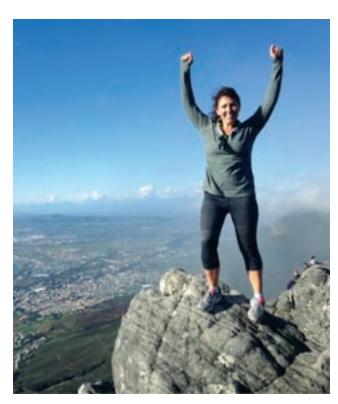


The Nurse Family Partnership (NFP), a program of Public Health Solutions, is a nationally recognized, evidence-based nurse home-visiting program for high risk, low-income, first-time mothers, their infants, and their families.

NFP seeks a Nurse Home Visitor for its Corona office to provide services throughout Queens for this community-based, collaborative, nurse home visiting program. You will assess the medical and social needs of pregnant women and infants; follow a prescribed process / plan of care and monitor the outcomes in accordance with NFP and Public Health Solutions' policies and procedures.

To read the full position description and to apply, please visit goo.ql/SZBDX2

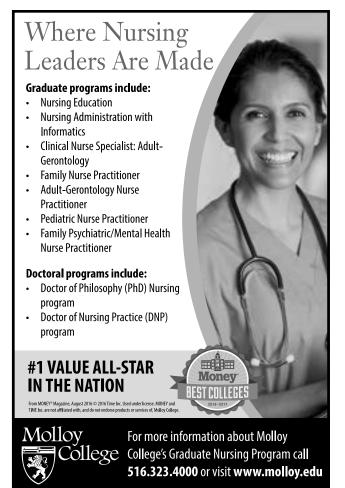
Nurses Educational Funds, Inc.



Brittney Sullivan, NEF Scholar, 2016-2017, on top of Table Mountain in Cape Town after presenting at the Sigma Theta Tau International Nursing Research Congress, July 2016.



Nurses Educational Funds, Inc. Gala Reception, New York City, November 2, 2016, from left to right Susan Bower-Ferres, NEF President, Diane Mancino, Executive Director of NSNA and Honoree, and Cynthia Sculco, NEF Vice President.



- Two Goals -Support of Graduate Nursing Education Through Annual Scholarship Awards and Mobilizing a Give Back Spirit

Nurses Educational Funds, Inc., (NEF) is the largest professionally endorsed source of scholarships for advanced nursing study in the US. The NEF mission and vision encompass our two goals:

First: To promote leadership through scholarship support for professional nurses seeking masters and doctoral degrees in nursing education, practice, service and research. Second: To be the national leader in providing graduate funds for nurse leaders in education, practice, service and research.

The need for nurse leaders is critical. NEF-funded scholars have become outstanding faculty and deans of schools of nursing, renowned researchers, and experts in healthcare delivery, administration, and policy — all leading change in every arena across the country and globally. Funding scholarships for graduate nursing education is an ongoing and challenging process that has been the key focus of NEF's volunteer board of directors.

If you are seeking to elevate your career by returning to school for a master's or doctoral degree and seek financial assistance, our annual completely online application process at www.n-e-f.org begins on October 1 of each year and closes on February 1 of the following year. A description of the requirements for NEF Scholarship application follow.

About the Scholarships:

- Scholarships are based on academic performance, a personal essay, reference letters, and validated study already in progress in graduate programs throughout the United States.
- Scholarships are provided directly to students for their use in supporting their studies.
- A long list of named endowed scholarships is available on the NEF web-site, at <u>www.n-e-f.org</u>.
 Since 1912 over 1200 professional nurses have received a Nurses Educational Funds, Inc. Scholarship.
- Each student's application is reviewed and scored by two separate nurse reviewers from NEF Board of Directors who do not consult with each other regarding their reviews. The review scores are then tabulated by the Criteria and Eligibility Committee nurse members for the final scholarship application determination.

About the criteria:

• GREs are not required as part of the application process.

- Student applicants must be licensed registered nurses with a bachelor of science in nursing degree.
- References are required from the student's academic, employment, and professional colleagues.
- Scholarship awards are given to students in nursing research, clinical practice, education, and administration.

About our funding:

- Each year in spring and winter NEF sends letters to nurses, nursing schools and colleges, medical centers, corporations, foundations, and individuals asking for financial support for the annual scholarships.
- Our annual Fall Gala, this year scheduled for November 1, 2017, seeks sponsorship from schools or Colleges of Nursing, medical centers, corporations, foundations, and individuals at varying levels: \$50,000, \$25,000, \$10,000, \$5,000, \$2,500, and \$1000. NEF Gala Reception tickets are \$100.
- NEF Gala Sponsors will be acknowledged on the invitation, on the Gala Program, and during the Gala, November 1, 2017.

Nurse Philanthropy:

As professionals, we can also be philanthropists, while helping others understand the need for philanthropy. Nurses Educational Funds, Inc. will only continue to be a successful graduate nursing scholarship provider if we can mobilize a give-back spirit among our colleagues. Individual nurses can give as part of their legacy. Nurses are essential to their communities and health care but need to help their communities understand their vital health care delivery contributions. It is imperative that NEF continue to expand the number of graduate nursing scholarships if we are to facilitate and sustain nursing faculties, nurse researchers, and nursing leaders. With a give-back spirit nurses can greatly contribute to graduate nursing scholarship support.

For further information, see our web site at: www.n-e-f.org or contact our Executive Director, Jerelyn Weiss, at: jweiss@n-e-f.org, (917) 524-8051, Nurses Educational Funds, Inc., 137 Montague Street, Ste. 144, Brooklyn, NY 11201

Resources

Jerelyn Weiss, Executive Director

Susan Bowar-Ferres, PhD, RN, NEA-BC, President of Nurses Educational Funds, Inc., April, 2012- April 2017.

Bowar-Ferres, S., Fitzpatrick, M.L., McClure, M.L. (2014, October). One hundred years and still counting, The story of NEF: yesterday, today, and tomorrow. *Nursing Administration Quarterly*, 38, (4) 303-310.



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- Standardized patient encounters at the Clinical Skills Center
- Procedural skills practice at the Bioskills Education Center
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PROTECT YOUR NURSING LICENSE

John A. Musacchio, Esq.

You've worked hard to become a nurse. Patients and their families put their trust in you, and you enjoy providing your patients with the best possible care.

It should be no surprise that nurses who abuse patients are likely to lose their nursing licenses, in addition to facing severe criminal penalties. But did you know that you could face professional discipline even if you make an honest mistake, or if you get in trouble outside of the workplace?



John A. Musacchio

The thought of losing your license can be terrifying. How will you provide for your family? Will anyone ever hire you again? How can you face your friends?

This article is intended to help you protect your license, enhance your patient care, and understand what to expect if you ever face disciplinary charges.

What Constitutes Professional Misconduct?

The New York State Education Department's Office of the Professions, the agency which disciplines nurses, provides the following list of activities constituting professional misconduct on its website (http://www.op.nysed.gov/opd, as of May 25, 2017):

- Engaging in acts of gross incompetence or gross negligence on a single occasion, or negligence or incompetence on more than one occasion
- Permitting or aiding an unlicensed person to perform activities requiring a license
- Refusing a client or patient service because of race, creed, color, or national origin
- Practicing beyond the scope of the profession
- Releasing confidential information without authorization
- Being convicted of a crime

- Failing to return or provide copies of records on request
- Being sexually or physically abusive
- Abandoning or neglecting a patient in need of immediate care
- Performing unnecessary work or unauthorized services
- Practicing under the influence of alcohol or other drugs

As you can see, the definition of professional misconduct is pretty broad. Some prohibited conduct is easy to identify and avoid. Other violations are not as easy to figure out, however, and a nurse could end up committing professional misconduct unintentionally, despite his or her best intentions.

To help understand this dilemma, consider the following scenario which I recently learned from an excellent nurse consultant who worked with me as an expert in a medical malpractice case.

CASE STUDY #1: An RN at a mental health clinic was responsible for administering injections of a controlled substance to patients suffering from severe mental illness. Failure to strictly adhere to a patient's dosing schedule would create a substantial risk of extreme regression and resurgence of symptoms.

Occasionally, when a patient would present for an injection, the RN would discover that the clinic did not have the new order from the patient's doctor, as required to administer the injection. Knowing the severe consequences if the patient's dose was delayed, the RN would borrow a dose from another patient, administer the injection, and replace that dose after obtaining the order.

Even though this practice was clearly done for the benefit of patients, it was, technically, an unacceptable clinical action. The RN was suspended from her job and faced serious professional discipline. However, after fighting the charges, her license was not negatively impacted. She received a mere warning and was restored to her previous position.

If you are concerned that you may have done something that could subject you to discipline, you should consult an attorney with experience defending nurses.

Ways to Protect Yourself

- Understand and follow your employer's rules, policies and procedures
- Treat your patients, supervisors and co-workers in a courteous and professional manner
- Do not access or release confidential information without authority
- Keep complete, accurate charts and progress notes for your patients
- Keep copies of your positive employment evaluations, letters of reference, awards, and records of other professional accomplishments
- Do not practice under the influence of alcohol or drugs
- Do not use illegal drugs
- Avoid activities that could lead to criminal charges
- If arrested, hire a criminal defense attorney who has experience defending nurses

Types of Discipline

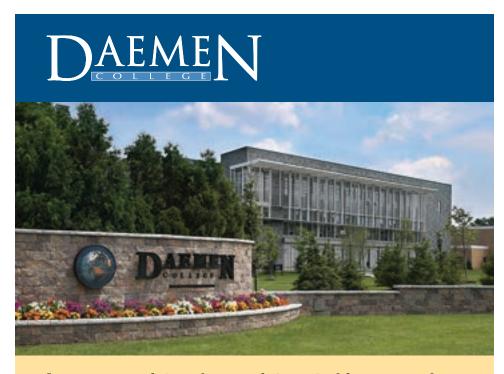
The Office of the Professions can institute a variety of penalties depending upon the seriousness of the conduct, and discipline can include a monetary fine of up to \$10,000.00.

