

Volume 2 Number 3

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

February 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



Rock on with Resilience!

Resilience, perseverance and a truly collaborative

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

The cruelty and disregard for another human being is evident in the numerous 2017 tragic events. Hundreds of innocent lives were lost and today a traumatized ambiance persists across the nation.

However, there is hope. Small embers are emerging from the ashes of violence and despair. Victims found their voice and



came forward with chilling accounts of long-standing sexual harassment and abuse in virtually every domain. Nurses continue to advocate for their clients even when their best holistic efforts are hindered by a financially driven health care system.

This sense of powerlessness is daunting and contributing to nurses grappling with moral distress and compassion fatigue at alarming rates. Our colleagues; recent graduates or seasoned caregivers are leaving the profession defeated due to an inability to implement the "Art of Nursing."

How can we address this invasive negative pattern and move forward? I propose we get back to basics utilizing ANA's Code of Ethics to rekindle our passion and promote professional resilience to facilitate change.

Resilience is the process of adapting well in the face of adversity, trauma or significant sources of stress. Nurses face recurrent challenges in diverse settings; at the bedside, in classrooms, homes, communities and even boardrooms. A resilient person is one who is strong, healthy and successful again after an event and for nurses after multiple and repetitive stressors. I can attest that it is imperative for nurses to cultivate resilience every day, but it cannot be achieved in a vacuum.

current resident or

effort were essential for successful passage of the BSN in 10 legislation (S6768/A1842B) and signed by Governor Cuomo on December 18, 2017. This historic legislation is based on Dr. Linda Atkin's research: BSN prepared nurses improve care and patient outcomes. It was a long and arduous journey spearheaded by Dr. Barbara Zittel and unfailingly championed by Karen Ballard, Dr. Marilyn Dollinger and literally hundreds of nurses across New York state. We Did It! Thank you to everyone involved for this overwhelming concerted campaign that proved we're resilient and stronger together.

As we navigate through an ever evolving and complex multicultural world it is essential to strap on our "Resiliency Armor" and tackle injustices one by one. Dr. Brain Stork stated: "Life is messy. If you want to make a positive change. Sometimes you have to get your hands dirty." Nurses never hesitate to jump in and answer the call no matter how messy. The profession of nursing is a rich tapestry composed of unique threads; nurses, clients, families, interdisciplinary colleagues and diverse communities binding us together. Nurses must be empowered to create a supportive and synergistic environment to inspire one another, promote resilience and stay the course. This is inherent as ANA-New York's vision: "Building a community of empowered registered professionals as the preeminent voice of nursing in New York State."

I thank you for being such dynamic, dedicated and innovative professionals. As President, I strongly encourage every nurse to collaborate with their colleagues and ANA-New York to reaffirm and sustain your resilience and passion for nursing. We proved we can overcome the most difficult obstacles with the BSN in 10, and now moving forward we can take on any pressing issue or opponent. Nurses Rock with Resilience!





MEMBERSHIP APPLICATION ON PAGE 19

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ANA - New York Nurse



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

I am so honored to have been your Executive Director for the past year. It has been an incredible learning experience for me and I appreciate the support of the committee chairs, the board, and my incredible "right arm," Jamilynne! We have had so many accomplishments as an organization as we celebrate our 5th Anniversary! I am so glad that



Jeanine Santelli

you are all with me on this journey and look forward to another year of exciting opportunities!

During 2017 ANA-NY:

Page 2

- Was represented at 5 regional, 10 state, 6 national, and 2 international events
- Added 2 Organizational Affiliates: Nurses Association of the Counties of Long Island and the International Society of Nurses in Genetics
- Increased membership by over 700 members
- Had 13 board committees
- Presented 32 Future Nurse Leader Awards
- Celebrated Nurses Week with insert in Daily News
- Started second year of quarterly newsletter
- Decreased the number of members for whom we do not have an email by more than half
- Joined the Northeast Multistate Division of ANA
- Activated the "Members Only" section of website
- Co-sponsored 14 events across the state including participation in the national screening of *Defining Hope* on November 1, 2017
- Sponsored a Nursing Research Fellow
- Sponsored an American Nurses Advocacy Institute Fellow
- Created uniform marketing tagline, PowerPoint presentation, and "one-pager"

ANA-NY is partnering with Advantedge Education, Inc. as a preferred provider for New York State mandatory courses. There are several online continuing education courses available, including infection control.

