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ANA - NEW YORK NURSE THE PREEMINENT VOICE OF NURSING IN NEW YORK STATE

August 2018

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 5,000 New York nurses and schools of nursing through direct mail.

PRESIDENT'S MESSAGE



Refresh

Reinvest

Reignite

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

As the summer is coming to a close it is time to take stock of who we are, what have we done and where are we going. This past spring we had front row seats to a very complex and tumultuous world. Climate change contributed to multiple and natural disasters; floods, wildfires, earthquakes and volcanic eruptions. Add in



the human factor of ever increasing stress, polarizing politics, caustic communication and unmet physical and mental health needs resulted in escalating violence and deleterious effects on mankind. Americans are in despair.

How can we as nurses respond? At the end of the day we must align ourselves as professionals with a

commitment and steadfast passion to strive for improving the health of the world, one patient at a time.

While we can't change the past incidents, we must assist survivors by acknowledging the trauma, potential future threats and move forward with the "New Normal." Yes, it takes time and a deliberate concerted effort to appreciate the magnitude of the incident and the impact on individuals, families, communities and the world.

To understand the issue we need to deliberately peel back each layer one by one. What were the contributing variables or risk factors? Were timely interventions provided or hindered creating the perfect storm? By defining related components a tangible pattern emerges which can be addressed.

It is essential to refresh our perspective and look through the injured person's lens. Having an invitation to their conversation is the first step to provide insight and facilitate a holistic, ethical and collaborative approach.

Reinvest in yourself and your nursing profession. Begin with an honest self-appraisal. What are your areas of growth? What needs to be improved or brought to the next level? Culminate with an unbridled discernment of your talents and strengths to reaffirm your innate ability to tackle unfathomable issues. Pay attention to the wave-like motion of anticipated responsibilities which are constantly changing in uncharted waters. This should be a journey with trusted colleagues and mentors.

There needs to be a reconciliation of nurses to one another. Credentials provide a method to identify one's level of education and expertise. "I'm a nurse" transcends the alphabet soup, levels the playing field and provides clarity of who we are and the potential of what we can do.

I encourage you to take time to embrace your nursing moments and reignite your passion for the "Art of Nursing," as you share with your colleagues the true intrinsic reward system of our profession. Priceless.



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MEMBERSHIP APPLICATION ON PAGE 23

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FROM THE DESK OF THE EXECUTIVE DIRECTOR



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

We are gearing up for the 2018 Annual Meeting and Conference. All of our speakers are confirmed, and registration is open. Make sure to check out the schedule for the days that we are together and take advantage of the "Bring a Friend" discount and drawing. We are going to be moving



up to the convention center this year, so let's make a great showing in our attendance. Another upgrade will

be our first poster session and more ANA-NY awards. After this year we will try moving the conference venue around the state so get ready for future adventures and sites

Make sure to vote in this year's election. Remember that the ANA-NY Board of Directors are your representatives at both the state and the national level. Make sure your voice is heard. Do you want to become more engaged in ANA-NY, but aren't ready to run for office? Join us at the Committee Open House on Friday morning at the 2018 Annual Meeting and Conference and find your passion.

Kudos to ANA-NY Legislation Committee and the Coalition for Advancement in Nursing Education (CANE) for the completion of a 14 year project – the BS in Ten. Look for FAQs so you're in the know.

In alignment with our Advocacy in Action Theme, make sure that you are counted in the Nurses on Boards initiative. If you haven't already signed in to record your board membership (nursing and community) please do so at nursesonboardscoalition.org

We are continuing to find value-added initiatives for our members and look forward to reviewing your responses to the member survey. There will also be opportunities for your input at the Annual Meeting and Conference. We want to hear from you and be responsive to your needs.

Follow my blog at <u>ananyexecutivedirector.</u> <u>wordpress.com</u>

Special Offer

Introduce a friend to ANA-New York!

Bring a friend who has never attended an ANA-NY Annual Meeting & Conference and your friend will be able to register at 1/2 price at https://goo.gl/TazTMi.

For introducing your friend to ANA-NY, you will be placed in a drawing to win a \$250 gift card. Please register here, https://goo.gl/WYb29p and enter your friend's name during check out when prompted. Be sure to include your friend's name during check out when prompted.

When your friend registers, you will be placed in a drawing to win a \$250 gift card.

You both must register in order to be entered into the drawing.

See pages 6-7 for more information about the ANA-NY 6th Annual Meeting and Conference.

NOW HIRING!

As part of the NYS Office of Mental Health (OMH), the Capital District Psychiatric Center (CDPC) provides inpatient and outpatient psychiatric treatment and rehabilitation to adults who have been diagnosed with serious and persistent mental illnesses. CDPC also has outpatient treatment services for children and adolescents.

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The State University of New York (SUNY) at Canton invites qualified applicants for a **full-time**, **tenure-track position in the Nursing Department**, to begin August 2018.

Master's Degree in Nursing required. Eligible for or licensed as a registered nurse in New York State is required.

Persons interested in the above position should apply online at https://employment.canton.edu/

SUNY Canton is an Affirmative Action, Equal Opportunity Employer with a strong commitment to student success.



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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 articles.

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

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www.ana-newyork.org/

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YOUR VOTE MATTERS



ANA-NY 2018 Candidate Profiles

The Nominations & Elections Committee is pleased to announce the ballot for 2018 Elections. Meet your candidates. Polls will open from 8/24/2018 through 9/14/2018.

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

PRESIDENT and ANA Membership Assembly Representative



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

PRESENT POSITION: Professor of Nursing, Suffolk County Community College, Brentwood, NY

POSITION STATEMENT: As President for the past two years I have facilitated ANA-NY's

evolution via the following: 5400 members, Members Only website, Future Nurse Leader awards, BSN in 10, NE-MSD Partnership and Annual Meeting Conferences. My goal is to implement innovative Mentoring, Engagement and Retention projects while incorporating ANA-NY's vision: Building a community of empowered registered professionals as the preeminent voice of nursing in New York State.

I pledge to "Pay it Forward." My expertise, passion and dedication will promote ANA-NY's momentum to the next level. I humbly seek your endorsement as President for a second term and thank you in advance.



Shannon McCarthy-Leone, EdD, RN

PRESENT POSITION: Assistant Professor of Nursing, Keuka College, Keuka Park, NY

POSITION STATEMENT: My personal mission statement is to improve communication collaboration, teamwork,

and promote life-long learning and engagement for professional nurses. To do this requires me to actively listen, advocate and mentor nurses at all levels of practice and education to assure changes to professional standards, healthcare systems, and public policy recognizes and considers the perspective of the nurses as we work to improve for the health and well-being of individuals, families, and communities.

TREASURER



Sue Penque, PhD, RN, NE-BC, ANP-BC

PRESENT POSITION: Chief Nursing Officer - South Nassau Communities Hospital, Oceanside NY System Chief Nursing Officer - North Memorial Medical Center Robbinsdale, MN

POSITION STATEMENT: I am committed to advancing the profession of nursing through education, evidence-based practice and research. I believe we need to advocate for the rights of nurses and bring greater public attention to work we do every day. Nurses are pivotal to knowing the needs of patients and communities and have the knowledge to achieve the best outcomes.

DIRECTOR-AT-LARGE



Francine Bono-Neri, MA, RN, PNP

PRESENT POSITION: Adjunct
Professor and Clinical Instructor,
Molloy College & Adelphi
University, Nassau County, NY;
Member of Board of Trustees
NYSMDA; PTA President

POSITION STATEMENT:

offer much experience in developing and maintaining organizational infrastructure, design and implementation of operating procedures, policies and bylaws, budgets, along with effective communication and networking capabilities.

My plans and goals in the role of a Director-at-Large for the ANA-NY include adherence, as well as development of policies, procedures and guidelines for the scope and numerous platforms the ANA-NY encompasses. In addition, I will uphold the fundamental constructs and core values the ANA puts forth and continue to advocate for nursing, without bias or prejudice, all in the name of working for the greater good of those the discipline serves.



Kathryn Murdock, MSN, RN, NE-BC, CMPE

PRESENT POSITION: President/CEO Progressive Primary Care Solutions, Inc.

POSITION STATEMENT: I am the cofounder and President/CEO of Progressive Primary Care Solutions, a new innovative

company whose vision includes a unique interest in supporting the nursing profession in various capacities. I received my Master's Degree in Nursing from Norwich University and Bachelor's Degree in Nursing from Hartwick College. I am a board-certified Nurse Executive (ANCC) and Certified Medical Practice Expert (MGMA). I have spent the last four years leading valuable healthcare transformation work in the outpatient setting while volunteering my time as a board member of the Oneonta Community Health Center and Mohawk Valley Population Health Improvement Program.

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Pag

Linda O'Brien, MS, RN

PRESENT POSITION: Home Care Coordinator, Brookhaven Memorial Hospital Medical Center Home Health Agency

POSITION STATEMENT: I have always been a proud member of the nursing profession. I am

persistent in making my voice heard to encourage my professional nursing colleagues to recognize the value of joining ANA-NY, so that the association will have the capacity to exert its influence making processes that determine quality of patient care and maximize the role of the Registered Professional Nurse as an educated and ethical health care provider. If elected, I would continue to be active participant in advocating for patients, promoting the profession and growing the association.



For more information or to apply, please contact: **kathys@credocc.com**

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In the Sptlight Future Nurse Leader

Elizabeth Weaver

Elizabeth Weaver is a May 2017 graduate of the Samaritan Hospital School of Nursing in Troy, NY. Prior to beginning her nursing career, Elizabeth graduated from Vassar College with degrees in Political Science, Music and French, and taught second and third grade at the Doane Stuart School. During her time at Samaritan, Elizabeth was an active



member and treasurer of the Student Government Association, organizing and participating in community fundraisers and outreach programs. She was the recipient of the ANA-NY's Future Nurse Leader Award, the Leora Belknap Award, and was elected by her peers to deliver the commencement address at her graduation. As a new RN, Elizabeth has joined ANA-NY as well as the Northeast New York Professional Nurses Organization, through which she has been grateful for the opportunity to meet and learn from current nurse leaders in her region. Currently, Elizabeth is working in medical cardiology at St. Peter's Hospital in Albany, NY. She credits her fantastic team of coworkers and mentors for helping her question and grow each day in this dynamic and fast-paced environment and continues to be amazed at how much more there is to learn. She is excited to start working towards her Master's in Nursing Education through Excelsior College. In her spare time, Elizabeth loves being a mom to her two little boys.