Revocation. For the most serious offenses, such as gross negligence resulting in a patient's death, the license may be permanently revoked.

Suspension. A nurse's license may be suspended, during which time the nurse is not allowed to practice. The length of the suspension will depend upon several factors, including the seriousness of the offense.

Stayed Suspension. A nurse may be offered a "stayed" suspension of his or her license, which allows the nurse to continue working during the suspension.

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Are you a registered nurse interested in personal development or career mobility?

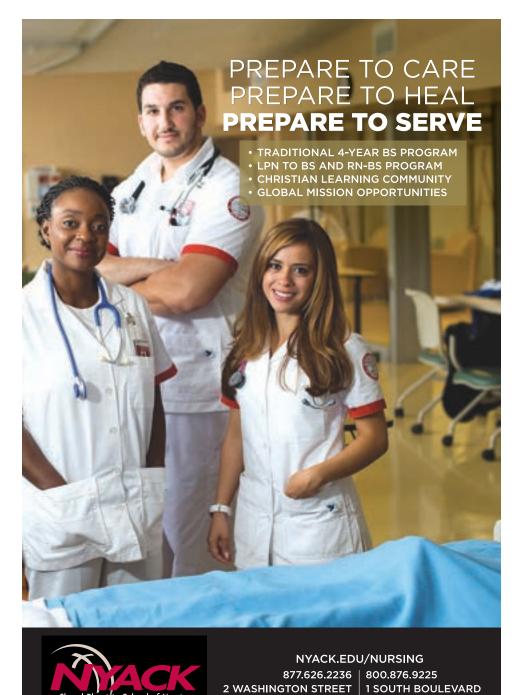
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Cheryl Phenicie School of Nursing

Probation. A nurse may be subject to a period of probation during which the nurse may continue to practice, as long as he or she abides by the terms of probation. A violation of any term could lead to more serious forms of discipline.

Censure and Reprimand. Less serious offenses may be punished by censure and reprimand. The nurse continues to work without restriction, but future acts of professional misconduct could lead to more severe penalties.

How Does the Process Begin?

In some circumstances, when a complaint is made against a nurse, the Office of the Professions might contact the nurse to learn his or her side of the story. If the Office of the Professions decides to seek discipline, the nurse will receive a written notice containing the basis of the charges, the proposed penalties, and the date and time of a hearing to determine whether the nurse has committed professional misconduct. In other cases, such as where the nurse has been convicted of a crime, the Office of the Professions may simply mail the nurse a written notice of the hearing and the penalties which will be sought.

To help give you some guidance, let's look at a common scenario.

CASE STUDY # 2: A nurse has one too many drinks on her night off and begins to drive home. She gets pulled over by a police officer, fails a sobriety test, and is charged with Driving While Intoxicated (DWI). She hires an attorney who negotiates a favorable plea bargain which allows her to pay a small fine and keep her driver's license. She breathes a sigh of relief, as the painful ordeal is over.

Or so she thought. Several months later, out of the blue, she receives a notice from the Office of the Professions informing her that she is facing professional discipline for her drinking and driving conviction. The notice gives her two choices: she can either 1) agree to a temporary suspension of her nursing license and pay a fine, or 2) appear at a hearing and face much harsher penalties, including a longer or indefinite suspension and a higher fine.



DO:

- ✓ Read all letters and notices from the Office of the Professions carefully
- ✓ Hire an experienced attorney as soon as possible.
- ✓ Give all relevant paperwork to your attorney
- Maintain a courteous and professional attitude at work, if you are still employed

DON'T:

- X Ignore the Office of the Professions' letter informing you that you are under investigation
 X Contact the Office of the Professions yourself
- X Confront your supervisor or anyone who filed a complaint against you
- X Break any other rules or laws

What Are Your Options?

If you are facing discipline, it is important to remember that you have options. You have the right to a hearing at which you can defend your actions and attempt to have the charges dismissed. You also have the right to be represented by an attorney throughout the entire process, and it is strongly recommended that you retain a lawyer with experience defending nurses as soon as possible to protect your legal rights.

You should remember that everything you say to the Office of the Professions can be used against you, and sometimes even if you feel you did nothing wrong, your statement can have an unanticipated, detrimental effect. An attorney experienced in dealing with matters before the Office of Professions can help you build the best possible defense to the charges against you, handle all communications with the Office of the Professions, attempt to have the

charges dismissed, attempt to negotiate an acceptable resolution without the need for a hearing, and protect you at the hearing.

It is also important to note that if the nurse in the above example had hired a criminal defense attorney with experience defending nurses, the attorney could have warned the nurse about the criminal conviction's effect on her license and taken steps to minimize the impact.

Conclusion

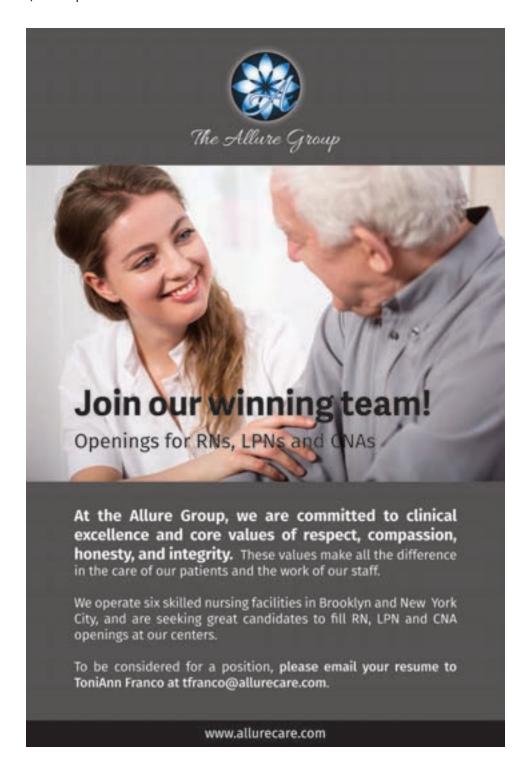
The thought of defending your nursing license can be scary. There are many practices that nurses can employ to help them stay out of trouble, while simultaneously enhancing patient care. Even when a nurse is facing potential discipline, an experienced attorney can help minimize the impact on the nurse's career, so they can get back to doing what they do best – helping patients.

John A. Musacchio is an associate attorney with the law firm Towne, Ryan & Partners, P.C., which has five offices in Upstate New York and a sixth office in Bennington, Vermont. In addition to defending nurses in professional discipline matters, John's statewide practice also includes criminal and DWI defense, labor and employment law, personal injury litigation, estate planning, real estate transactions and business law. He has been selected to the Upstate New York Super Lawyers Rising Stars list in 2015, 2016 and 2017.

John serves on the New York State Bar Association's Committee on Disability Rights, the Board of Directors for the Capital Region Italian American Bar Association, and as Co-Chair of the New York State Trial Lawyers Association Young Lawyers Committee, Capital Region division.

John can be reached by telephone at (518) 452-1800 and by e-mail at <u>john.musacchio@townelaw.com</u>.





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ANA-NY 5TH ANNUAL MEETING



ANA-New York 5th Annual Meeting Healthy Nurse: Work/Life Balance

September 14-16, 2017 | 12:30pm - 4:00pm

Hilton Albany, 40 Lodge Street, Albany, NY 12207 | Registration Deadline: September 12, 2017

To register, please visit https://goo.gl/bzSr8p

This is the fifth meeting of the membership of the fastest growing professional nursing association in New York. This association is a constituent member of the American Nurses Association (ANA). The continuing education program is approved for 15.5 contact hours for attending Thursday's preconference, Friday and Saturday full conference days.

ANNUAL MEETING AGENDA

THURSDAY, SEPTEMBER 14

12:30 pm - 1:00 pm Pre-conference Sign in

(No cost to attend but registration is required.)

1:00 pm - 4:00 pm

• Treatment for Hepatitis C: New Tests, New Drugs, & **New Recommendations**

Hepatitis C: Treatment in the Active Substance User

HCV Among Women of Childbearing Age

4:15 pm – 5:15 pm

Bylaws Forum (Bylaws Committee)

7:00 pm - 8:00 pm Legislative Forum (Legislation Committee)

FRIDAY, SEPTEMBER 15

8:00 am- 9:00 am Sign in/Continental Breakfast/Exhibits/Committee

Open House

9:00 am - 9:15 am Presidential Welcome

CE - Governing Assembly 9:15 am - 10:45 am



(Family Nurse Practitioner) Doctor of Nursing Practice (Psychiatric Mental Health Nurse Practitioner)

ADVANCED CERTIFICATES

Family Nurse Practitioner (post-master's certificate) Nursing and Health-Related Professions Education Psychiatric Mental Health Nurse Practitioner (post-master's certificate)

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10:45 am – 11:00 am	Break/Ten Minute Tune-up/Exhibits
11:00 am – 12:15 pm	CE – Marilyn Mitchell Being a Healthy Health Professional [Sponsored by Rochester Regional Health]
12:15 pm – 1:30 pm	Lunch/Exhibits
1:30 pm - 2:45 pm	Keynote: Brenda Birmann Healthy Living and Chronic Disease Prevention: Insights from the Nurses' Health Study [Sponsored by Arthur L. Davis Publishing Agency, Inc.]
2:45 pm -4:45 pm	CE - Governing Assembly
4:45 pm - 5:00 pm	Break/Ten Minute Tune-up/Exhibits
5:00 pm - 6:15 pm	CE – Jeanne-Marie Havener Chronobiology, Sleep and You: Awakening to the "truth" and Unleashing Your Potential
6:15 pm - 6:30 pm	Closing
7:00 pm – 8:30 pm	Awards Reception (Invitation only)

	SATURDAY, SEPTEMBER 16
7:00 am - 8:00 am	Nurses' House Healthy Nurse Walk
8:00 am – 8:30 am	Exhibits/Continental Breakfast [Sponsored by NSO]
8:30 am - 9:45 am	David Griffiths Errors Happen! Malpractice Case Studies [Sponsored by NSO]
9:45 am - 10:00 am	Break/Ten Minute Tune-up/Exhibits
10:00 am - 12:00 pm	CE - Governing Assembly
12:00 pm - 1:15 pm	Lunch/Exhibits
1:15 pm - 2:30 pm	Keith Algozzine, PA-C - Telemedicine: Keeping Yourself and Your Patients Healthy In today's fast pace busy world, it's often challenging to get affordable, quality and convenient healthcare you need for you, your family and even your patients. Using technology to make quality healthcare more affordable and accessible is happening all around you. Telemedicine is the fastest growing segment in healthcare today and will soon be a normal part of every healthcare delivery model. Learn how organizations and patients are already benefiting from this new and innovative space today.
2:30 pm - 3:45 pm	End Note Speaker: Scott Burton Looking for Laughter in all the Wrong Places!
3:45 pm - 4:00 pm	Closing



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S. Pugsley Human Resources | 2180 Empire Blvd. Webster, New York 14580 | 585-274-4148 VNS values diversity and encourages minorities to apply. E.O.E.