The courses will be available to ANA-NY members in Spring 2018 and provided at a discounted rate. More details to follow!



- Moved to virtual record-keeping and paperless board meetings
- Negotiated discount tickets for members for Madison Square Garden events
- Appreciated an operating budget savings of over \$60,000 compared to 2017 projected budget which will allow us to continue to expand member benefits
- Added pre-conference workshop to 2017 Annual Meeting and Conference

Coming in 2018:

- Additional ANA-NY awards to recognize member achievements
- Engagement of Future Nurse Leaders
- Complementary CE activity approval for Organizational Affiliates
- Increase Organizational Affiliates and OA engagement activities
- New York Nurses Change the World anthology
- Documentation support for NY nurses applying for NEMSD CE activity approval
- ANA-NY credit card
- ANA-NY speakers' bureau
- ANA-NY continuing education offerings beyond the Annual Meeting and Conference
- Moving committees on to Microsoft Office 365 © SharePoint platform
- Increased collaboration between committees
- Poster presentations at 2018 Annual Meeting and Conference
- Plus, plenty of opportunities to be involved:
 - o Committee work
 - o CE Peer Reviewer
 - o 2018 Annual Meeting and Conference speaker
 - o Submit articles for newsletter
 - o Submit a poster abstract for the 2018 Annual Meeting and Conference
 - o Participate in CE offerings
 - o Run for a position on the Board of Directors
 - o VOTE in our election
 - o Nominate a colleague for an ANA-NY award
 - o Be a Future Nurse Leader presenter at your local college or university
 - o Submit an article for the Daily News insert
 - o Update your profile on My ANA to include a current email address
 - o Visit www.ana-newyork.org
 - o Follow my blog <u>https://ananyexecutivedirector.</u> wordpress.com
 - o Like us on Facebook
 - o Follow us on Twitter
 - o Connect with us on Nursing Network
 - o Attend the 2018 Annual Meeting and Conference and bring a friend!





ANA-NY Board of Directors

Officers: Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C *President* Joanne Lapidus-Graham, EdD, RN, CPNP, CNE *Vice President* Tanya Drake, MSN, RN *Secretary* Donna Florkiewicz BSN, RN, CCRN-CMC, CSC *Treasurer*

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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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Who in Your Class of 2018 **Stands Out as a Future Nurse Leader?**

Nurses with strong leadership skills are vital to the future of the nursing profession and health care. As part of ANA-New York's (ANA-NY) commitment to encouraging new nurses to be professional, successful leaders, we have established an award program to recognize the leaders in the upcoming graduating class.

The ANA-New York Future Nurse Leader Award, sponsored by ANA-NY and the American Nurses Association (ANA), will recognize new graduates, who, as nursing students, displayed exceptional leadership abilities. We are looking for students who show initiative, make significant contributions and can inspire others with their vision. While ANA-NY is conferring this award, the selected winner is determined by your school of nursing. In order for your one candidate to be included as a Future Nurse Leader, complete and submit the online at https://form.jotform.com/73166471830154 by March 16, 2018.

Criteria for Student Nomination

The ANA-New York Future Nurse Leader should be a graduating senior from an undergraduate nursing program who:

- Demonstrates leadership:
 - o Prepares, motivates, and impacts other students as leaders
 - o Participates in community activities and gives back to others
 - o Mentors fellow students
 - o Promotes activity in nursing organizations
 - o Creates opportunities for engagement and involvement
- Makes a significant contribution to the overall excellence of the school
- Sets a healthy example and promotes a healthy lifestyle
- Creates a positive working environment
- Embodies the ethics and values of nursing
- Demonstrates a clear sense of the direction for his/her nursing career

ANA-NY and ANA hope that you will give this award your consideration and participate. Please direct any queries to futurenurseleader@anany.org.