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ANA-NY Congratulates 2018 Future Nurse Leaders

Award recognizes nursing students for achievement & potential

The American Nurses Association - New York (ANA-NY) is proud to introduce its 2018 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 2018 cohort of ANA-NY Future Nurse Leaders is:

- Sarah Allen, Arnot Ogden Medical Center School of Nursing
- Brantuo Akuoko, Nyack College
- Valerie Azor, Elmira College
- Griselda Bautista Ceja, NYU Rory Meyers College of Nursing
- Shelby Brost, St. John Fisher College
- · Kristy Bowers, Memorial College of Nursing
- · Emma Brown, Samaritan Hospital School of Nursing
- Kassidy Cook, Fulton Montgomery Community College
- Kayla Darienzo, Farmingdale State College
- Sydney Drury, Suffolk County Community College
- Javauni Forrest, University of Rochester School of Nursing
- Victoria Fusco, Pace University
- Melinda Kane, Ellis Medicine, The Belanger School of Nursing
- Carolyn Maroon, The College of Brockport, SUNY
- Rebekah McNeill, Roberts Wesleyan College
- Matthew Owen, Sienna College
- Amber Pallas, Mohawk Valley Community College
- Terrika Pereira, University at Buffalo School of Nursing
- Kelsey Rourke, SUNY Sullivan County Community College
- Alexandria Ruddy, Adelphi University, College of Nursing and Public Health
- Randy Ryan, Stony Brook University, SNO
- Christine Wilson, Saint Paul's School of Nursing

"Congratulations to all of the 2018 Future Nurse Leaders. These recent nurse graduates reflect all the dynamic qualities of change agents and personify exciting new nursing leadership. They serve as role models who embody professionalism, patient advocacy and interdisciplinary collaboration. An inherent component of ANA-New York's mission is to support and encourage nurses as they take on leadership roles in direct patient care, healthcare administration and healthcare policy. It is refreshing to see such a level of dedication and passion in new nurses entering the profession. We look forward to seeing them evolve as risk takers and a force to be acknowledged and embraced during their professional careers," said Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C, President of ANA-NY.

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 joint membership to American Nurses Association and ANA-NY for one year.









SUNY Canton seeks applications for a **full-time**, **non-tenure track position as a Nursing Lecturer.**

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COMMITTEE SPOTLIGHT



Legislation Committee

On May 8, 2018, ANA-NY held its first Lobby Day in Albany, NY. ANA-NY's Legislative Committee met with several legislative staff members discussing health care concerns.

The Legislation Committee shall:

- be composed of ten (10) members appointed by the ANA-NY Board of Directors.
- 2. develop a legislative program to be ratified by the Board of Directors.
- 3. implement the legislative program adopted at the Governing Assembly.
- 4. monitor trends and developments in legislative and governmental areas as they relate to state or national health policy.



Dr. Marilyn L. Dollinger (Co-Chair)

Dr. Marilyn L. Dollinger is the Executive Associate Dean at the Wegmans School of Nursing, St. John Fisher College in Rochester, New York. She received a BS in Nursing from the University of Toronto, a MS in Nursing from

Russell Sage College, a post-masters certificate as a Family Nurse Practitioner from St. John Fisher College and a Doctorate of Nursing Science from the University of Buffalo.

Dr. Dollinger is an active advocate and lecturer for legislative, regulatory, and health policy issues. She is the Chair of the Common Ground Health Board, a regional health round table and a member of the Lifetime Care Board executive committee. She is also a member of several regional and state nursing professional organization legislative and policy committees. Dr. Dollinger currently chairs the ANA-NY Legislative Committee and serves on the New York Organization of Executives and Leaders Public Policy Committee.



Beverly Karas-Irwin (Co-Chair)

Beverly Karas-Irwin, DNP, RN, NP-C, HNB-BC, NEA-BC is the Director of Nursing Excellence, Magnet Recognition at New York-Presbyterian in New York, NY assisting 11 campuses on their Magnet journey. Dr. Karas-

Irwin is a nurse leader with over 35 years' experience in professional nursing practice and nursing education. She is a Magnet Appraiser for the American Nurses Credentialing Center. She has authored publications and has presented locally and nationally. Dr. Karas-Irwin is an adjunct professor at Ramapo College of New Jersey and Case Western Reserve, Cleveland, Ohio. She was previously a member of the Organization of Nurse Executives-NJ Advocacy Committee and was appointed to the ANA-NY Legislative Committee in 2017.

Dr. Karas-Irwin obtained her Doctor of Nursing Practice in Nursing Administration from University of Pittsburgh, Pennsylvania; Master of Science in Nursing – Adult Nurse Practitioner from St. Peter's College, NJ; Master of Science in Health Service Management from New School for Social Research, NYC; and Bachelor of Science in Nursing from University of Pittsburgh. She is nationally board certified as an adult nurse practitioner, holistic nurse-baccalaureate, nurse executive-advanced and inducted as a fellow in The New York Academy of Medicine.



Debra A. Wolff

Debra A. Wolff, RN, PCNP, DNS, is President/CEO of NURSES-Ready for the Next Step, a business launched in 2013 to help prepare nurses for success in the next step of their education and career. She also teaches online at Empire State

College. Her book, Advancing Your Nursing Degree: The Experienced Nurse's Guide to Returning to School was recently published by Springer. During her 38-year career in nursing, she has been a life-long learner.

Dr. Wolff earned a bachelor's degree from SUNY Plattsburgh, a master's degree and certificate as a Nurse Practitioner in Community Health from Binghamton University, and a doctoral degree from The Sage Colleges, where she was inducted into the Phi Kappa Phi national honor society.

Currently she is an active member of the American Nurses Association – New York (NY), the NY Organization of Nurse Executives and Leaders, the Capital District Nursing Research Alliance, the Northeast NY Professional Nurses Association, and the Albany Chapter of the American Statistical Association.

From 2011–2013, Dr. Wolff was the Project Coordinator for the newly established Future of Nursing – NYS Action Coalition. In this capacity, she traveled throughout the state and interacted with nurses in all areas and levels of practice. She was the guest speaker at several nursing schools and professional organizations as well as the co-author and data analyst for the NYS Nursing Schools and Faculty Report: 2010-2011.

Prior to 2010, she was the Project Director for a cancer research project that enrolled 115 sites nationwide and collected data on over 4,500 patients receiving chemotherapy. She had the privilege of being the only nurse working with this interdisciplinary, multicultural team. She has published extensively in Cancer, Journal of Clinical Oncology, Journal of the National Comprehensive Cancer Network, Annals of Oncology, American Journal of Managed Care, Academic Medicine, Journal of Rural Health, and Clinical Orthopaedics and Related Research. In 2010, Dr. Wolff completed a program as a certified synchronous learning expert and, in recent years, has been an abstract, journal, and textbook reviewer as well as a HRSA grant reviewer.

Not Pictured

Mel Callan, RN Sarah Marshall, RN Susan Dewey-Hammer, RN Diane Dwire, RN Timothy Higgins, Jr, RN Cyndy Curran, RN Victoria Record, RN







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ANA-NY 6TH ANNUAL MEETING & CONFERENCE



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CONTINUING EDUCATION STATEMENT:

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2018 ANNUAL MEETING AGENDA

ADVOCACY IN ACTION

THURSDAY, OCTOBER 18

12:30 pm – 1:00 pm	Preconference registration
1:00 pm – 4:00 pm	Current Perspectives on the Opioid Crisis: How to Advocate for Patients, Colleagues, and Community Members
4:00 pm – 5:30 pm	Naloxone Opioid Rescue Training
6:00 pm – 7:00 pm	Legislative Forum (Legislation Committee)

FRIDAY, OCTOBER 19

7:30 am – 8:00 am	Registration
8:00 am – 9:00 am	Continental Breakfast/Exhibits/Committee Open House
9:00 am – 9:15 am	Welcome
9:15 am – 10:15 am	The Many Faces of Advocacy in Nursing (Deb Elliott, RN, BSN, MBA)
10:15 am – 10:35 am	Break/Ten Minute Tune-up/Exhibits
10:35 am – 11:35 am	Armchair Advocacy (Janet Haebler, RN)
11:35 am – 12:30 pm	Member Dialogue Fora: What adds value to your membership?
12:30 pm – 1:30 pm	Lunch/Exhibits
1:30 pm – 2:30 pm	Keynote: How Media Advocacy Can Save Lives (Sandy Summers, RN, MSN, MPH)
2:30 pm – 3:40 pm	Governing Assembly Session 1
3:40 pm – 4:00 pm	Break/Ten Minute Tune-up/Exhibits
4:00 pm – 5:00 pm	Evidence-based Fall Reduction/Prevention Safety Program (Lauraine Spano-Szekely, DNP, MBA, BSN, RN)
5:00 pm – 6:30 pm	Awards Reception/Poster Session

SATURDAY, OCTOBER 20

7:30 am – 8:00 am	Nurses' House Healthy Nurse Walk
8:00 am – 8:30 am	Exhibits/Registration
8:30 am – 9:30 am	NSO sponsored Breakfast CE – Malpractice Case Studies - Lessons, Recommendations and Stats (David Griffiths, MBA)
9:30 am – 10:30 am	Disaster Preparedness (Laura Terriquez-Kasey, DNP, CEN)
10:30 am – 10:50 am	Break/Ten Minute Tune-up/Exhibits
10:50 am – 1:00 pm	Governing Assembly Session 2
1:00 pm – 2:00 pm	Lunch/Exhibits
2:00 pm – 3:00 pm	Advocacy for new grads (Marilyn Dollinger, DNS, FNP, RN)
3:00 pm – 4:00 pm	Love Your Job! Love Your Life! (Joel Weintraub, M.Ed., B.S)
4:00 pm - 4:15 pm	Closing/Drawings

4.5 hours of Exhibit time, up to 17.8 hours of Continuing Education time available.



SPEAKER INFORMATION, OCTOBER 19-20

Keynote Speaker: Sandy Summers, RN, MSN, MPH How Media Advocacy Can Save Lives **Founder and Executive Director** sponsored by



Arthur L. Davis Publishing Agency, Inc.