Keynote Speaker: Brenda Birmann Healthy Living and Chronic Disease Prevention: Insights from the Nurses' Health Study



A native of the Boston area, Dr. Birmann received a BA from Middlebury College (Middlebury, VT), worked for several years in epidemiologic consulting at Epidemiology Resources Inc. and subsequently earned Master and Doctor of Science degrees in Epidemiology from the Harvard (now TH Chan) School of Public Health. At Harvard, she

conducted her dissertation research and postdoctoral training with Dr. Nancy Mueller, with whom she studied the role of inflammation and altered host immunity in infection-related cancers. In 2006, she joined the faculty of the Channing Division of Network Medicine at Brigham and Women's Hospital and worked with Dr. Graham Colditz to establish the first studies of obesity and other energy balance-related factors in relation to risk of multiple myeloma in the Nurses' Health Study and Health Professionals Follow-up Study cohorts. She has directed or collaborated on studies of obesity, physical activity, diet, and medication use and risk of lymphoma and multiple myeloma, as well as studies of pre-diagnosis plasma hormone levels and of genetic markers and lymphoma or multiple myeloma risk, in the local cohort populations and in large international consortia. She also devotes time to training and mentoring students and new investigators. In her spare time she volunteers with an international human rights organization on efforts to end modern day slavery and human trafficking, co-leads the youth group at her church and enjoys time with friends and family, especially with her niece and nephews.

Marilyn Mitchell, RN, BSN, MAS Being a Healthy Health Professional



Marilyn Mitchell is originally from New York and she is a graduate of SUNY Stony Brook's Bachelor of Science in Nursing program. She has lived and worked as an RN in New York, Massachusetts, Illinois and California. Her nursing experience is primarily in the field of Women's Health Care and it includes high risk OB, L&D, GYN surgery, postpartum, newborn

nursery, NICU and IVF. In 2000, she became a Certified Nia Instructor and became a Black Belt Nia Instructor in 2008. She received a Master of Advanced Studies in Health Law from a joint program at UCSD and California Western School of Law in 2009. Currently she works for the VHA's National Center for Ethics in Health Care as the Integrated Ethics Manager for Ethics Consultation. She also teaches undergraduates Health Care Ethics as an Adjunct Instructor for Manhattan College. She is married with two adult children.



SPEAKER INFORMATION

Jeanne-Marie Havener Chronobiology, Sleep and You: Awakening to the "truth" and Unleashing Your Potential



Jeanne-Marie Havener, PhD, RN, CNS, FNP is a nurse administrator, nurse educator, and nurse researcher with over 30 years of experience in the field of nursing working with student nurses, educators, and fellow nurses at the point of service. Her research interests are broad and have focused thematically around understanding human motivations

to behave and organizational behaviors including nurse engagement, salutogenesis, mindfulness, sleep and fatigue.

David Griffiths Errors Happen! Malpractice Case Studies



David Griffiths is Senior Vice President for the Healthcare division of Aon Affinity. David has overall responsibility for the malpractice insurance program for Nurses Service Organization. David is a licensed property and casualty insurance agent and has worked on the NSO medmal programs for the past 10 years. David works extensively on risk education often

speaking at conferences on the topic of professional liability. David received his B.S. from the University of Maryland and his MBA from Moravian College.

Keith Algozzine, PA-C Telemedicine: Keeping Yourself and Your Patients Healthy



Keith Algozzine is a board-certified Physician Assistant and co-founder and CEO of United Concierge Medicine and Management (UCM). Before creating UCM he has been the Chief PA of Emergency Medicine for St. Mary's Hospital in Troy, NY as well as part of the national ER start up management team for Pegasus Emergency Medicine. He was also

a co-founding member and Director of Patient Services for a nationwide telemedicine company. Keith has been recognized by the the Albany Business Review as a 40 under 40 award winner and was instrumental in UCM being awarded the 2017 CEG Lift Off technology award. Keith currently represents United Concierge Medicine on the American Telemedicine Association Accreditation

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Endnote Speaker: Scott Burton
Looking for Laughter in all the Wrong Places!

Advisory Board and has been appointed as a member/

advisor to the Clinical Practice Guidelines Committees

dealing with telemedicine considerations in the practice

areas for primary care and urgent care. He now leads a team of telemedicine experts who are changing the way



In understanding cancer, most people hear the medical side and the statistical side. But, perhaps more than any other form of survivorship, there is a great need to grasp the human side — the emotional side. As a cancer survivor himself, Scott Burton — an award-winning comic, champion juggler and author — brings that message loud and clear to health

care professionals and survivors nationwide.

With refreshing honesty, experienced stand-up and world class juggling, Scott, to the delight of laughter hungry audiences, breaks convention by crafting a comedy routine – laced with joy and passion – of his personal battle with cancer. A veteran of hundreds of shows since his diagnosis, Scott erases the mystique and fear of chronic disease. His audience soon sees that his is not simply a story about cancer. It is the story of life. And in every life there is humor and joy to embrace.

Having been there, Scott believes the gift of laughter helps cancer survivors (or those facing any trial in life) feel normal and see their lives as precious. "I felt, and still do, that each moment laughing is a moment you are – if only for a second – in love with life." A comedy club headliner, having worked with Jay Leno and Louie Anderson as well as writing for prime-time television, Scott, with clean comedy and high-energy juggling, speaks about the human touch to health care professionals nationwide and sends a life-affirming message from the youngest to the oldest survivor, and all the families in-between.

He has been a keynote speaker at ONS National Congress, at the ACCC National Conference in Washington, the Network for Oncology Communication and Research as well as survivor events from coast to coast. His talk is available for both CEUs and CMEs.

When Scott Burton tells his story, nobody cries. They laugh like they never thought they would. The Western Cancer Treatment Center calls his show, "Awe inspiring" and Dr. David Eisenberg of Beth Israel Deaconess Medical Center says, "Simply breathtaking."



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Nursing Research, Evidence-based Practice, and Performance Improvement: A Differential Diagnosis.

Dr. Lynda J. Dimitroff PhD, MSEd, BSN, RN, MCHES, CC

Nursing research (NR) generates new knowledge and confirms existing knowledge. Evidence-based practice (EBP) changes practice. Performance improvement (PI) improves outcomes quickly and cost effectively.

Confusion exists about the similarities and differences in EBP, NR, and PI. Which of these projects need human subjects (HS) approval? Which of these projects may be published? What information generated from these projects is strong enough to change or confirm practice?

Here is a brief introduction to NR, EBP, and PI.

Nursing Research

Nursing research is a scientific process with the purpose of answering a research question and testing a hypothesis. Nursing research describes, explains, predicts, explores, and discovers something about variables. We will save the concept of variables for another article. Nursing research includes two different research methods – qualitative and quantitative. The research method is determined by the purpose and research question of the study. A nursing research study can take years to complete and then years to publish. Typically, it is not a quick process.

The ANA Standards of Professional Performance, Standard 13. Evidence-based practice and research states, "The registered nurse integrates evidence and research findings into practice."

"The registered nurse:

- articulates the values of research and its application relative to the healthcare setting and practice.
- identifies questions in the healthcare setting and practice that can be answered by nursing research.
- uses current evidence-based knowledge, including research findings, to guide practice.
- incorporates evidence when initiating changes in nursing practice.

- participates in the formulation of evidence-based practice through research.
- promotes ethical principles of research in practice in the health care setting.
- appraises nursing research for optimal application in practice and the healthcare setting.
- shares peer reviewed research findings with colleagues to integrate knowledge into nursing practice." (American Nurses Association, 2015)

A registered nurse's role in NR, EBP, and PI is determined by educational preparation. According to LoBiondo-Wood & Haber (2010), Associate Degree nurses:

- "understand and have an awareness of the value and relevance of research in nursing;
- help identify problems in nursing practice;
- assist in data collection;
- use research findings in practice; and,
- develop and revise or implement clinical standards, protocols, and critical paths" (LoBiondo-Wood & Haber, 2010).

Baccalaureate prepared RNs need to:

- "be intelligent consumers of research;
- understand every step in the research process;
- understand how each step relates to the others;
- critically read and understand research reports, studies:
- · determine strength of evidence of studies;
- generate clinical questions to identify nursing research projects;
- participate in the implementation of nursing research;
- disseminate findings of nursing research studies; and.
- participate on nursing research-related committees" (NR, PI, EBP) (LoBiondo-Wood & Haber, 2010).