In the Spttlight -**Future Nurse Leader**

February 2018

Laurel Algase

Laurel is a 2017 graduate from Le Moyne College in Syracuse, NY. She currently works at the University of Rochester Medical Center in the Pediatric Cardiac Care Center. She chose nursing as a career because she enjoys the critical thinking, has the ability to care for others and loves to see the impact she is making in people's lives. In college she was actively involved in the admissions process with prospective students, participated in a study abroad trip



Laurel Algase

with fellow nursing students to the Dominican Republic and planned social activities for the different dorms through Residence Hall Association. She received the ANA - NY Future Nurse Leader Award and joined ANA to become more involved in the profession as well as meet other professionals from various disciplines. This year she accepted the position as Co-Chair of the membership committee and is excited to actively engage with new graduates and experienced nurses. In her spare time, she enjoys sailing, traveling, paddle boarding, snowmobiling, and spending time with her friends, family and new puppy.

ASSISTANT PROFESSOR



The Annual Meeting and Conference will be hosted at the Albany Capital Center

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ANA-NY would like to welcome International Society of Nurses in Genetics (ISONG) as ANA-New York's newest Organizational Affiliate

ISONG is dedicated to fostering the scientific and professional growth of nurses in human genetics and genomics worldwide

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ANA-New York Making a Difference in New York Nursing Since 2012 Now Serving over 5,000 Members











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ANA-NY 2018 Awards

The ANA-NY Awards Committee is pleased to announce the ANA-NY Award categories for 2018. This is a wonderful opportunity to recognize superior achievements of our members. Watch for the official call for nominations coming in Spring 2018!

Mentorship:

The ANA-NY Mentorship Award recognizes a nurse who has been an exemplary mentor to less experienced nurses (novices) in any domain of nursing - education, research, practice improvement, clinical practice, and/ or health policy. The recipient of this award will have provided professional guidance and support to the mentees over a protracted time period during the evolution of their careers in an effort to help the mentees reach their professional, mutually agreed upon goals. Criteria:

- Demonstrated activity as a mentor through:
- o Documentation by at least two (2) mentees of the role played by the mentor in helping them to achieve their professional goals;

- o Collaborative publications and/or presentations with mentee as first author; and
- o Acknowledgement of mentor in published works (mentor not author) or awards supported by mentor (mentor not part of award).
- Protracted relationship between mentor and mentee (i.e., going beyond a work relationship). Examples: If a faculty member, working with a student beyond graduation from a program. If in a clinical role, meeting and working with mentee beyond work hours.

Policy and Service:

The ANA-NY Policy and Service Award recognizes a nurse who has made significant contributions in the policy, legislative, and/or nursing service sectors of the profession and has contributed in these realms beyond their own practice to advocate within the policy and/ or service arenas to bring change to nursing and the healthcare system. Criteria:

- Demonstrated activity in policy and/or service through a minimum of two (2):

- o Advancement of the knowledge of nurses, politicians, and policy makers concerning the contributions of nursing in the health care field
- o Development of mechanisms to promote the effectiveness of nursing's role in the provision of health care services through political and/or legislative activities
- o Promotion of the role of nursing as a scholarly discipline by using research findings as a foundation for legislative and regulatory initiatives that promote the role of nursing and the safety and quality of care of our patients
- Demonstrated activity in ANA-NYs policy, leadership, scholarship and/or educational agenda

Friend of Nursing:

The ANA-NY Friend of Nursing Award recognizes nonnurse individuals or organizations (excluding professional nursing organizations) who have had a significant positive impact on ANA-NY, the health care community, and/or the health of people.

Criteria:

Demonstrated commitment to the purposes and

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o Political activity (i.e., development and support of legislation, campaign work, fund raising, or lobbying), which promotes the nursing profession in political and health care arenas

Assistant Professor – Nursing **CUNY Hostos Community College**

The Department of Allied Health, Nursing Unit at Eugenio Maria de Hostos Community College seeks applications for a full-time tenure track faculty position starting in fall 2018 semester. The candidate will teach undergraduate courses in its day/evening/weekend associate degree program and practical nurse certificate program.