Sandy Summers is the Executive Director of The Truth About Nursing. Since 2001, she has led the effort to change how the world views nursing by challenging damaging media depictions of nurses. Ms. Summers is the coauthor of Saving Lives: Why the Media's Portrayal of Nursing Puts

Us All at Risk. Her media advocacy work began when she and fellow Johns Hopkins graduate students began the movement in April 2001. She speaks frequently on nursing's image and empowering nurses to change how they are perceived.

Ms. Summers has a master's degrees in Nursing and Public Health from Johns Hopkins University (2002). She received her Bachelor of Science in Nursing from Southern Connecticut State University in 1984.

Prior to her graduate work, Ms. Summers practiced nursing in the emergency departments and intensive care units of some of America's major trauma centers, including San Francisco General Hospital, Charity Hospital at New Orleans, Washington Hospital Center (D.C.), Georgetown Hospital, and D.C. General Hospital. From 1994-97, Ms. Summers lived in Phnom Penh, Cambodia, where among other jobs, she taught nursing teachers at the Central Nursing School, and undertook nursing research for the International Research Development Centre and Redd Barna (Norwegian Save the Children).

Ms. Summers is a member of Sigma Theta Tau, the international nursing honor society, and Delta Omega, the public health honor society. Ms. Summers lives in Baltimore, Maryland with her husband and two children. She spent her childhood in Vernon-Rockville, Connecticut. To learn more about Sandy Summers, visit her Website at http://www.truthaboutnursing.org.

Endnote Speaker: Joel Weintraub, M.Ed., B.S. Love Your Job! Love Your Life!



Joel Weintraub is a "humorous educator" who has managed to merge the formerly disparate worlds of comedy, business, health, health care and education. By combining his professional comedy experience with his masters degree in Exercise Physiology and his bachelors

in Health Education from Temple University, Joel has entertained and educated audiences as diverse as Nursing Associations, Health Care Associations, Hospice and Palliative Care Organizations, Assisted Living and Home Care Associations, Therapeutic Recreation Associations, Firefighters, Physicians, Attorneys, HR Professionals, Fortune 500 Companies, Accountants, Teachers, the PTA and even Burglar Alarm Installers. From the "World Bank" to

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At this years conference Joel will talk about how to manage stress and increase focus as well as how to wash your emotions between patients. We wash our hands between patients but sometimes forget that emotions can be just infectious as not washing our hands. Joel will also discuss the neuroscience of humor and how to use humor in our lives.

You can view Joel's seminars on his website at www. healthhumor.com.

Deborah Elliott, RN, BSN, MBA **Advocacy**



Deborah Elliott is currently the Executive Director of the Center for Nursing at the Foundation of New York State Nurses and Nurses House. As a registered professional nurse, Deb's clinical expertise is in the field of Women's and Children's Health, primarily Labor and Delivery. Her

professional career began at a community hospital in the Capital District for which she worked for 27 years, 12 of those years were in administrative positions. Since obtaining a MBA from Union Graduate College, Deb has served in various leadership positions including the Executive Director for the Maternal Infant Network of the Capital District and the Deputy Executive Officer for the New York State Nurses Association. She has directed many programs and projects, including grants provided by the New York Department of Health, New York Department of Labor, the New York Department of Education, the United Way, and the Robert Wood Johnson Foundation. Deb is also a founding partner and faculty for the Leadership Innovation Academy, LLC (LiA) which provides leadership development training courses designed for nurses. Deb is a seasoned public speaker, educator and grants writer. She is certified in Labor Relations from Cornell University and an accredited facilitator in Five Behaviors of a Cohesive Team from Wiley.

Janet Haebler, MSN, RN **Armchair Advocacy**



As Senior Associate Director for State Government Affairs with the American Nurses Association (ANA), Janet serves as a resource to the state nurses associations in their efforts to advance their legislative and regulatory agendas. Throughout her 47 years' experience in nursing, Janet held

numerous staff and leadership positions in a variety of settings: acute and long term care, managed care, and academia.

She has dedicated the past 17 years to the policy and advocacy arena; first at the state level before joining ANA. While with the New York State Nurses' Association, she was responsible for the Practice & Government Affairs program; during which time, Janet and her team celebrated such legislative successes as title "nurse" protection and safe patient handling & mobility. In addition to a number of other initiatives, her portfolio includes the number one issue for direct care nurses - safe staffing. Nine years ago, Janet launched the American Nurses Advocacy Institute, a year-long mentored program designed to develop nurse's political competence. Janet completed her undergraduate degree in nursing at Russell Sage College in New York and master's degree in nursing with a concentration in administration at Seton Hall University in New Jersey.

Speaker Information continued on page 8



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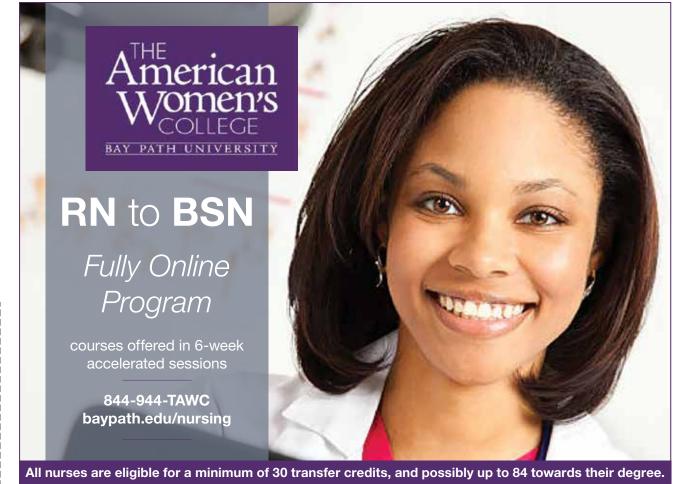
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ANA-NY 6TH ANNUAL MEETING & CONFERENCE



Speaker Information continued from page 7

David Griffiths, MBA

Malpractice Case Studies - Lessons, Recommendations and Stats

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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.



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Laura Terriquez-Kasey, DNP, MS, RN, CEN Disaster Preparedness



Laura Terriquez-Kasey is an Associate Professor at Binghamton University, teaching since 2000. She is currently teaching three courses in Disaster Preparedness Certificate Program for graduate nurses. She completed her DNP specialization in Geriatrics (2015). Laura Terriquez-Kasey has been an Advanced Practice Nurse in Administration with a sub-specialization in Emergency and Trauma Care. She has served for 14 years with New York DMAT-2 and 20 years in the Army Nurse Corp. She was a Nurse Manager for Emergency services for many years and spent 12 years at Bellevue Hospital as an Emergency Nurse Leader.

Dr. Marilyn L. Dollinger, BSN, MS Advocacy for New Grads



Dr. Marilyn L. Dollinger is the Executive Associate Dean at the Wegmans School of Nursing, St. John Fisher College in Rochester, New York. She received a BS in Nursing from the University of Toronto, a MS in Nursing from Russell Sage College, a post-masters certificate as a Family Nurse Practitioner from St. John Fisher College and a Doctorate of Nursing Science from the University of Buffalo.

Dr. Dollinger is an active advocate and lecturer for legislative, regulatory, and health policy issues. She is the Chair of the Common Ground Health Board, a regional health round table

and a member of the Lifetime Care Board executive committee. She is also a member of several regional and state nursing professional organization legislative and policy committees. Dr. Dollinger currently chairs the ANA-NY Legislative Committee and serves on the New York Organization of Executives and Leaders Public Policy Committee.





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QUALITY AND SAFETY EDUCATION FOR NURSES

Informatics

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

Information and technology skills are essential for safe patient care. Nurses and other health care professionals need to have access to up-to-the-minute, real time information about a patient's condition to provide necessary and appropriate care. QSEN defines Informatics as the use of information and technology to communicate, manage knowledge, mitigate error, and support decision making. Technology is changing the way patients manage their own health care and how nurses manage patient care. Nurses need to develop new skills to manage electronic health records (EHR), find and evaluate research evidence to support clinical decision making, and use data to solve patient and system problems.

In July 2013 the Centers for Medicaid & Medicare Services introduced and began implementation of "meaningful use," defined as the use of certified electronic health record (EHR) technology to: improve quality, safety, efficiency, and reduce health disparities, engage patients and family, improve care coordination, and population and public health, and maintain privacy and security of patient health information. EHR significantly reduces medication errors by the use of computerized provider order entry, bar codes, and medication reconciliation features.

Nurses must maintain the skills necessary to use effectively all forms of health informatics including EHRs and avoid workarounds when encountering problems or impediments to delivering care. Additionally, nurses must understand the necessity for all health professionals to seek lifelong, continuous learning of information technology skills and recognize it does take time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care.

Concerns about EHRs also exist at the user level and systems level. Nurses may feel a loss of personal contact with their patients as the need to access and enter information at the point of care competes with their ability to have face-to-face interaction with patients. Both nursing and healthcare institutions must also address their concerns about what to do when computer systems malfunction and issues related to patient privacy so that there is a seamless continuity of patient. This includes seeking education about how to manage information in care settings before providing care.

Innovations related to informatics have improved patient care in a variety of health care settings. Social media sites sponsored by physician practices, health care facilities, and other credible sources provide valuable information to patients through their electronic devices. Telehealth and home monitoring provide a link between providers and patients from a variety of geographic locations and allows for the transmission of images and data for the purpose of assessment and treatment. A variety of interdisciplinary health practitioners can view patient's health information at the same time.

Unfortunately, the increase in the use of informatics in healthcare has created both positive and negative consequences. On the positive side, the use of medication bar coding has decreased the incidence of medication errors. Information can be obtained quickly and orders written quickly, especially in an emergency setting. Some negative consequences include: the increase costs of health care that results from the increased use of technology. Often, these costs are transmitted to the patient and the cost of health insurance increases.

A key role for nursing with the QSEN informatics competency is to be involved in the decisions about informatics use in your healthcare facility and be an active participant in the development of new innovations. This includes involvement in the design, selection, implementation, and evaluation of information technologies. The ultimate goal of informatics use within nursing is to support optimum patient care in all health settings.

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MEMBERS ON THE MOVE



Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R Honored on the Reuters Billboard in Times Square by P.O.W.E.R.