Masters prepared RNs must:

- "be active research team member;
- assume the role of clinical expert;
- collaborate with an experienced researcher in proposal development, data collection, data analysis, and interpretation; and,
- take active role in quality improvement projects to improve nursing practice in the clinical situation" (LoBiondo-Wood & Haber, 2010).

Doctorally prepared RNs:

- "appraise, design, and conduct research;
- serve as role model, mentor, guide, and encourage nurses to engage in the nursing research process;
- collaborate and consult with social, educational, government, and health care institutions in research; and.
- disseminate research findings to the scientific community" (LoBiondo-Wood & Haber, 2010).

Evidence-Based Practice

Evidence-based practice is the process of examining and combining the best clinical evidence, clinical expertise, and patient values to inform practice (Sackett & Strauss, 2000). EBP is a way of identifying a clinical problem, searching for the best evidence in the literature, critically appraising the evidence, synthesizing the evidence, applying the evidence, and evaluating the outcomes. An EBP project is usually completed faster than a nursing research study.

The ANA Standards of Professional Performance, Standard 14. Evidence-based practice and research states that, "The registered nurse contributes to quality nursing practice" (American Nurses Association, 2015)

When designing an EBP, NR or PI project it is helpful to begin by developing a PICOT question. PICOT is an abbreviation for:

 P – population/problem: Who will you be studying and what problem is being examined?



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- I intervention: What is the treatment that is being applied to the population?
- C comparison: the group that does not receive the intervention
- O outcome: What is the expected outcome?
- T time frame: What is a reasonable time frame to conduct and evaluate the outcomes of the EBP project?

Performance Improvement

Performance improvement is the evaluation of a nursing intervention to achieve better clinical outcomes and cost effectiveness in a short time frame. PI brings about quick changes in clinical care in a specific setting, compares the organization to benchmarks, increases cost effectiveness, and makes processes more efficient.

PI is a process by which practice that needs to be improved is identified, data are collected and analyzed, recommendations are generated, processes for change are implemented and evaluated, cost effectiveness of the changes are evaluated, and organizational barriers are identified. A PI project may be completed much more quickly than a nursing research study.

One model used for PI is PDCA – plan, do, check, act.

- Plan identify the objectives and how these objectives will be achieved
- Do implement the plan
- Check monitor and evaluate the process/plan
- Act make changes in the process of plan improvement

When working in the areas of NR, EBP, and PI, it is important to consider human subjects (HS) approval through an institutional review board (IRB). HS approval is necessary for NR. There is debate about the need for IRB approval with EBP and PI projects. When making a decision about HS approval for EBP and PI projects, one must consider the level of risk and benefit, confidentiality or anonymity, generalization to a larger population, as well as the plans to disseminate and/or publish the results of either project. As a researcher, my recommendation is to always lean toward the side of IRB approval. If the results of an EBP or PI project are going to be shared outside of an institution, I believe it is important to have IRB approval.

NR, EBP, and PI projects can be published provided that the project is completed with rigor and integrity, and human subjects are protected in the process. Most journals require IRB approval for publication. Check guidelines for authors for details of what must be included as a part of the manuscript.

What information generated from a NR, EBP, or PI project is strong enough to change or confirm practice? The best answer to this question is if the project was conducted with rigor and the researcher carefully followed the proper steps to conduct any NR, EBP, or PI project, the information may be used to inform practice. A suggestion would be to work with someone who has expertise to ensure exceptional results. Be patient when engaged on a NR, EBP, or PI project. Each of these projects take time and require perseverance.

In conclusion, nursing research, evidence-based practice, and performance are critical for exceptional outcomes in the care of our patients. It is important that registered nurses are engaged in each of these projects to ensure the best care for our patients, families, communities, and peers. As professionals, we all have a responsibility in nursing research, evidence-based practice, and performance improvement.

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Dr. Lynda J. Dimitroff received her BSN at the SUNY College at Brockport, a MSEd in Grief Counseling at the SUNY University at Buffalo, and a PhD in Health Education at Southern Illinois University Carbondale. Dr. Dimitroff, a registered nurse, an advanced certified health education specialist, and certified coach has worked in academia, hospice, palliative care, and long-term care for the past 32 years. Currently Dr. Dimitroff is an education and research consultant, a leadership coach, and an Assistant Professor. Lynda has consulted with local, state, national, and international agencies, organizations, and colleges and universities on a wide variety of topics including evidence-based practice, leadership, mindfulness, and nursing research.



NEWS RELEASE What's In Your Cleaning Product? Answers Are On The Way

New reporting requirements for cleaning product makers will inform public about ingredients, potential hazards

(Albany) Advocates lauded the release for public comment of a new format companies must use to disclose ingredients in cleaning products made for home and commercial use. Under a law passed in 1971, the New York State Department of Environmental Conservation has the authority to require disclosure of ingredients. This action is the first time such companies will be required to divulge just what their products are made of. In his release, the Governor reiterated his commitment to assess this program as a model for disclosures for other products.

"Laws that are not enforced are not worth the paper they're written on," said **Deborah Goldberg,** an attorney at Earthjustice. "We are delighted to see the Governor exercise his long-standing authority to protect New Yorkers' health by requiring disclosure of ingredients in household cleaning products."

With today's release, the DEC is directing manufacturers to report on their websites all ingredients - including in fragrances and dyes, as well as known contaminants or impurities. They must also inform the public if any of these ingredients is identified as causing or contributing to a host of diseases, such as cancer, learning and developmental disabilities, reproductive harm, asthma, and allergies. It also requires disclosing potential harm to the environment.

"Clean and Healthy New York celebrates New York's important action to require cleaning product makers to reveal what's in their products. For the first time, companies will also tell consumers about health hazards an ingredient may pose. This gives New Yorkers - and all Americans — freedom to choose safer, healthier products, and gives manufacturers a strong incentive to make products without harmful chemicals," said Kathy Curtis, Executive Director of Clean and Healthy New York. "We applaud Governor Cuomo's repeated commitment to use this as a model for other consumer products. Now more than ever, New York must lead."

"Studies have shown that toxic chemicals from cleaning products can be found in urine, breast milk,

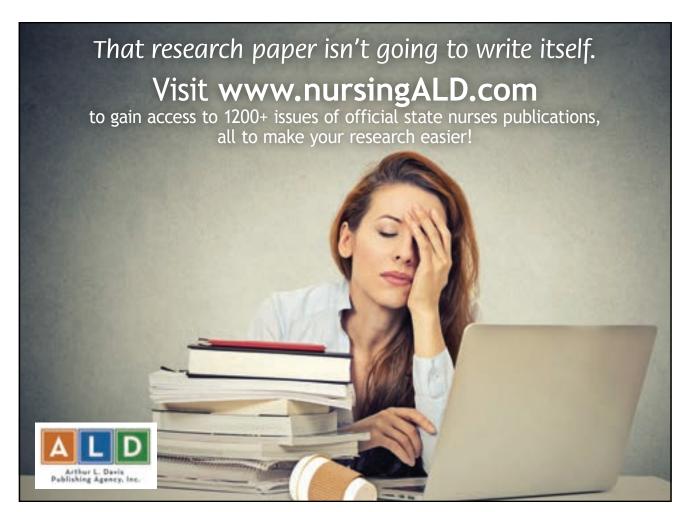
and blood — including the umbilical cord blood of newborns. Women need to know what chemicals they are being exposed to in order to make important decisions that may impact their health. We applaud Governor Cuomo for standing up for women's health," said Jamie McConnell, Director of Programs and Policy at Women's Voices for the Earth.

"Full disclosure of all ingredients in cleaning products sold in NYS is a valuable new tool to accompany the state's highly regarded green procurement program," said Claire Barnett, Executive Director of Healthy Schools Network. "We congratulate the State on this action."

"Love Canal is infamous in New York's history because it exposed low income communities and communities of color to harmful toxic chemicals that negatively impacted the health of so many New Yorkers. Today, Governor Cuomo sent a clear signal for all in our country to see that in the new New York all communities will be protected, regardless of race or income, from harmful toxic chemicals whether they are in the products we use to clean our homes or in the dry cleaners cleaning our clothes. These new regulations couldn't have come at a better time because of Donald Trump's proposals to cut all funding to the U.S. EPA, especially its Office of Environmental Justice. WE ACT for Environmental Justice applauds Governor Cuomo's leadership to protect vulnerable communities," said Cecil Corbin-Mark, Deputy Director and Director of Policy Initiatives for WE ACT for Environmental Justice.

This action by the Department of Environmental Conservation was spurred by Earthjustice's legal efforts, on behalf of New York-based organizations, to have cleaning product companies comply with regulatory language developed in the 1970s. Numerous companies requested clarity on the form and extent of the required reporting. This form gives that direction.

For more information contact: Bobbi Wilding, CHNY, 518-708-3875, bobbi@cleanhealthyny.org.



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QUALITY AND SAFETY EDUCATION FOR NURSES



Jennifer Bryer Ph.D, RN, CNE Joanne Lapidus-Graham Ed.D, RN, CPNP, CNE

Ensuring quality and safety for patients is essential to nursing practice. The Institute of Medicine Committee on Quality of Health Care in America recommended reform in the education of health care professionals. As a result, the Quality and Safety Education for Nurses (QSEN) initiative was developed to prepare nurses with the competencies necessary to continuously improve quality and safety of the health care systems in which they work. These competencies include patient/family-centered care, informatics, teamwork and collaboration, quality improvement, evidence-based practice, and safety.

Evidence-based QSEN resources and materials were created for faculty to use in educating nursing students about quality and safety in healthcare. Research indicates that the QSEN competencies have been fairly well integrated into nursing curricula, however a gap exists in the education of practicing nurses related to these competencies. Although quality and safety initiatives exist in healthcare settings, the knowledge, skills, and attitude necessary to deliver patient-centered care as part of an interdisciplinary team emphasizing evidence-based practice and quality improvement approaches, needs to extend to clinical settings.