QUALIFICATIONS

Master's Degree in Nursing, current RN License (New York State). Also required are the ability to teach successfully, demonstrated scholarship or achievement, and ability to cooperate with others for the good of the institution.

For a complete description and to apply please visit www.cuny.edu and navigate to the following links: "Employment" and "Search Job Postings" with job ID # 17779. Please attach resume, cover letter, and the names, addresses, and telephone numbers of three professional references.

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goals of ANA-NY.

- Demonstrated superior achievement and leadership in their field of work.
- Sustained contribution(s) of lasting significance to ANA-NY, the nursing profession, and/or the health of people in New York State.
- Examples of contributions to the nursing profession include, but are not limited to:
 - o Leadership in strategic efforts to promote legislation and/or regulation supportive of **Registered Nurses and their patients**
 - o Implementation of critical research which supports the nursing profession
 - o Provision of exemplary service to a professional nursing organization
 - o Participated in or lead collaborative efforts to improve health care
 - Demonstrated leadership in the promotion of 0 Registered Professional Nurses as equal partners in the health care system

ANA-NY ORGANIZATIONAL AFFILIATE SPOTLIGHT

Nurses Association of the Counties of Long Island, Inc. (NACLI)

Kimberly Velez, MSN, RN

The Nurses Association of the Counties Of Long Island, Inc. (NACLI), Founded In 1919, is a membership organization for RNs and Nursing Students in the Brooklyn, Queens, and Nassau counties. Throughout its rich history, the Association has been a leader in advancing the profession and promoting healthcare. NACLI's members are practitioners, educators, administrators,



Kim Velez

researchers, and entrepreneurs. Membership offers opportunities in professional growth, networking, and leadership development. Through its programs, services and structure, NACLI:

- Promotes nurses' awareness and involvement in health care issues
- Advances ethical practice by and for a culturally diverse population
- Responds to the changing educational needs of members
- Actively participates in the political process to facilitate the Association's mission
- Promotes nursing as a career

NACLI just recently became an organizational affiliate to ANA-NY this past September.

NACLI is a local nursing organization to help foster collaboration and discussion on a local level of nursing issues. We are one of the few nursing organizations that have a student membership. The thought was if nursing students participate while studying nursing, they will model this behavior working with NACLI and other nursing organizations. We also 'pin' selected nursing students with NACLI's Student Leadership Award. For years, we have given a certificate of merit, a pin, and a one-year complimentary membership in our professional

ANA-NY 2018 Election

The ANA-NY Nominations and Elections Committee is pleased to announce the ANA-NY open positions for 2018. This is a wonderful opportunity to become more involved in your professional association. Watch for the official call for nominations coming in Summer 2018!

President:

The President of ANA-NY shall serve as the official representative of the association and as its spokesperson on matters of association policy and positions; as the chair of the Governing Assembly, the Board of Directors,

nursing association to the recipient. The school selects a graduating student who has shown the most outstanding leadership qualities. We make the presentation at their graduation or pinning ceremony.

NACLIs' involvement in community outreach projects include Wellness fairs, Adopt a school (distribute school supplies), collection and distribution of food to pantries, collection of funds for Nurses House and the Veterans.

NACLIS' Public Policy Committee addresses political issues. We hold a legislative night every few years when the local politicians hold forums to address nurses about issues concerning health care. This is held in October prior to the November elections. This event serves as an introduction for nursing students and shows that nurses have a voice in policy making and election time presents a great opportunity for your voice to be heard.

NACLI provides seminars, often offering CE credit. A few topics covered recently include: "The Impact of Incivility on Patient Care," "Men in Nursing, from a Male Perspective," Male stereotyping in nursing," "Globalization and Cultural Competence in Nursing Practice and Nursing Education."