Altamont, NY, May 30, 2018 – (<u>PR.com</u>) – Gertrude B. Hutchinson of Altamont, New York has been honored on the famous Reuters Billboard in Times Square in New York City by P.O.W.E.R. (Professional Organization of Women of Excellence Recognized) for her outstanding contributions and achievements in the field of education.

About Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R. Dr. Gertrude Hutchinson has over 45 years experience in the nursing field. She is an Adjunct Professor at SUNY Empire State College in Saratoga Springs, New York. She teaches advanced pathophysiology online and serves as the Director of History and Education at the Center for Nursing at the Foundation of New York State Nurses. Dr. Hutchinson also serves as an Archivist for the Bellevue Alumnae Center for Nursing History at the Foundation and as an Archivist for the American Association for the History of Nursing.

Dr. Hutchinson is affiliated with the American Nurses Association, New York Chapter, the International Nurses Association, Sigma Theta Tau, the New York Archives Conference and the American Association for the History of Nursing. She is a member of the Interagency Council of Information Resources in Nursing, Phi Kappa Phi Honor Society, the New York Organization of Nurse Executives and Leaders, Phi Alpha Theta History Honor Society, the American Association for the History of Medicine, Women in Development in Northeastern New York, the Capital Nursing Research Alliance, the Nurses Educational Fund and the National League for Nurses.

After obtaining a M.A. in History from SUNY Albany in 2007, Gertrude continued her education, obtaining a M.S.I.S. in NARA and Records Management from SUNY Albany in 2009. She then obtained her Doctor of Nursing Science with a focus on Leadership and Education from The Sage Colleges- Sage Graduate School

in 2016. Dr. Hutchinson is the Recipient of the Northeast Region NYONEL Award in recognition of "creative and contemporary leadership in nursing practice." In her spare time, she volunteers at the Hamilton Union Presbyterian Church and serves in many leadership capacities as a lifemember of the Daughters of the American Revolution. She enjoys knitting, crocheting, reading historical fiction, playing piano and family activities.

Dr. Hutchinson states, "I attribute my success to my inquisitive nature, wanting to help people, education opportunities and having gifts and abilities to leave the world a better place."

For further information, contact <u>www.</u> <u>foundationnynurses.org.</u>

About P.O.W.E.R. (Professional Organization of Women of Excellence Recognized). P.O.W.E.R.'s mission is to provide a powerful network of women who will mentor, inspire and empower each other to be the best they can be. Through our valuable services, and collaborating with like-minded professionals, our members can gain the recognition and exposure to achieve their career goals. P.O.W.E.R. offers exposure through their website as well as their digital and print quarterly magazine.

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MEMBERS ON THE MOVE

Valerie Aarne Grossman, MAL, BSN, RN, NE-BC

Valerie Grossman was presented with the 2018 Honorary Nursing Practice Award on Thursday, June 21, 2018 at the 2018 ANA Membership Assembly at the Washington Hilton in Washington, DE. The American Nurses Association (ANA) Board of Directors selected Valerie to receive this award. This award recognizes individuals for outstanding direct patient care.

Valerie Grossman has served patients, families, communities, professional organizations and health care organizations for more than 36 years. In those years, she's been a mentor and nurse leader who has amply demonstrated contributions to the advancement of nursing practice, community and organization affairs, collaborative patient care, and a spirit of innovation in everything she does.

She's held many roles throughout her multi-faceted and distinguished nursing career, including staff nurse, clinical manager, author of several market leading nurse publications and peer reviewed journal articles, journal section editor, member of various nursing boards, presenter, and community servant. In addition, she has been a nurse mentor to new nurses and nurse authors who have benefited greatly from her guidance.

Recognizing that the front-line nurse has less and less time to provide a higher level of nursing care. Valerie has made it her mission to publish information specifically catered to their needs. Along with her co-authors. Valerie conducted an international book donation campaign for Fact Facts for the Triage Nurse and Fast Facts for the Radiology Nurse. Instead of thinking that nurses are scientists who touch patients, she believes nurses are scientists who are touched by patients. This distinction coupled with her lifelong curiosity often leads to her next publication and toward innovative ways to get information to the nurses who need it most.

Valerie has been the recipient of the top 25 Most Cited Journal of Radiology Nursing Articles since 2009 and the Top 5 Most Cited Journal of Radiology Nursing Articles Published 2009-2012 awards and her publication has received the AJN Book of the Year award. Over the course of nearly four decades, she has shaped the lives of patients and nurses alike. She is a community leader, a nurse mentor, and a patient advocate who continually recommits herself to advancing the nursing profession in different ways.





ANA-NY Attended ANA Membership Assembly in Washington, DC



Left to right: Joanne Lapidus-Graham (ANA-NY Vice President and ANA Membership Assembly Alternate), Larry Z. Slater (ANA Membership Assembly Representative), Elisa Mancuso (ANA-NY President and ANA Membership Assembly Representative), Kimberly Velez (ANA Membership Assembly Representative), Winifred Kennedy (ANA Membership Assembly Representative), and Donna Florkiewicz (ANA-NY Treasurer and ANA Membership Assembly Representative).

Not pictured, Jeanine Santelli, ANA-NY Executive Director





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Nurses - A Career in Case Management May Be Just What the Doctor Ordered

By Catherine M. Mullahy, RN, BS, CRRN, CCM, President of Mullahy & Associates (<u>www.mullahyassociates.com</u>), a leading resource for case management, certification and educational tools.

Catherine Mullahy, RN, BS, CRRN is the author of The Case Manager's Handbook, Sixth Edition, and a frequent presenter at leading association conferences. She also is the presenter of her firm's own seminars, including the award-winning, "Best in Class Case Management." This "Gateway to Certification and Best in Class Case Management" is a two-day continuing education program, which will next be offered on September 24-25, 2018 at the Platinum Hotel in Las Vegas. Learn more at: https://www.mullahyassociates.com/events/best-in-class-case-management/



The convergence of several factors has created significant shortages in nurses and a subset of this category, nurse case managers. Our nation's aging population and longer life spans have created an increase in the number of patients with chronic health conditions (e.g., chronic obstructive pulmonary disease (COPD), cardiac conditions or diabetes). Changing healthcare regulations, ushering in value-based healthcare and new models of care, also have sparked a greater demand for case managers, especially Certified Case Managers. The opportunities for nurses looking for a new pathway to caring and advocating for patients need look no further than case management. Not only are there many opportunities, but there are many opportunities in a wide range of settings and career paths. Understanding these opportunities and what it takes to be a successful case manager is something nurses considering a change should explore.

"Career and Salary Outlook"

According to the U.S. Bureau of Labor Statistics, the number of case managers is expected to grow by 20% between 2016 and 2026 compared with a projected 15% growth for nurses during the same period. Depending on the setting and the individual's credentials, case managers' annual salaries range from a high of over \$115,000 to approximately \$60,000. The U.S. Department of Labor noted that, due to the additional training case managers require, it expected nurse case managers to be earning on the high end of the nursing wage scale (i.e., around \$95,000 per year). Certified Case Managers, which the Commission for Case Manager Certification (CCMC) states now number 45,000, average between \$75,000 and \$80,000 with

almost 45% earning more than \$80,000 per year; up from 33% in 2013. The number of employers requiring board-certification is now over 40%; double what it was in 2004.

That said, for those nurses with the experience and certification, there are infinite opportunities across many settings that include: hospitals, rehabilitation centers, nursing homes/assisted living facilities, hospices, managed care organizations, patient-centered medical homes, accountable care organizations, physician practices, and in their own case management practices. But what does it take to be a successful, fulfilled case manager?

"What Does It Take to Be a Case Manager Today?"

The reason most of us became nurses was to care for patients. Case management provides the ability to provide direct intervention, care coordination and advocacy for the most vulnerable and complex patients. Given today's highly convoluted healthcare system, our nation's aging population, its growing multiculturalism, and the introduction of new technologies and processes to monitor and measure healthcare quality, case management is not for the faint-hearted. It takes a caring healthcare professional with a broad skill-set and the willingness to adapt to new requirements in performing their role. First, let's consider some of the basic skills required. Besides a strong clinical background, today's case managers must have excellent communication skills - both verbal and written in order to effectively communicate with patients, their families and other members of the healthcare team. They must be willing to stay abreast of changes in the field, invest in their continuing education so they can both master best practices in case management, and broaden their skills in the use of new technologies such as electronic health records. They must recognize the expanded responsibilities of case managers in our era of valuebased healthcare. Case managers are expected to leverage healthcare informatics and their best practices in order to benchmark and document clinical measurements and outcome improvements for their patients.

Another area which case managers will need to understand are the new value-based models of care and how they affect financial payments to providers. These models range from: shared-savings models where providers share in the savings accrued in healthcare spending for a specifically targeted population, and pay for performance models offering financial incentives based on agreed upon health improvement metrics; to patient centered medical homes where healthcare professionals team up to provide for better quality and coordination of care and invest in specific healthcare Information Technology infrastructures (e.g., electronic health and health data repositories), negotiating fee-for-service increases, and



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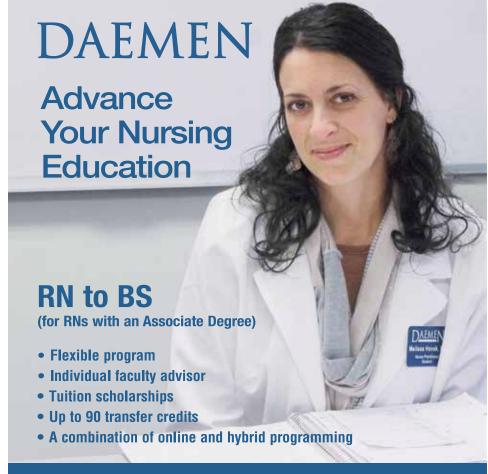
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provider-sponsored health plans wherein a provider network assumes all financial risk and collects healthcare premiums directly from plans sponsors or members. A characteristic that is reflected in these and other new models of care is price transparency. For case managers, this means an added responsibility to educate their patients regarding price information on various healthcare procedures, and helping them to make informed, fiscally-prudent decisions.

As our nation's multiculturalism grows, the need for case managers, who understand and respect the cultural nuances that patients of various ethnic groups (e.g., Hispanic, Asian, Filipino, Native American, etc.) bring to their healthcare experience, are in great demand. Having a second language and/or at least an understanding of how a patient of a certain ethnic group might react to his/her treatment plan, etc. is a valuable asset.