To provide clinically based nurses and educators with information and resources necessary to integrate QSEN competencies into their practice, the Nursing Education committee of ANA-NY, will provide a series of articles focusing on each competency. Much of this information was obtained from the QSEN Education Consortium which is a national initiative of the American Association of Colleges of Nursing (AACN).

The focus of this article is on the **patient-centered care** competency which is defined as recognizing the patient or designee as the source of control and full partner in providing compassionate care based on respect for patient's preferences, values and needs. The key message of this competency is that the *patient and family are in a partnered relationship with their healthcare provider* and are equipped with relevant information, resources, access and support to fully engage in and direct the health care experience as they choose. Often, patients and families are left out of the decision-making process and are not consulted about the plan of care or their preferences for how they are treated in the healthcare setting.

The priorities of both patients and families are not always congruent with the professionals providing their care. Patients want to know the details related to their prognosis and be able to talk with members of the healthcare team during their care and be an active participant in their care. In order to create an environment that is patient-centered, personalized, individualized, and holistic; healthcare institutions need to begin with a philosophy and principles emphasizing the patient as a full partner in the decision-making process related to care and treatment.

Patient satisfaction survey results must be taken into consideration and used to make improvements to the hospitalization experience. Establishment of patient/family advisory councils, family resource centers, and patient-care rounds will help ensure that patients' voices are heard and their preferences, values, and needs are respected. Nurses also need the knowledge, skills and attitudes (KSA) to deliver patient-centered care. Knowledge of how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values is needed, as well as the knowledge of

ethical and legal implications, patient-centered care, and the principles of effective communication. Nurses must develop skills such as eliciting patient values, preferences, and expressed needs as part of the clinical interview, implementation of the care plan, and evaluation of care. In addition, communication of the care provided and needed at each transition in care, as well as the provision of patient-centered care with sensitivity and respect for the diversity of the human experience is essential to this skill competency (QSEN, n.d).

Nurses need to be willing to support patient-centered care for individuals and groups whose values differ from their own and engage in continuous improvement of their own communication and conflict resolution skills. Nurses should focus on valuing the concept of seeing the illness "through the patient's eyes." Identifying barriers to effective patient-centered care also is a priority in the practice setting (QSEN, n.d).

Integration of the QSEN competencies into clinical practice requires support for nurses, especially in the inpatient setting. Nursing educators and nursing administrators need to help nursing staff in patient care units to become more knowledgeable about QSEN competencies and assist the staff to access the appropriate resources. The QSEN website (QSEN.org) has extensive, evidence-based materials available including the KSAs for each competency, teaching strategies, academic and practice resources, conferences, and courses to support this effort.

References

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CURRENT LANGUAGE with

COMMITTEE SPOTLIGHT



Bylaws Committee

The written bylaws of an organization provide an instrument that identifies how the organization will conform to its charter and fulfill its functions. Bylaws identify who has the power to govern the organization, outline its structure, leadership and responsibilities, and how each part relates to the others. The bylaws form a set of rules that the members consider so vital to the organization that they cannot be changed without advance notice to the membership plus a super-majority vote in favor of the change. ANA-NY's Bylaws Committee vets proposed changes for possible conflict with our Articles of Incorporation, purpose and functions, and assures that our Bylaws remain congruent with the ANA Charter and Bylaws. A bylaws committee is important; along with astute members, it functions as a watchdog to guarantee that the organization does not stray from its purpose and functions as set forth in its charter.'

Proposed deletions are to be indicated with strikethrough font and additions are to be indicated with italicized

CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
I.2. Purposes The purposes of ANA-New York shall be to foster high standards of nursing, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better health care. These purposes shall be unrestricted in accordance with the Bylaws of the American Nurses Association (ANA).	I.2. The purposes of ANA-NY shall be to foster high standards of nursing, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better health care.	Deleted text moved to VIII. Relationship With ANA.
I.3. Functions	n. perform actions that will assist and support the purposes of ANA-NY.	Provides for inclusion of other functions not specifically identified.
II.1. Composition Members of ANA-New York shall be those persons accepted as members in accordance with qualifications and other requirements described in these Bylaws. Membership shall be unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation.	II.1. Composition Members of ANA- New York shall be those persons who: a. have applied for membership. b. meet the qualifications described in these Bylaws, c. are current in their dues. Membership shall be unrestricted by consideration of age, race, ethnicity, gender, national origin, sexual orientation, gender identity, religion, disability or health status, lifestyle, military or veteran status, or any other factor that is not relevant to carrying out the purposes and functions of ANA-NY.	Clarifies non-discriminatory membership requirements.
II.2.b. Qualifications A registered nurse who has surrendered a license to practice or a nurse who has retired and/or no longer chooses to practice, but whose license was in good standing with his/her licensing board at the time the nurse made the decision not to maintain an active license, is qualified for membership.	A registered nurse who has surrendered a license to practice or a nurse who has retired and/or no longer chooses to practice, but whose license was in good standing with his/her licensing board at the time the nurse made the decision not to maintain an active license, is qualified for membership, provided, however, that a nurse who has surrendered his or her license while under investigation by a state or territorial licensing authority or to resolve charges brought by a state or territorial licensing authority shall not be qualified for membership unless his or her license shall have been restored.	Clarification of who may and may not be eligible for membership.
II.5.h. Membership Rights be accorded due process and other rights as provided for under- common parliamentary or statutory	h. be accorded due process and exercise such other rights as set forth in these Bylaws.	Clarifies that members rights are governed by the bylaws. Legal actions are governed by laws, not ANA-NY Bylaws.

II.7. Disciplinary Action and Appeal a. Cause for Disciplinary Action: a. Cause for Disciplinary Action: Cause for disciplinary action by ANA-NY against a member shall be limited to failure to fulfill the as cited in these bylaws; and other obligations as cited in these bylaws; goals, and functions of ANA-NY and and other actions detrimental to

the purposes, goals, and functions b. Disciplinary Proceedings of ANA-NY and ANA. b. Disciplinary Proceedings Disciplinary proceedings shall be conducted in accordance with policies and procedures established by the Board of Directors, which shall have final disciplinar authority over members.

c. Disciplinary Action:

Depending on the severity of the violation, a member may be reprimanded, censured, suspended from membership, or permanently expelled from membership.

d. Appeal of Disciplinary Action: A member may appeal any disciplinary action in accordance with procedures adopted by the ANA-New York Board of Directors, which shall have final disciplinary

authority over members e. Recognition of Disciplinary Action by another Constituent

Any disciplinary action taken by another constituent member against one of its individual members shall be given full recognition and enforcement. provided such action was taken in accordance with the disciplining constituent member's bylaws and disciplinary procedures.

Cause for disciplinary action by ANA-NY against a member shall be limited to failure to fulfill the obligations actions detrimental to the purposes,

Disciplinary Proceedings shall be conducted by the Executive Committee in accordance with the policy and procedures established by the Board of Directors <u>and outlined in the Policy</u> Manual. After receiving a complaint concerning a member, the Executive Committee will determine by majority vote whether the complaint requires action.

c. Disciplinary Action Depending on the severity of

the violation, a member may be reprimanded, censured, suspended from membership, or permanently expelled from membership. The disciplinary action imposed shall be upon the vote of the majority of the members of the Executive Committee.

d. Appeal of Disciplinary Action A member may appeal any disciplinary action in accordance with the policy and procedures in the Policy Manual. The disciplined member will submit a written appeal request to the Executive Director. The disciplinary action will be lifted by a two-thirds vote of the Directors-at-Large. e. Recognition of Disciplinary Action

by another C/SNA member Any disciplinary action taken by another <u>C/SNA</u> member against one of

Explanation of member rights to due process and appeal in disciplinary action.

Separates initial panel from appeal panel.

CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
	its individual members shall be given full recognition and enforcement, provided such action was taken in accordance with the disciplining <u>C/SNA</u> member's bylaws and disciplinary procedures.	
	f. Limitation The terms of this section do not apply to Organizational Affiliates.	
III.1. Organizational Affiliates An organizational affiliate/member of ANA-New York is an association that: a. is a nursing organization that meets criteria established by these- Bylaws.	Subsections b-e will be renumbered a-d; language remains the same.	Redundant. Governance by nurses and qualifications are stipulated in remaining items.
III.3. Rights A representative of each- organizational affiliate, who is- also a member of ANA-New York, may attend the ANA-New York- Governing Assembly meetings- pursuant to applicable policy:	III.3. Right to Representation at Governing Assembly a. Each organizational affiliate may designate one representative to attend ANA-NY's Governing Assembly. b. If that representative is not a member of ANA-NY that representative will have voice, but no vote. c. If the organizational affiliate representative is a member of ANA- NY, that representative may exercise full membership rights as established by these Bylaws.	Title specifies content. Clarifies rights of organizational affiliate representatives who are or who are not ANA-NY members.
IV.3.d Meetings a. The Governing Assembly shall meet at least annually. b. Special meetings may be called by two-thirds of the Board of Directors of ANA-New York. c. The Board of Directors shall determine the time and place of meetings. d. Notice of annual meetings of the Governing Assembly shall be sent to all members and each organizational affiliate at least 60-days prior to the meetings.	Reorder subsections and revise wording to read: IV.3.d Meetings a. The Governing Assembly shall meet at least annually. b. All individual members of ANA-NY shall have the right to attend the ANA-NY Governing Assembly. c. The Board of Directors shall determine the time and place of meetings of the Governing Assembly. d. Notice of annual meetings of the Governing Assembly shall be sent to all members and each organizational	Assures timely notification for annual and special meetings of the General Assembly. Subsections reordered for logical grouping. Sets specific minimum and maximum timeframe for notification.