"Adhering to Professional Ethics"

Probably one of the most important traits case managers need today is the ability to stand tall with their professional standards of conduct and codes of ethics which are being challenged more than ever in our changing healthcare system. Confident nurses, willing to advocate for their patients and not succumb to operational or financial pressures at the expense of patient care or their professional standards, are needed most today. It is important too that these professionals be willing to speak up and convey the value that case management delivers across the healthcare continuum. Unfortunately, despite case management's long history in healthcare, dating back to the late 1800s, the role is still largely misunderstood and undervalued.

"Entrepreneurial Nurse Case Managers"

Some nurses will see case management as a pathway to starting their own business. This provides the opportunity to target a specific population (i.e., geriatric, pediatric, ethnic group, individuals with certain medical conditions, etc.), geographic region such as your own community, and create a business model that works best for your life stage and lifestyle. You may choose to start a "direct to consumer" practice, or partner with a physicians group or financial advisor. In any case, running your own case management practice does require an understanding of the personal and entrepreneurial skills required, along with the ability to understand essential organizational, management, financial, contractual, marketing, sales and legal matters. Once you do, the opportunity to create your own future and financial success is wide open.

"Closing Remarks"

Case management is an amazing career path for the right nurses. In becoming case managers, they will be addressing one of our nation's most critical shortages. As compassionate, dedicated patient advocates, they will be helping to improve quality of care and patient outcomes, and containing escalating costs. Through specific continuing education in case management and Certification, nurses will arm themselves with the foundation they need to succeed in this noble and vital profession.



FROM THE DESK OF NURSING HISTORY

"A bath is a bath, is a bath - Really?"

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R, Director of History and Education, Center for Nursing; President & CEO of Nursing Histories by Trudy

Welcome to August, a month known as the "dog days" – which in Albany, can be sultry, hot, and the perfect conditions for a "dip" into a local pool, a lake, or the ocean. In this column's discussion of rituals, the "dip" is the ritual of the bath and the healing properties of it and therapeutic touch.

The title of this article asks a question about the nature of bathing. Lailah G. Akita says that "Environmental cleanliness begins with each individual desire to be clean" (https://www.goodreads.com/quotes/tag/lailah-gifty-akita-affirmations). Florence Nightingale wrote the following in *Notes on Nursing* (1860):

The amount of relief and comfort experienced by sick after the skin has been carefully washed and dried, is one of the commonest observations made at a sick bed. But it must not be forgotten that the comfort and relief so obtained are not all. They are, in fact, nothing more than a sign that the vital powers have been relieved by removing something that was oppressing them. The nurse, therefore, must never put off attending to the personal cleanliness of her patient

The Experience and Resultant Learning

We have all experienced receiving baths as infants, young children, and as adults. The concept of being clean, and the feeling of being clean are ones that are hard to articulate, but ones that through the lived experience understand. But how does a nursing student learn to give a bed-bath to another person, a person who is ill? Why was/is it important to know how to give a proper bed bath? Did/does bathing have an impact of the state of someone's health (Wolf, 2014)? What did the nursing student learn about care from this exercise? Prior to the establishment of simulation labs, nursing students learned by doing, by adhering to the adage: "See one, do one, teach one." In the case of bathing, it is learning, seeing, and then doing – to each other before bathing an actual patient. The photograph here shows interactive skills development as three nursing students assume the roles of providers of the bed bath while three nursing students assume the roles of the bed-bound patients receiving bed baths.

To answer the second question above, it was (and still is) important for nurses to know how to give a proper bed bath has to do with the patient's dignity, evaporation, and passive cooling. When a patient enters the hospital or care facility, he or she loses control over the activities of their everyday life. That person is in a strange environment, subject to the innate schedules of the hospital (or nursing home facility), and in many cases receiving care from a stranger. They are being exposed for bathing. Nightingale wrote that care involving "sponging, washing, and cleansing the skin, not to expose too great a surface at once" (Nightingale, 1860) addressed the effects of evaporation and passive cooling on the skin.

The third question asked about the impact on the patient's health. During illness, the skin suffers from the results of toxins, immobility, dryness due to the illness, environment, changes in hydration, or perspiration. During the bathing process, assessment of the skin takes place through observation of color, hydration, adherence of the skin over boney prominences, wounds, or drainage. Through the process of bathing, the circulation is stimulated thereby bringing healing properties to the skin.

The final question of this section asks about what nursing students learned by giving and receiving a bed bath? Nursing students learned about loss of control, and the experience of having received care, of having received therapeutic touch. Over the decades, nurses have had a reputation in many corners, of being "difficult patients." Perhaps that has been true, perhaps not; however, nurses are the ones who have been and are still used to giving the care, planning the care, and evaluating the outcomes. As a group, it has been difficult to be the recipients of care. We can touch others while giving care but are not so comfortable receiving care. Dolores Krieger rightly acknowledged that "Therapeutic Touch: the Imprimatur of Nursing," (AJN, 1975) is one of the many healing tools nurses utilize every day. Through Krieger's work, therapeutic touch entered the lexicon of nursing.

In conclusion, nursing history preserves the importance of the bed bath as part of therapeutic touch and our healing modalities. Nursing history also preserves the evidence of how nursing students learned to administer a bed bath.

In our final issue for 2018, this column will highlight the ritual of professional recognition through inductions into honor societies, Halls of Fame, and academies.



Figure 1: Russell Sage College Cadet nursing students learning the art of and skillset needed for administering a bed bath in the fundamentals classroom at AMC, ca. 1940s. (Source: Copy of this photograph given to the Center for Nursing's Archives by the Albany Medical Center (AMC) School of Nursing Alumni Association Collection)





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BS in 10 Law FAQs Chapter 502 of the Laws of 2017

A. 1842B Morelle/S.6768 Flanagan

FAQ's

1. What does the BS in 10 law do and why do we need it?

The BS in 10 law will require future nurses who graduate from a New York State Diploma or Associate Degree program to obtain a Baccalaureate Degree in Nursing within ten years of becoming a nurse. The law is grounded in evidence demonstrating better outcomes when patients receive care from Baccalaureate-prepared nurses. The originally published study dates back to 2003 and has been replicated many times. Changes in healthcare require new skills for nurses.

- Registered Nurses must now manage care across the continuum, not only in one setting; lead interdisciplinary teams in all settings to achieve excellent outcomes for patients; care for more seriously ill hospitalized patients; learn to manage highly technical environments; and deal with complex family/care needs of patients in hospitals and in the community.
- Better patient outcomes that improve and preserve the health of the patients help lower healthcare costs.
- Nurses with Bachelor's Degrees are able to pursue advanced education. Nurses
 with advanced degrees fill roles as nursing faculty, advanced practice nurses and
 nurse administrators, all areas of shortage that are needed to meet the nursing
 workforce development needs of the future and advance the profession.

2. When does the BS in 10 law take effect?

The BS in 10 law took effect December 18, 2017 when it was signed into law by Governor Cuomo.

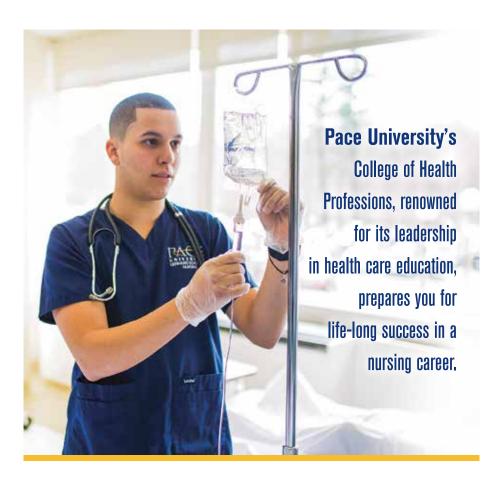
3. Who does the BS in 10 law affect?

The new law affects anyone who starts a New York State Diploma or Associate Degree program to become a Registered Professional Nurse (pre-licensure program) after the bill became law unless they are grandfathered.

4. Who is grandfathered under the new BS in 10 law?

All RNs who were licensed on or before December 18, 2017 are grandfathered and do not need to meet the requirement to complete a RN/BS program.

 Any person who was enrolled in, was accepted in or was waitlisted for later acceptance in a Diploma or Associate Degree program in New York State before Dec. 18, 2017 is grandfathered and will not be required to complete a RN/



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BS completion program to maintain permanent RN licensure in NYS after they graduate.

5. I am currently a nurse or nursing student, is there any grandfathering in the law for me?

Yes. Any person who was enrolled in a New York State Diploma or Associate Degree program before Dec. 18, 2017 is grandfathered and will not be required to complete a RN/BS completion program to maintain permanent RN licensure in NYS after graduation.

6. I am currently on a waitlist for nursing school is there grandfathering that would affect me?

Yes. Any person who was waitlisted for later acceptance in a NYS Diploma or Associate Degree program before Dec. 18, 2017 is grandfathered and will not be required to complete a RN/BS completion program to maintain permanent RN licensure in NYS after graduation.

7. I am a Registered Nurse working at a nursing home or facility other than a hospital. Does this law affect me?

All RNs, in all practice settings, who were licensed on or before Dec. 18, 2017 are grandfathered and do not need to meet the requirement to complete a RN/BS program. The law is intended to provide a consistent standard of nurse education in any setting where Registered Nurses care for patients —long term care, primary care, schools, etc.

8. Are there different requirements in the law based on a nurse's geographic location within NYS?

No, the law will affect all New York State nurses. The same standard of nurse education will be required for future nurses caring for patients no matter where they live or receive care.

9. Must I obtain my Bachelor's Degree to practice?

If you are not in the category of exemption as stated above in question 3, you will be able to practice after licensure upon graduating from a NYS Associate Degree (AD) program or Diploma school. Your license is valid for three years and — as is current practice — you will be required to reregister every three years thereafter.

10. How long will I have to complete my BS?

As stated in above in question 4, if you are a Registered Nurse, a student in a NYS AD or diploma school, accepted into an AD or diploma program, but have not yet started or were on a waiting list to start in December of 2017 when the bill was signed into law, you are permanently exempt from ever having to acquire the BS in Nursing. Otherwise the law applies to you. You then have 10 years from the date of your first licensure as an RN after graduating from an AD or Diploma school to complete the BS in Nursing to get re-registered to practice.