Bylaws continued on page 16



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COMMITTEE SPOTLIGHT



Bylaws continued from page 15

CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
e. Meetings may be held in person or by appropriate electronic means. f. All individual members of ANA-NY have the right to attend the ANA-New York Governing Assembly pursuant to applicable policy.	affiliate at least 45 and no more than 75 days prior to the meeting. e. Special meetings of the Governing Assembly may be called by two-thirds of the Board of Directors of ANA-NY. Notice of special meetings shall be sent to all members as of the record date at least 20 and no more than 30 days prior to the meeting. f. Meetings may be held in person or by electronic means.	Sets specific minimum and maximum timeframe for notification.
V.1. Definition The Board of Directors is the corporate body composed of officers and directors elected by the membership of ANA-NY.	V.1. Definition The Board of Directors is elected by the membership of ANA-NY <u>and authorized to conduct business on behalf of the membership that will assist and support the purposes and functions of ANA-NY between meetings of the Governing Assembly.</u>	'Corporate body' deleted due to interpretation of DC non-profit law. New language clarifies role of BOD between GA meetings and ensures that the BOD, individually and collectively, act only in the interest of the members of ANA-NY.
V.2. Composition The Board of Directors shall- consist of nine elected officers- and directors. There shall be four- officers: President, Vice-president, Secretary, and Treasurer:	V.2. Composition and Officers There shall be nine members of the Board of Directors, exclusive of vacancies. Of the nine members, there shall be four officers who constitute the Executive Committee: President, Vice-president, Secretary and Treasurer. The remaining five members are Directors-at-Large.	Clarifies the composition of the BOD and specifies the Officers of the Executive Committee.
V.4. Accountability The Board of Directors shall report and be accountable to the Governing Assembly:	The Board of Directors shall report to and be accountable to the membership.	Clarifies that the BOD is accountable to all members, not just those present at the GA.
V.5. Responsibilities a. exercise the corporate responsibility and fiduciary duties of the association consistent with applicable provisions of law.	Add: provisions of law <u>and these Bylaws.</u>	Clarifies that the BOD is governed by both legal statute and ANA-NY Bylaws.
V.5. Responsibilities d. establish financial policies and procedures, adopt the budget, submit all books annually to a certified public accountant for audit, and present an annual financial statement to the membership and the Governing Assembly.	d. establish financial policies and procedures, adopt the budget, <u>and</u> submit all books annually to a certified public accountant for <u>review</u> , and present an annual financial statement <u>and financial review or audit results</u> to the membership and the Governing Assembly.	Compliance with 2014 NYS Revitalization Act and DC non- profit code. Emphasizes that all steps must be performed.
V.5. Responsibilities g. establish policies and procedures for nominations and elections. h. establish committees of the board as deemed necessary for the performance of its duties, and define the purpose and authority of such committees.	Add: 'in accordance with these Bylaws' to the end of each item.	Clarifies that committees must serve the purpose and functions of ANA-NY.
V.5. Responsibilities i. make appointments and fill- vacancies as delegated to the board- in these bylaws. j. define qualifications for- appointive office unless otherwise- specified in these bylaws.	Delete both items. New i; renumber remaining items. i. Define qualifications for appointive positions, make appointments and fill vacancies unless otherwise specified in these Bylaws.	New item clarifies role of BOD and eliminates redundant language.

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CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
V.5. Responsibilities In confer organizational affiliate In membership on associations In meeting qualifications established In these bylaws and consistent with In board policy.	Revised to renumbered k: <u>k. accept</u> organizational affiliation of associations meeting qualifications established in these Bylaws and deemed appropriate by the Board of Directors.	Organizations become affiliates of ANA-NY, not members.
V.5. Responsibilities m. establish policies and procedures for disciplinary action against members and organizational affiliates.	Delete. Renumber remaining items.	Redundant to revised Article II, Sec.7. Disciplinary Action and Appeal.
V.6. Terms of Office b. No officer or director shall serve more than two consecutive terms in the same office nor more than eight consecutive years on the Board of Directors. An officer or director who has served 12 months or more shall be considered to have served a full term.	b. No Officer or Director-at Large shall serve more than two consecutive terms in the same office nor more than eight consecutive years on the Board of Directors, provided that an Officer or Director at Large serving more than eight consecutive years may complete the then current term. In the event an individual has been appointed to fill a vacancy, such Officer or Director- at-Large who has served 12 months or more shall be considered to have served a full term.	Clarification of term limits and allowance for term completion.
V.7. Qualification a. hold current membership. b. not be an employee of ANA-NY. c. not concurrently serve as an officer or director of another organization if such participation might result in a conflict of interest with ANA-New York.	a. <u>maintain</u> current membership <u>in</u> <u>ANA-NY throughout term of office</u> . b. not be an employee of ANA-NY. c. adhere to the terms of the ANA-NY Conflict of Interest Policy.	Clarifies qualifications for office and specifies the requirement to adhere to the COI Policy.
V.9.Duties of Officers d. The treasurer shall be responsible for monitoring the fiscal affairs of the association and shall provide reports and interpretation of the ANA-New York financial condition to the Governing Assembly, the Board of Directors, and the membership.	Add to end: The Treasurer shall serve as a member and chair of the Finance Committee.	Identifies role of the Treasurer on Finance Committee.
V.11.Executive Director c. The executive director shall employ, direct, promote, and terminate staff of the association.	Revise to read: and terminate staff <u>on behalf</u> of the association.	Clarifies that the Executive Director acts only in the interest of the members of ANA-NY.
V.12.Meetings b. Notice of meetings will be sent electronically:	Revise to read: b. Notice of meetings <u>shall</u> be sent <u>to</u> <u>the electronic addresses provided by</u> <u>the Board member.</u>	Mandates that meeting notices be sent directly to each BOD member.
V.12 Meetings d. Actions requiring a vote via an electronically held meeting must be done so unanimously.	d. Any actions requiring a vote <u>by</u> the Board of Directors outside of a meeting of the Board shall be by unanimous written consent. A Board member's written consent may be provided electronically.	Unanimous written vote for decisions made outside of a synchronous meeting is required by both NYS Revitalization Act and DC non-profit code.
V.12 Meetings e. Business requiring action by the Board of Directors may be conducted by mail or electronic media. Such action shall be subject to ratification at the next regular meeting of the Board of Directors:	Delete. Renumber remaining item.	An electronic vote is a valid decision. It does not need to be ratified.
V.12 Meetings f. Absence from two consecutive regular meetings of the Board of Directors shall be cause for declaring a vacancy in the board position. Such vacancy shall be determined by a majority of the board.	New <u>e</u> . ' <u>may</u> be cause for declaring a vacancy' Delete second sentence.	Process for removal and appeal of an Officer or BOD member is addressed in the new Section 14: Removal of Officers and Directors-at-Large.
V.14. New	Insert new Section 14. Section 14. Removal of Directors- at-Large and Officers A Director-at-Large or Officer may be removed upon the vote of a majority of the Board of Directors of the Association, exclusive of the vote of such Director-at-Large or Officer and of any vacancies among the Directors-at-Large and Officers, for the reasons stated in § 29-406.08 of the Code of the District of Columbia. Notwithstanding any other provision of these bylaws, a Notice of Meeting shall be delivered to each Director-at-Large or Officer at least seven business days in advance of the meeting at which such removal is to be considered. The Notice of Meeting shall state that the removal of the particular Director-at-Large or Officer is to be considered at such meeting. During such meeting, and prior to any vote on the removal of the particular Director-at-Large or Officer, that individual shall have an opportunity to address the meeting. A motion, duly seconded, shall be required before a vote shall take place, and the vote of each Director-at-Large or Officer subject to the removal motion shall not vote.	Required for compliance with DC non-profit code.
VI. Standing Committees of ANA-NY Section 1. Definition There shall be standing committees on Bylaws, Finance, Legislation, and Nominations and Elections.	VI. Committees of ANA-NY Section 1. <u>Standing Committees</u> There shall be standing committees <u>for Audit</u> , Bylaws, Finance, Legislation, and Nominations and Elections.	All of Art. VI deals with ANA-NY committees. Subsections 1 & 7 differentiate between Standing and Other committees. Audit Committee is added as a

Audit Committee is added as a Standing Committee.

COMMITTEE SPOTLIGHT



CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
VI.2. Appointment The Bylaws and Finance Committees shall be composed of five (5) members and the Legislation Committee shall be composed of ten (10) members appointed by the ANA-New York Board of Directors. Members of the Committee on Nominations and Elections shall be elected in accordance with Article VII. Section 1.	VI.2. <u>Standing Committee Leadership</u> Move composition to individual committees.	New title specifies content.
Chairpersons of Standing Committees shall be appointed by the Board of Directors except the chairperson of the Committee on Nominations and Elections. The chairperson of the Committee on Nominations and Elections shall be the person receiving the highest number of votes for election to that Committee. The chairperson of the Committee on Finance shall be the treasurer.	Chairs of Standing Committees shall be appointed by the Board of Directors except the chairs of the Finance Committee and the Nominations and Elections Committee. The Treasurer shall serve as the chair of the Finance Committee. The chair of the Nominations and Elections Committee shall be the person receiving the highest number of votes for election to that Committee.	Specifies role of Treasurer as chair of the Finance Committee
VI.3. Attendance The absence of a member without good cause from two meetings of a committee shall constitute a vacancy which shall be filled as provided for in Article VI, Section 2.	The absence of a member without good cause from two meetings within a twelve-month period of a Standing Committee shall constitute a vacancy. The Board of Directors shall fill the vacancy by appointment for the remainder of the unexpired term.	Clarifies the time frame for two absences and how a vacancy is filled.
VI.6. Functions	Add Audit Committee. Reorder remaining items. a. The Audit Committee shall: 1) be composed of a minimum of five members, at least two of whom shall not be a member of the Board of Directors. Neither the President nor the Treasurer may serve on this committee. 2) review fiscal operations to ensure that they are consistent with the purposes and functions of ANA-NY. 3) ensure that proper internal fiscal controls are in place. 4) review the accuracy of financial accounting. 5) recommend an accountant for the	Audit Committee required for compliance with 2014 NYS Revitalization Act and DC non- profit code.

CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
V.16. Functions a. The Committee on Bylaws shall: 3) draft the proposed text of all amendments to the ANA-New York bylaws and, upon approval by the Board of Directors, submit them to the Governing Assembly in accordance with the provisions of Article IX.	Insert new <u>b.1.</u> and renumber remaining items. <u>b.</u> The Bylaws <u>Committee</u> shall: 1) <u>be composed of five members appointed by the ANA-NY Board of Directors.</u> 4) draft the proposed text of all amendments to the ANA-NY Bylaws and, upon <u>review</u> by the Board of Directors, submit <u>and explain</u> them to the Governing Assembly in accordance with the <u>Amendment</u> provisions <u>of these Bylaws</u> .	1) Composition moved from Section 2 for clarity. 4) Bylaws are approved by the GA, not the BOD. Removing specific article number reference eliminates the need to revise this item if new articles are added.
V.16. Functions b. The Committee on Finance shall:	Insert new <u>c.1.</u> and renumber remaining items. <u>c.</u> The Finance <u>Committee</u> shall: <u>1) be composed of four members appointed by the ANA-NY Board of Directors and the Treasurer of ANA-NY.</u>	Title reflects common usage. 1) Composition moved from Section 2 for clarity.
V.16. Functions c. The Committee on Legislation shall: 1) recommend a legislative program to the Board of Directors. 2) implement the legislative program adopted by the Board of Directors.	Insert new <u>d.1.</u> and renumber remaining items. <u>d.</u> The Legislation <u>Committee</u> shall: 1) <u>be composed of ten (10) members appointed by the ANA-NY Board of <u>Directors.</u> 2) <u>develop</u> a legislative program to <u>be ratified by</u> the Board of Directors. 3) implement the legislative program adopted <u>at</u> the <u>Governing Assembly.</u></u>	Title reflects common usage. 1) Composition moved from Section 2 for clarity. 2) & 3) The GA adopts the legislative program, not the BOD, but the BOD must be able to provide fiscal support and resources.
V.16. Functions d: The Committee on Nominations and Elections shall: 5) ensure implementation of Article-VII – Nominations and Elections	Insert new #1 and renumber remaining items. e. The Nominations and Elections Committee shall: 1) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws. 6) ensure implementation of the Nominations and Elections provisions of these Bylaws.	Title reflects common usage. 1) Composition moved from Section 2 for clarity. 1) & 6) Removing specific article number reference eliminates the need to revise these items if new articles are added.

Bylaws continued on page 18



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COMMITTEE SPOTLIGHT



Bylaws continued from page 17

CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
V.7. New	Add new: V.7. Other Committees The Board of Directors shall appoint and charge such other committees as needed to assist and support the purpose and functions of ANA-NY. The terms of members and duration of such committees shall be determined by the Board of Directors.	Differentiates between Standing Committees specified in the Bylaws and other committees created by the BOD.
VII.1. Nominations a. Nominations shall be solicited by the Nominations and Elections Committee. d. A copy of the ballot shall be submitted to the executive director- to be forwarded to the president and board of directors of ANA- New York for publication to the membership at least 21 days in-	Insert new 'a' and renumber remaining items. VII.1. Nominations a. Only members of ANA-NY may be nominated for office. No member of the Nominations and Elections Committee may run for elected office while they are serving on this committee.	a. Clarifies eligibility to seek office.
advance of the election.	b. Nominations shall be solicited by the Nominations and Elections Committee for the positions of Officers and Directors-at-Large, members of the Nominations and Elections Committee, and representatives and alternates to the ANA Membership Assembly other than the President and the Vice-president as alternate to the	b. Identifies positions filled by election. e. Removes BOD and ED
	President. e. A copy of the ballot shall be submitted by the chair of the Nominations and Elections Committee directly to the independent third party vendor conducting the election.	involvement in election process.
VII.2 Elections a. Elections shall be by secret ballot. An electronic or mail ballot is permissible. b. All elections shall be conducted in the third quarter of the year. c. All ANA-New York members current in their dues payment at- the time that the Board of Directors- certifies the membership list to- the election company are eligible to vote: d. Members may vote for a member whose name does not appear on the ballot by writing in the name of that member if the member is qualified and has consented to- serve if elected.	VII.2 Elections a. Elections shall be by secret <u>ballot</u> <u>conducted through an independent</u> <u>third party vendor.</u> b. All elections shall be conducted in the third quarter of the <u>calendar</u> year. c. All ANA-NY members current in their dues payment <u>as of the record</u> <u>date are eligible to vote. The record</u> <u>date is the first day of the month in which the election is conducted.</u> <u>d. All elections are for a two-year term and determined by plurality vote.</u> <u>e.</u> Members may vote for a member whose name does not appear on the ballot by writing in the name of that member. Notwithstanding the write-in vote, such member shall not be elected unless eligible for and willing to serve in such position. f. Members may not vote by <u>proxy</u> .	Clarifies election procedures and brings language into compliance with legal statutes.

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CURRENT LANGUAGE with Strikethroughs	PROPOSED LANGUAGE	RATIONALE
	g. The chair of the Nominations and Elections Committee shall receive the vote count and report the results to the Board of Directors and membership. h. The Nominations and Elections Committee shall be responsible for resolving any dispute regarding the eligibility of a member to vote, eligibility for position, or voting results. Appeals of the election results must be submitted, in writing, to the Nominations and Elections Committee chair within 30 days of the announcement of the election results at the Governing Assembly.	
VIII. Relationship with the American Nurses Association 1. Membership	Insert new 'b' from old Section 2.a. and reorder remaining items Insert new 'd' moved from AI.S2.	Deleted title no longer needed; there is no Section 2.
	b. ANA-New York is entitled to representation at regular and special meetings of the ANA Membership Assembly in accordance with ANA Bylaws and policy. d. The purposes of ANA-NY shall be unrestricted in accordance with the Bylaws of the American Nurses Association (ANA).	Clarifies the characteristics of ANA-NY's relationship with ANA
VII.52. Representation ANA Membership Assembly: b. The President of ANA- New York shall serve as a representative to ANA's Membership Assembly: c. Other representatives and alternates to the Membership Assembly shall be elected by- secret ballot to serve a two- year term or until a successor is elected. A mail ballot or appropriate electronic ballot is- permissible: d. Except for the president, the vice-president as alternate to the president, ANA- representative(s) and alternate representative(s) shall be elected and shall serve based on those who received the highest number of votes:	Delete.	Redundant. Addressed in other sections of the Bylaws.
IX. Insurance New	Insert new Article IX and renumber	
	remaining items. ARTICLE IX. Insurance Section 1. The Board of Directors shall purchase and maintain Directors and Officers Liability Insurance. Section 2. The Board of Directors shall purchase and maintain liability insurance in amounts no less than required by § 29-406.90 of the Code of the District of Columbia but in no event less than \$200,000 per individual claim and \$500,000 per total claims arising out of the same occurrence.	Required for compliance with NYS Revitalization Act and DC non-profit statutes.
IX. Amendments Amendments proposed by the Committee on Bylaws for action by the Governing Assembly shall be submitted to the ANA-New York secretary and shall be appended to the official notification of the meeting of the Governing Assembly. These bylaws may be amended at properly called annual or special meeting of the Governing Assembly by a two-thirds vote of the credentialed members present and voting	Amendments proposed by the Bylaws <u>Committee</u> for action by the Governing Assembly shall be submitted to the ANA-NY Secretary <u>for review by the Board of Directors. The amendments</u> shall be appended to the official notification of the meeting of the Governing Assembly, <u>together with the recommendation of the Board of Directors</u> . These bylaws may be amended at properly called annual or special meeting of the Governing Assembly by a two-thirds vote of the members present and voting.	Clarifies amendment process. Amendments to the Bylaws are approved only by the GA.
X. Parliamentary Authority Robert's Rules of Order Newly Revised governs this association in all parliamentary situations that are not provided for in the laws of in the charter, bylaws, or adopted rules of	Robert's Rules of Order Newly Revised governs this association in all parliamentary situations that are not provided for in the laws <u>relevant to</u> <u>the Certificate of Incorporation, these</u> Bylaws, or adopted rules of ANA-New	ANA-NY has a D.C. Certificate of Incorporation, not a charter.

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FROM THE DESK OF NURSING HISTORY

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R Director of History and Education, FNYSN

The St. Luke's Hospital Training School for Nurses opened in response to a shortage of trained nurses in 1888 with six students. The opening of the school was predated by the creation of The Sisterhood of the Holy Communion in 1845. Rev. William Augustus Muhlenberg, D. D. in the Episcopal Church created this voluntary order of Sisters to care for the sick poor of New York City. Five years later (1850), Rev. Dr. Muhlenberg founded St. Luke's Hospital and put the Sisters in charge of the nursing care. As the years progressed, it became evident that trained nurses were needed and Dr. Muhlenberg created the St. Luke's Hospital School of Nursing. He asked Sr. Anne Ayres to become the Director of Nursing for the School. She accepted.

Sister Anne was a very devout woman who started her day and ended her day with prayer at the Pre-Dieu or Prayer bench. Her bench came to the Center on September 20, 2007 – the day the St. Luke's Hospital School of Nursing Alumnae Association (SLASONA), colebrated the completion of their endowment.



Sister Anne Ayres
Source: Keith York
CityWordPress.com

(SLHSONAA) celebrated the completion of their endowment to the Center for Public Education and its renaming as the SLHSONAA Center for Public Education.