11. What happens if I can't complete my BS in Nursing within the law's 10 year requirement?

Again, if you are not in the category of exemption as stated above in question 4, and you are unable to complete the BS in Nursing requirements in the new law within 10 years of your initial licensure, you may make an application for an extension to the New York State Education Department, Board of Nursing. If you fail to complete the program in the specified time allotted in the law, you may receive a one-year extension that may be extended for one additional year to allow you to complete the requirement as will be defined by regulation.

12. I hear there is a commission established as part of the law. What is the commission's charge?

Yes, the law establishes a temporary commission, to be known as the Nursing Program Evaluation Commission. The temporary commission is charged with drafting a report and making recommendations on five areas, including:

- Determining if there are barriers to entry into nursing, including, but not limited to cultural barriers, economic barriers, and compliance barriers;
- Assessing the availability of and access to baccalaureate programs, including such availability and access for non-traditional students, rural students, and students of diverse cultural backgrounds;

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- Considering if there are financial barriers to entry into baccalaureate programs;
- Reviewing other alternative equivalents through which nurses may obtain training experience; and
- The impact of requirements for achieving a baccalaureate degree in any lesser period of time than required by law as condition to maintaining employment.

13. Who sits on the commission and appoints the membership?

The temporary commission will consist of nine members. The members must be appointed within 60 days of the law taking effect. The law took effect on December 18, 2017, so appointments are to be made by February 16, 2018 as follows:

- Two members will be appointed by the Speaker of the New York State Assembly;
- Two members will be appointed by the Temporary President of the New York State Senate;
- One member will be appointed by the Minority Leader of the New York State Senate:
- One member will be appointed by the Minority Leader of the New York State Assembly; and
- Three members will be appointed by the Governor of the State of New York.

The members that are appointed are not eligible for compensation other than expenses incurred related to the performance of duties for sitting on the temporary commission. Further, they are to be representative of patient advocates, nurses, and related health care professionals and are delineated as follows:

 At least one member must be a nurse and a member of a duly recognized collective bargaining organization and does not have a supervisory or managerial role; At least one member shall be a Registered Nurse in nursing higher education with academic credentials from a school that has a baccalaureate and higher degree nursing programs.

14. Is there a time limit for the completion of the Nursing Program Evaluation Temporary Commission's work?

Yes. The law states that the Temporary Commission is required to make a report of its findings, including any recommendations for legislative action as it may deem necessary and appropriate, to the Governor and the Legislature within twelve months of enactment of the law which would be no later than December 18, 2018

15. Should the commission have findings that need to be addressed, is the law still in effect?

Yes. As of December 18, 2017, the law is now permanently in effect. The temporary commission's work will not prevent the requirements within the law from going into full effect, but rather solely allows for evaluation. Recommendations from the temporary commission are just that and in no way hinder the implementation and enforcement of the law.





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Sexual Harassment: The New Laws in New York

John A. Musacchio, Esq.

Harvey Weinstein. Kevin Spacey. Matt Lauer. Morgan Freeman. The list goes on. The news has been filled for the last several months with story after story about people who have come forward claiming that they have been sexually harassed or abused by powerful individuals.

Many of us have been the victims of sexual harassment in one form or another, whether it was a sexually charged comment or gesture from a co-worker or supervisor, inappropriate physical contact from a patient or a patient's family member, or another offensive situation. No matter what it was or who it came from, it was unwanted and undeserved.



John A. Musacchio

New York State recently enacted a new set of laws as part of its 2019 budget which drastically change employees' rights and employers' obligations to help protect people against sexual harassment in the workplace. The new laws apply to all health care providers and facilities, whether they are private, public, for-profit or not-for-profit organizations.

It is crucial that all nurses understand their rights, and that all nurse managers, health care providers and administrators abide by these new requirements. This article will outline several of the new laws that affect nurses and health care organizations.

Written Sexual Harassment Prevention Policy

Under NY Labor Law § 201-g (1), all employers are now required to distribute a written sexual harassment prevention policy, as well as a standard complaint form, to all employees no later than October 9, 2018. To be in compliance with the new law, the written policy must include a number of specific provisions.

Effect of §201-g (1) on Nurses: Knowledge is power. It is crucial that nurses know and understand their rights not only in the workplace, but in every aspect of their lives. All nurses are now entitled to receive a written policy that explains what sexual harassment is, the types of behavior that are not allowed, and the procedures that a harassed individual can use to report sexual harassment.

Mandatory Sexual Harassment Prevention Training

All employers are now required by NY Labor Law § 201-g (2) to provide an interactive sexual harassment prevention training program to all employees on an annual basis. The training program must be in place by October 9, 2018.

Like the written policy, the training program needs to contain several specific elements. "

Effect of §201-q (2) on Nurses: One of the best ways to learn is through experience. Based upon the new requirements, you should expect to attend a sexual harassment prevention training program every year. You may have the opportunity to view or participate in simulations or other educational devices aimed at preventing and identifying sexual harassment, depending upon your employer's specific program.

Protections for Independent Contractors

Another important change became effective immediately on April 12, 2018 when Governor Andrew Cuomo signed the bill into law. Under this new provision of the New York State Human Rights Law, employers who permit sexual harassment of "non-employees," such as independent contractors, can now be held liable for sexual harassment. NY Executive Law, Art. 15, § 296-d.

Effect of §296-d on Agency Nurses and other Independent Contractors: It has long been the case that employers could be held liable for allowing sexual harassment to occur against an employee, such as a staff nurse - someone who is hired and employed directly by the health care facility. The new law now gives those same protections to agency nurses, traveling nurses, and other "non-employees".

Nurse Managers' To-Do List:

- Familiarize yourself with the new laws and requirements
- Consider helping your employer plan for the creation and implementation of the required written notice and training programs
- Provide your employees with the required notice, when instructed by your employer
- Make sure your employees understand the new laws and their rights
- If you have any questions, speak with an experienced attorney for guidance

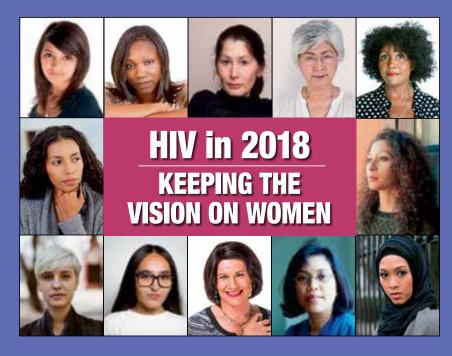


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Confidentiality is the Complainant's Choice

Both New York's General Obligations Law (GOL) and New York's Civil Practice Law and Rules (CPLR) have been amended to allow victims greater power in speaking out when they have been sexually harassed in the workplace. Before these changes took effect on July 11, 2018, employers could insist that a complainant sign a confidentiality agreement as a condition of settling a sexual harassment claim. Now, however, both GOL § 5-336 and CPLR § 5003-b prohibit employers from including a nondisclosure clause to a settlement agreement "unless the condition of confidentiality is the plaintiff's preference." The laws also provide that the complainant may consider the confidentiality provision for twenty-one (21) days before signing the settlement agreement, and has at least seven (7) days after signing to revoke the agreement if the victim changes his or her mind.

Effect of GOL § 5-336 and CPLR § 5003-b on Nurses: If you have been sexually harassed, it is now harder than ever before for an employer to "pay for your silence." As of July 11, 2018, it is unlawful for an employer to include a nondisclosure or confidentiality agreement as part of a settlement unless it is your choice to keep the details confidential.

Nurses' To-Do List:

- Make sure you understand your rights and obligations under the new laws
- Review and follow your employer's policies for reporting sexual harassment
- If you don't understand a policy, ask your manager or supervisor for guidance
- Attend and participate in the required sexual harassment prevention training program and take it seriously
- If you have been sexually harassed or if negative action has been taken against you after reporting sexual harassment, you should speak with an experienced attorney

Conclusion

The new laws dealing with sexual harassment prevention and reporting in New York is part of a growing trend toward providing safer, proper work environments for everyone and giving people additional tools that they can use if they experience sexual harassment. It is not enough for an employer to turn a blind eye. All employers

now must understand the many affirmative steps that they need to take to implement the new requirements and to remain in compliance. Nurses should also be familiar with these new laws. Make sure you know your rights!

Endnotes

- As of the date of this writing, the written policy is required to: (i) prohibit sexual harassment consistent with guidance issued by the department [of labor] in consultation with the division of human rights and provide examples of prohibited conduct that would constitute unlawful sexual harassment; (ii) include but not be limited to information concerning the federal and state statutory provisions concerning sexual harassment and remedies available to victims of sexual harassment and a statement that there may be applicable local laws; (iii) include a standard complaint form; (iv) include a procedure for the timely and confidential investigation of complaints and ensure due process for all parties; (v) inform employees of their rights of redress and all available forums for adjudicating sexual harassment complaints administratively and judicially; (vi) clearly state that sexual harassment is considered a form of employee misconduct and that sanctions will be enforced against individuals engaging in sexual harassment and against supervisory and managerial personnel who knowingly allow such behavior to continue; and (vii) clearly state that retaliation against individuals who complain of sexual harassment or who testify or assist in any proceeding under the law is unlawful. NY Labor Law § 201-g (1) (a).
- ii As of the date of this writing, the sexual harassment prevention training program is required to include (i) an explanation of sexual harassment; (ii) examples of conduct that would constitute unlawful sexual harassment; (iii) information concerning the federal and state statutory provisions concerning sexual harassment and remedies available to victims; and (iv) information concerning employees' right of redress and all available forums for adjudicating complaints. NY Labor Law § 201-g (2) (a).

Biography

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

John is proud to serve on the Committee on Character and Fitness for the State of New York Supreme Court Appellate Division Third Judicial Department and as Secretary of the Capital Region Italian American Bar Association. He is admitted to practice law in New York, Vermont and Massachusetts.

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



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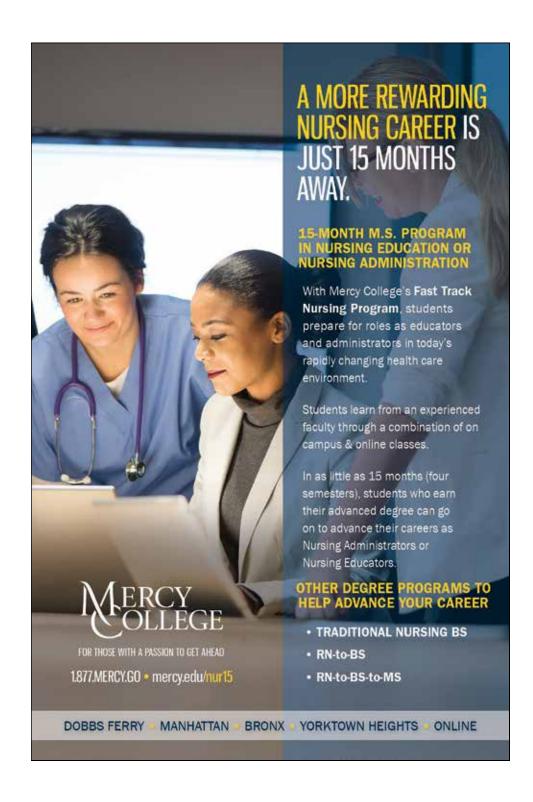
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RESEARCH YOU CAN USE



Building Chronic Care Free Clinic

Management of chronic disease has become a key public health issue in the 21st century. Chronic diseases, as a group, are the largest sources of mortality, both in the United States and worldwide. The World Health Organization (WHO) found that 68% of deaths worldwide are a result of chronic disease. The prevalence is not simply a function of longer life span. More than 40% of those deaths happened in persons under the age of 70. The WHO predicts that worldwide costs of chronic disease will be more than 10 trillion dollars by 2025. In spite of the negative news, the majority of these deaths are preventable and the WHO report identified core lifestyle and medical changes that can reverse or stall the development of chronic disease.

Those who live with chronic disease have higher all-cause mortality and disability, and report lower levels of health satisfaction. The poor, persons of color, and those from marginalized social groups have worse health outcomes. These persons often face social or economic barriers that keep them from obtaining health insurance or utilizing medical services. The natural history of many chronic diseases is that they tend to become worse and engender damage to many organ systems over time. These chronic problems, which are amenable to primary or secondary intervention in the primary care setting, are not managed and the result is often an acute-on-chronic episode with a trip to the emergency department. Recent research looked at the presenting reasons in emergency rooms for the presence of many chronic diseases and found that somewhere between 15% to 25% of such visits could have been treated more cost effectively in primary care or other less high acuity settings.

Free clinics serve as a safety net for the under- or uninsured but also frequently operate on a walk-in basis. This system of episodic care (free clinic or emergency department) is not well adapted to serving the long-term health care needs of those who lack access to primary care.

The Chronic Care Model

There are proven systems for managing chronic conditions that result in improvements in patient health and satisfaction and reduced burden on the health care system. One such system is the Chronic Care Model (CCM) which was developed in response to perceived systemic failures in delivering evidence-based, guideline-directed care. The model is a patient-centered and proactive system to prevent and treat chronic illness. The original researchers identified six core areas that are critical in successful interventions: patient education, self-management support, provider education, guideline use, and efficient information systems and delivery systems.

The CCM has demonstrated its effectiveness in a number of diverse settings. The model has been successfully employed in numerous settings and with diverse patient populations. A recent study found that not only did patient medical outcomes improve but indicators of quality of life were improved with a collaborative, multi-specialty, chronic care model implementation. The CCM is well positioned to pivot to those aspects of care that need the most emphasis and places the patient at the center. Improvements in quality of life and in medical endpoints are both important as patients with chronic conditions will need to play a key role in their health maintenance.

Much of the literature on the CCM has focused on its role in primary care offices. This is a natural fit given the chronicity inherent in the model. Primary care is the logical place to implement the CCM. But what of patients who do not have a home in a primary care office?

Why free clinics?

Traditionally free clinics have provided coverage to the uninsured and underinsured. There are about 1,200 free clinics with approximately five million patient visits per year. Eighty percent of these patients come from working households.

The Affordable Care Act (ACA) was meant, in part, to ensure that every American had a medical home. Briefly, Medicare would continue to cover its service population and employer based insurance would continue to cover the vast majority of working Americans. Two important changes were made for those not currently coveredincreased Medicaid coverage and subsidies for workers who do not receive qualified insurance coverage through their employers. In principle these changes would cover nearly all Americans. This has turned out to not be the case, as legal challenges have kept many states from fully implementing all parts of the program. Even if the ACA had been implemented in full in all states, the broader coverage does not mean that the number of uninsured persons would fall to zero. Many of those who are eligible for subsidies state that buying insurance through the exchanges is still prohibitive and a significant number of persons are entirely unaware of their options. As of 2014 free clinics in the US have seen their patient visits grow by 40% since the inauguration of the ACA. This demonstrates the continued need for free clinics. Free clinics are often volunteer run with limited full-time or paid staff. This operational method presents unique challenges for making any sustained and involved changes in the care delivery system. How does a change in service delivery move from having a few champions to being a part of the culture of the organization? An approach to systems change needs to be implemented that has a strong track record of not only making change, but making changes stick.





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A WOC Nurse (Wound, Ostomy, Continence) provides acute and rehabilitative care for people with selected disorders of the gastro-intestinal, genitourinary, and integumentary systems. The WOC Nurse provides direct care to patients with stomas, wounds, fistulas, drains, pressure ulcers, tubes and incontinence, and serves as an educator, consultant, and researcher. The WOC Nurse plays a pivotal role in the guidance of optimal patient care. **Requirements:** Graduate of an accredited school of professional Nursing. Baccalaureate Degree required. Graduate of a WOCN accredited WOC Nursing Education Program. Current NYS RN License/Registration. Current certifications in Wound and Ostomy Nursing. Membership in Wound, Ostomy, Continence Nursing Society. Minimum of 2 years Medical/Surgical nursing experience. Excellence in both written and spoken communication. Ability to communicate effectively with patients, families and staff on all levels.

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RESEARCH YOU CAN USE



Can the Chronic Care Model be adapted for long term use in a free clinic?

This research was conducted at a free clinic in Ithaca, NY, a small-sized collegecity with a unique demographic profile. The clinic operates a walk-in acute care clinic two days a week and provides a variety of other services but did not have a dedicated approach to chronic conditions. The study investigated the challenges to system structure and operation as well as evaluating patient health and affective outcomes.

At the beginning of the project, the principle investigator and one nurse were the only staff assigned. Other providers were recruited, including those offering complementary and alternative medicine. All participants were non-paid clinic volunteers.

All aspects of the CCM were implemented. This meant training staff on the use of electronic medical records and core elements of the model. This was particularly challenging as volunteers were rarely available in the same place at the same time.

Kotter's eight step change model was the organizing framework for system change. This model is an effective way of making changes in a structured and logical fashion. This model focuses on the motivational and structural elements needed for change. Key stakeholders and staff were keenly aware of the need for continuity of care and were eager for success. This is in contrast to some facilities where institutional inertia was a real barrier to implementation.

At the center of the CCM model is the "planned visit." Laboratory values, notes from other providers, and patient updates need to be discussed prior to the patient visit so that a tentative plan of care can be in place prior to the patient arriving at the clinic. The patient visit consists of talking with the patient about his or her concerns and then informing the patient about new developments and then collaboratively updating the plan. Everything was done to transform interactions from adhoc to continuous-progressive.

Any readers who are intrigued at the idea of implementing a change to their organization need to be cognizant of the logistical hurdles as these were often the most daunting challenges. Even with a smart and involved volunteer staff that wanted to see success there were difficulties with communications and coordination. Specific changes made in this research project

- Monthly case management meetings
- Electronic Charting allowing patients to view notes, labs, and communicate with staff
- Volunteer navigators to check up on patients between visits
- One team per patient for continuity of care
- Staff huddles prior to clinic hours to finalize the plan

Effective planning was critical to not only the implementation but the continuation and then solidification of organizational changes.

What was learned?

The results favored the intervention with patients rating all aspects of their chronic care significantly higher at the posttest. Self-efficacy improved for a majority of participants, and significantly for managing emotional distress.

Patient perceptions of chronic care quality were measured using the Patient Assessment of Care for Chronic Conditions (PACIC). Every subsection of the quality composite showed a statistically significant shift favoring intervention versus standard care and the overall score improved for 95% of program participants (z = -3.883, p = .000). The composite score provides an aggregate measure of patient's overall perceptions of improved care and offers exceptionally strong evidence of the effectiveness and success of the program in achieving the specific objectives of the CCM implementation.

The Stanford Self-Efficacy for Managing Chronic Disease 6-Item Scale was developed to assess patient perceptions of self-efficacy. Patients were asked to rate how confident they felt related to six different tasks with a score of "1" being "not at all confident" to a score of "10" being "totally confident." Overall self-efficacy improved for 68% of participants (17 of 25) and worsened for 32% of participants (8 of 25); this change was not statistically significant.

Stakeholders found that elements of the change process were confusing and disruptive in the early stages but, once the change took hold, clinic function improved and patients were more satisfied with their care. Changes were accomplished while the clinic continued to operate and execute on its core mission. The changes enacted were not without problems and staff and management did report frustration with seen and unforeseen system changes.

Take home

The Chronic Care Project at the Ithaca Free Clinic is now in its third year. The model has been adaptive to changes in staff and organizational structure. Patients have continued to report improved patient care and self-efficacy. Additionally, new biologic (blood pressure, a1c, etc.) data is being generated that supports the intervention. The project demonstrates that an effective chronic care program can be enacted and sustained in a free clinic.

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William Larsen, DNP, RN, FNP-BC, CHPN, CDE, is a recent graduate of the Binghamton University DNP program. He works in an endocrinology and internal medicine practice in Ithaca, New York and volunteers as a nurse practitioner in the Chronic Care Program at the Ithaca Free Clinic.



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CENTER FOR NURSING



Are You Leading with a Servant Heart?

Deborah Elliott, RN, BSN, MBA Executive Director, Center for Nursing at the Foundation of NYS Nurses, Inc.