The Center for Nursing has since received another piece of furniture belonging to Sr. Anne Ayres. In May, 2017, I received a telephone call from Mrs. Dagne Sollid. She wanted to talk about "Sr. Annie." She related the story of having a table that belonged to Sr. Anne which was passed down from Sr. Anne to Mrs. Sollid's great-grandmother, then her grandmother, then her mother, and finally to her. The twist to this story is that Mrs. Sollid's great-grandmother was a ward of Sr. Anne. Both women carried on extensive correspondence throughout Sr. Anne's life. More amazingly, Mrs. Sollid's mother had this table in her rooms in a nursing home in Clifton Park until her death in 2016 and that table had been held there until Mrs. Sollid could find a home for it.

This table now resides in the St. Luke's Display room at the Center for Nursing, Guilderland, NY.







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	Men's Health Symposium	October 20-21
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	Comprehensive Reconstructive Microsurgery: Tips, Tricks, and Videos	November 17-18
	Regional Stroke Symposium	December 14
	3rd Annual Advanced Multispecialty Robotic Surgery: A Team Approach	February 10-11
	5th Annual Concussion in Sport: The Latest in Diagnosis and Management	February 23

ANA - New York Nurse August 2017

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 - Nurses who have earned non-nursing healthrelated degrees (e.g. MD, DDS, PhD)
- You are eligible to join if you are:
- o A nurse or nursing student
- o Age 19 or over, but born after January 1, 1965
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Diane Mancino, EdD, RN, CAE, FAAN **Executive Director National Student** Nurses' Association

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Nurses Are Key Players in the Battle Against Unsafe Injection Practices

"Wait a minute," you might ask? "Battle? Doesn't every healthcare provider observe aseptic technique and follow safe injection practices when preparing and administering an injection?"

The answer might surprise you. The Centers for Disease Control and Prevention (CDC) and New York State Department of Health (NYSDOH) have conducted numerous recent investigations into healthcare setting transmission of, and exposure to, bloodborne pathogens due to unsafe injection practices. These lapses are a very real concern for all healthcare professionals who give injections. They include reuse of needles and syringes from patient to patient, or misuse of single-dose and multi-dose vials.

In fact, the CDC documented that since 2001, more than 150,000 patients in the United States were notified of potential exposure to hepatitis

B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), due to provider failure to observe safe injection practices.

As a result, the CDC and the Safe Injection Practices Coalition (SIPC) launched the One & Only Campaign, a public health educational campaign intended to raise awareness among patients and healthcare providers about safe injection practices. Its mission statement is: "One Needle, One Syringe, Only One Time." NYSDOH receives CDC grant funding for this initiative in New York State.

The Campaign does outreach to practicing nurses, students and nursing schools. Please feel free to contact the NY One & Only Campaign via an email to marybeth.wenger@health.ny.gov, if you are interested in a presentation on injection safety, in receiving CDC/ NYSDOH educational materials, or for more general information.

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Wagner EMBA '14; Clinical Director, **Emergency Department at Staten Island** University Hospital



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AMERICAN NURSES ASSOCIATION



ANA Membership Assembly Takes Action on Advocacy Strategies, Member Engagement

Nearly 300 representatives and observers to the American Nurses Association's Membership Assembly had the opportunity to discuss advocacy-building and member-engagement issues, share effective strategies, and network with colleagues around the country before the two-day event in Washington, DC, came to a close. Eligible Assembly representatives also voted in ANA Board of Directors and committee members.

Representatives approved recommendations that were developed following two separate, but related, dialogue forums held the previous day. One focused on preparing nurses to be effective advocates in an uncertain health care environment and another on fostering member engagement in association policy development.

Those recommendations call on ANA to:

 Highlight and promote the use of policy and advocacy resources.

- Emphasize policy development and advocacy as central to the role of all RNs.
- Advance mechanisms to heighten the involvement of individual RN members in the generation of policy and advocacy topics.

In another action, eligible voting representatives adopted several bylaws, including one that expands the total number of voting seats to the Assembly to allow for more member engagement. Another bylaws change allows C/SNAs to include non-RNs, such as LPNs and respiratory therapists, in their membership -- with no ANA membership status.

They also re-elected Ernest Grant, PhD, RN, FAAN, North Carolina Nurses Association, as ANA vice-president; and elected Jennifer Mensik, PhD, RN, NEA-BC, FAAN, Arizona Nurses Association, as treasurer; MaryLee Pakieser, MSN, RN, FNP-BC, ANA-Michigan, as a director-

at-large; and Amanda Buechel, BSN, RN, ANA-Illinois, as director-at-large, recent graduate. Members were also elected to the Nominations and Elections Committee. Terms of service begin January 1, 2018.

Assembly representatives also formally went on the record as firmly opposing the current American Health Care Act. They directed the ANA board to continue to aggressively oppose the AHCA as passed by the U.S. House of Representatives on May 4, 2017; propose provisions based on ANA's Principles for Health System Transformation; and provide timely reports to the C/SNAs and the IMD

In her closing remarks, ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, highlighted many of the events and actions that occurred, including the largest participation in ANA's Hill Day ever, and spoke of the heightened recognition of nurses' role in advocacy.

ANA Continues to Speak Out Against Harmful Cuts to Health Care

American Nurses Association President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, joined in a press conference with U.S. Sens. Debbie Stabenow (D-MI), Jeff Merkley (D-OR) and Maggie Hassan (D-NH) June 22 outlining the harmful effects of eliminating the Essential Health Benefits currently available

 to millions of families across the country. These benefits and access to Medicaid are threatened by both a draft health care proposal unveiled by Senate GOP leadership June 22 and the American Health Care Act passed by the U.S. House of Representatives in May.

Cipriano specifically spoke about the importance of ensuring people understand these benefits, which include access to affordable prescription drug coverage, addiction treatment and mental health services, and maternity and newborn care.

"In addition to eliminating the benefits that I just described, the Senate Republican draft health care bill's changes to Medicaid would be disastrous for our nation's most vulnerable," she said. "Medicaid is the safety net for tens of millions of children, as well as the poor and disabled.

"We're nurses, and we're here because we are very worried about our patients. We won't stop fighting for them. We can do better and Americans truly deserve a better plan."

Lori Chovanak, MN, APRN, chief executive officer of the Ohio Nurses Association, and Jeanette Klemczak, MSN, RN,

FAAN, of ANA-MI, also addressed the impact that having affordable, quality health care insurance has on patients, health care facilities, and the nation. Access the recording on YouTube to hear all that nurses and Senators had to say.

In addition to coming out for this press event, ANA members, area nurses and nursing students participated in an "Emergency White Coat Fly-in" with our coalition partners to #ProtectOurCare. Following a press event featuring nurses and physicians and organized by Rep. Raul Ruiz (D-CA), House Democratic Caucus Members, Leader Nancy Pelosi (D-CA) and Whip Steny Hoyer (D-MD), the group planned to meet with senators in Alaska, Arizona, Colorado, Ohio, Louisiana, Maine, Nevada, Pennsylvania and West Virginia to persuade them to protect health care.

ANA also sent a letter to the Senate urging them to reject the AHCA and craft new legislation, which would improve health care affordability, access and delivery for all Americans.

And stay up-to-date on ANA efforts on health system reform, including the latest on the just revealed Senate health care draft.





MEMBERSHIP



ANA-NY and ANA Membership Activation Form PNEW YORK AMERICAN NURSES ASSOCIATION AMERICAN NURSES ASSO





First Name/MI/Last Name	Date of Birth Gender: Male/Female	
Mailing Address Line 1	Credentials	
Mailing Address Line 2	Phone Number Check preference: ☐ Home ☐ Work	
City/State/Zip	Email address	
County		
Professional Information		
	Current Position Title: (eg: staff nurse)	
Employer	Required: What is your primary role in nursing (position description)? Clinical Nurse/Staff Nurse	
Type of Work Setting: (eg: hospital)	 ☐ Nurse Manager/Nurse Executive (including Director/CNO) ☐ Nurse Educator or Professor ☐ Not currently working in nursing 	
Practice Area: (eg: pediatrics)	☐ Advanced Practice Registered Nurse (NP, CNS, CRNA) ☐ Other nursing position	
Ways to Pay		
Monthly Payment	Membership Dues Joint Membership ☐ Monthly = \$22.17 OR ☐ Annual = \$260	
Checking Account Attach check for first month's payment.		
Checking: I authorize monthly recurring electronic payments to the American Nurse Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.	New Graduate ☐ Monthly = \$11.33 OR ☐ Annual = \$130 (within one year of graduating from nursing school)	
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Monthly Electronic Deduction Payment Authorization Signature*	Credit Card Number Expiration Date (MM/YY)	
I understand that I may cancel this authorization by providing ANA written notice twenty (20) days	Authorization Signature	
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> **Driscoll Awardee** Rona F. Levin, PhD, RN



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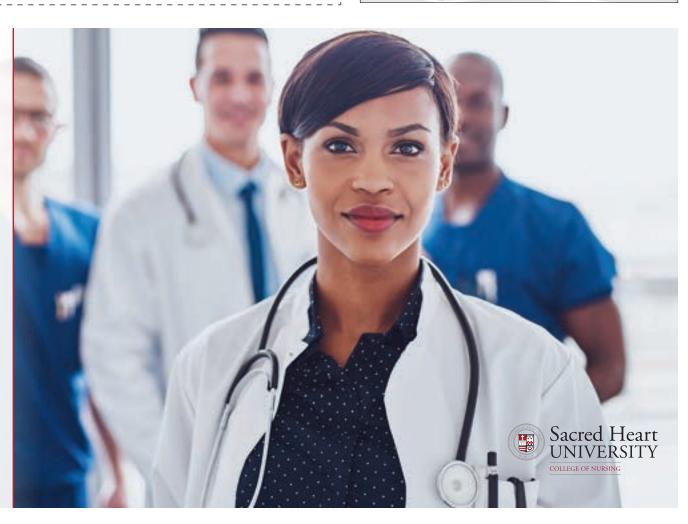
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