There are numerous nurse leaders spanning almost 170 years that paved the way for those of us leading today. Florence Nightingale, Clara Barton, Dorothea Dix, Margaret Sanger, Mabel Keaton Staupers, Ruby Bradley, Diane Carlson and even Walt Whitman, to name just a few. And, the one thing all these amazing individuals, and well as the hundreds of others not listed, have in common is that they were all "servant leaders." All professional registered nurses are leaders. We lead patient care, we lead teams of care givers, we lead in academic institutions, or hospitals or organizations. And, we are part of a large service industry. We are service providers. We are part of a team of service providers. We work with a team of professionals whose primary purpose is also to serve others. We are taught in our basic nursing education how to provide care to others and we spend our entire careers serving others. Both these skills, leadership and caring, must be learned and practiced. And, leading with a **servant heart** may not come naturally to us, regardless of how caring we think we are.

Ken Blanchard, (https://www.kenblanchard.com/) renowned author, speaker and leadership guru states that effective leadership is all about character and intention. He asks "Why are you leading? Is it to serve or be served?" He says effective leadership is a question of the heart and the biggest barrier to becoming a servant leader is being motivated by self-interest...putting our own agenda, our own safety, our own status and our own gratification first. Blanchard goes on to say that, "servant-leadership is

all about making the goals clear and then rolling your sleeves up and doing whatever it takes to help people win [and succeed]. In that situation, they don't work for you, you work for them."

Think about that statement for a moment...how often in your leadership role do you lead with that perspective?

Another leadership expert, Skip Prichard, (https://www.skipprichard.com/) provides us with some good advice on how we can aspire to become servant leaders. He says that a servant leader:

- 1. Values diverse opinions is open to new and different ideas.
- 2. Cultivates a culture of trust is comfortable being vulnerable.
- 3. Helps people with life issues, not just work issues
- 4. Encourages others instead of lecturing others
- 5. Sells instead of tells, or leads by example/practices what you preach
- 6. Thinks YOU not ME puts other's needs first
- 7. Thinks long term being in the moment but always looking ahead
- 8. Acts with humility freedom from pride or arrogance
- 9. Develops other leaders are excellent mentors.

The future depends on us, so let's all strive to lead with a servant heart.

"If you cannot do great things, do small things in a great way. Life's most urgent question is, what are you doing for others?" (Dr. Martin Luther King, Jr.)

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ANA NEWS



Leading the Way **PANA**



Nurse leader talks about respectful, healthy work environments

Find an opportunity to address workplace civility.

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American Nurse Today April 2018 Vol. 13 No. 4

Ric Cuming, EdD, RN, NEA-BC, FAAN, is senior vice president and chief nurse executive at the twice Magnet®-recognized Christiana Care Health System in Wilmington, Delaware, and a Delaware Nurses Association member.

Among his passions is promoting respectful, healthy work environments. An alumnus of the prestigious Robert Wood Johnson Foundation (RWJF) Nurse Executive Fellows program, he codeveloped the Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying



Ric Cuming

(stopbullyingtoolkit.org).

As a nurse leader, do you face consistent challenges?

Challenges are really opportunities in disguise. One of the biggest is the pace of change in healthcare, which is exponential. Another is having sufficient resources staff and supplies — so we can provide the safest, highest quality patient care. What really keeps me up at night is recruitment. We have nurses who have been with us for decades who are retiring. I can replace the individual, but I can't replace all that knowledge and depth of clinical experience. We place high value on our clinical ladder and nursing tuition-assistance program to advance our nurses and continue to develop our extraordinary nursing workforce.

Can you describe your work around the Civility Tool-kit and its importance?

We wanted to provide a resource for nursing and health-care leaders that focused on creating and sustaining healthy work environments that staff, educators, and others can access free online.

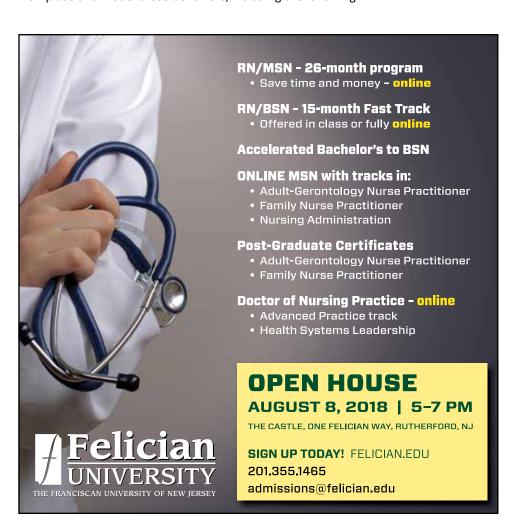
The American Nurses Association also has done important work addressing workplace incivility, bullying, and violence, which has become a national epidemic in healthcare. For the tool-kit (with tip sheets, assessments, and strategies), we defined workplace incivility broadly to include any negative behavior that demonstrates a lack of regard for other workers. We've reached a very wide audience locally, nationally, and internationally through ongoing presentations.

Healthcare is a team sport. At Christiana Care, our values statement supports this from the top: "We serve together, guided by our values of excellence and love." We continue to implement and innovate with the full support of our leadership.

We've started using aspects of the tool-kit and established a task force to promote a healthy, respectful workplace. Our "Heavenly Seven" survey assesses the experiences of our float pool and nurses required to float from their units — whether they felt welcomed on the unit, if they were offered help when needed.

What are key strategies to build civil workplaces?

Healthcare leaders need to shine a light on the importance of a healthy, respectful workplace and model those behaviors, including the following:



- Empower staff to safely respond to uncivil behavior when they see or hear it.
- Train supervisors, managers, and faculty to recognize the signs of bullying and emotional distress.
- Refuse to be a silent bystander; take a stand.
- Create a mechanism for staff to confidentially report issues in the workplace without fear of retaliation. What's happened recently in Hollywood and the political world is extremely empowering to others who may be suffering in

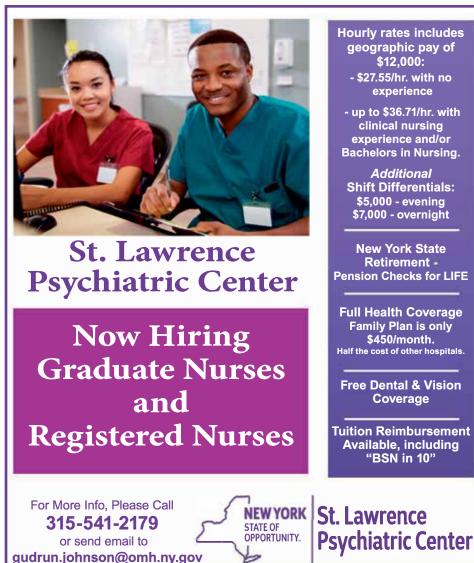
What are pressing issues that nurses should be leading on or advocating for?

Appropriate nurse staffing is the number-one issue. Advocating for healthy work environments, governance structures, patient safety, quality indicators, and the ability for nurses to practice to the top of their license in all settings leads to appropriate staffing.

Final comments?

I encourage nurses to embrace lifelong learning, become certified in their specialty, lean in to new opportunities, and get involved in professional practice issues. I also believe we must be courageous, perhaps even more today, to speak truth to power.





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ANA NEWS





OUTCOMES-BASED STAFFING











ANA's Case for Evidence-Based Nursing Staffing

Essential for cost-effective, high-quality hospital-based care and patient safety

Registered nurse (RN) staffing makes a critical difference for patients and the quality of their care. ANA champions the role of direct-care nurses and nurse managers in working with their hospital leadership to define the best skill mix for each hospital unit, recognizing the role of nurses in managing each patient's treatment plan and continuously assessing each patient's health status. Our work demonstrates that patients, nurses, and health care systems thrive with appropriate and flexible nurse staffing. For hospitals to succeed, tools and processes must support evidence-based staffing decisions driven by nurses who understand the dynamic nature of patient care.

ANA bases its advocacy on research. ANA commissioned a comprehensive evaluation of nurse staffing practices as they influence patient outcomes and health care costs. A white paper, authored by consulting firm Avalere, evaluated a review of published literature, government reports, and other publicly available sources, along with information gathered from a series of panels of nurse researchers, health care thought leaders, and hospital managers.

To read ANA's first staffing white paper **Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes,** visit <u>info.nursingworld.org/staffingwp</u>.

Key Findings

Best practices consider many variables when determining the appropriate care team on each hospital unit:

 Patients: Ongoing assessment of patients' conditions, their ability to communicate, their emotional or mental states, family dynamics, and the amount of patient turnover (admission and discharges) on the unit

 Care teams: Each nurse's experience, education, and training; technological support and requirements; and the skill mix of other care team members, including nurse aides, social workers, and transport and environmental specialists

Nurse staffing models affect patient care, which also drives health care costs. Safe staffing affects a range of hospital-based care issues, including:

- Medical and medication errors
- Length of stay
- Patient mortality
- Readmissions
- Preventable adverse events, including falls, pressure ulcers, health care-associated infections, and other complications
- Nurse injury, fatigue, and low retention

Findings point to the importance and costeffectiveness of nurse staffing decisions that are based on evidence rather than traditional formulas and grids. To foster innovation and transparency in staffing models, it is essential to capture and disseminate outcomes-based best practices.

Staffing and Cost Containment

Nurse salaries and benefits are among the largest components of a hospital's expenses and thus are an easy target when balancing budgets. However, decisions

to cut labor costs are sometimes shortsighted when the long-term impacts on cost and patient care quality are not considered.

Other variables to consider in addressing hospitalbased care costs include:

- High-tech devices and procedures
- Prescribed drugs and other medicine
- Clinician and system practice insurance
- Facility construction, renovation, and maintenance
- Information technology investments and upgrades

Well-managed hospitals/health systems continuously balance competing needs to keep organizations fiscally sound.

Legislated nurse-patient ratios versus flexible, nursedriven staffing

Some organizations advocate for legislated nurse-patient ratios, believing that strict ratios will ensure patient safety. Based on our experience with unintended consequences, ANA does not support numeric, fixed ratios. In many cases, to meet these ratios, hospital administrators have eliminated other care team positions and then shifted noncore patient care work to nurses. This leaves nurses overextended and distracted from their core responsibilities of continuously monitoring patient status and implementing clinical treatment plans.

Conclusion

ANA supports direct-care nurses and nurse managers in working with hospital clinical and management teams to address pressures to control costs while providing high-quality care in a safe environment. Outcomesbased staffing models require partnerships between nurses and hospital/health system leadership, including those in finance, operations, and clinical areas. Together, we can find pragmatic solutions to complex and pressing issues.

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