We are proud to celebrate our nurses at our Annual Awards Dinner Celebration in November. It is a truly festive evening. We award nurses and non-nurses in the following five categories:

- 1. The Ruth W. Harper Distinguished Service Award For Leadership In NACLI
- 2. The Eleanore Molewski Mentoring Award
- 3. Award For Excellence In Workplace (Administrator, Educator, Advanced Practice, or Direct Care)
- 4. The Beacon Award (Graduation from a nursing program for generic or Advance Degree)
- 5. Community Service

When asked why being an active member is important to me? My response would be that I seek opportunities for active involvement in organizations to learn and continue my self-development. Since joining NACLI, my journey has taken me from the nominating committee, to serve on Board of Directors, then second and first Vice-Chair to currently my second term as President.

My goals for the past two terms include computerizing certain aspects of NACLI, renew my commitment to research, and increase the presence of NACLI in the community. My successes:

- PayPal account for NACLI
- New website
- Review of articles or helpful tips for nurses in most issues of our newsletter
- Annual research poster show in the Spring
- Collection of funds for Nurses House, Veterans and nonperishables for local pantries at each event

NACLI has prepared me on the local level to seek opportunities on the state and national levels. I belong and serve on several nursing organizations besides NACLI.

Appointed Auxiliary Member of the New York State Education (Board of Nursing)

- o Reviews and make recommendations in licensing and disciplinary matters
- Elected ANA delegate
- Newly appointed to four committees within ANA-NY
- Member of two Sigma Theta Tau International (STTI) o Alpha Omega Chapter, College of Nursing and Public Health, Adelphi University
 - o Psi Tau Chapter of the Honor Society of Nursing, (STTI) at Downstate Medical Center College of Nursing

NACLI is busy preparing for our centennial in 2019. We are recruiting volunteers, and are seeking past board members to assist us with stories or articles. Also join us in 2019 to celebrate our 100 years.

Kimberly Velez, MSN, RN

Kimberly Velez, MSN, RN an Informatics Nurse, training and educating staff on the Electronic Medical Record (EMR) at the Northwell Health formerly, North Shore-LIJ Hospital System, has been a practicing Registered Nurse for almost 20 years, working at New York Hospital Queens as an Assistant Nurse Manager, PACU, and Emergency Room Nurse. Kimberly has worked in a variety of settings over the course of her career, which included Inpatient, Emergency Room, PACU, Outpatient, Long-term, and Homecare. She credited the valuable trait of keen assessment skills as the foundation instilled at the start of her career as a Float Nurse at Coney Island Hospital in Brooklyn, NY.

Kimberly loves to learn and loves to teach even more, and this pursuit of knowledge led to continued education after obtaining her RN degree from the College of Staten Island to SUNY Downstate for BSN, Long Island University for Masters in Nurse Executive, and a Postmasters Certificate in Informatics from University of Phoenix with continued plans for certification.

Currently serving as the President of (NACLI), Nurses Association of the Counties of LI, Kimberly is an involved member, and served in various roles with ANA, ANA-NY, NACLI, and NYSNA.

Appointed in 2005, she continues to serve as an Auxiliary member of the New York State Board for Nursing. In this capacity, she supports the work of the board through involvement in disciplinary hearings, helping to ensure public safety, maintain the integrity of the profession and fairness to the Registered Nurses.

Kimberly is a proud member of NYONE, NACLI, NYSNA, ANIA, ANA-NY, and two Sigma Theta Tau Honor Societies:

- o Alpha Omega Chapter, College of Nursing and Public Health, Adelphi University
- o Psi Tau Chapter of the Honor Society of Nursing, (STTI) at Downstate Medical Center College of Nursing

She is committed to evidence based models for patient care, teaching, training, and mentoring nurses entering the profession.

and the Executive Committee; as an ex officio member of all committees except the Nominating Committee; and as a representative to the Membership Assembly, as well as the voting representative of ANA-NY to the Leadership Council of the ANA.

Treasurer:

The Treasurer shall be responsible for monitoring the fiscal affairs of the association and shall provide reports and interpretation of the ANA-NY financial condition to the Governing Assembly, the Board of Directors, and the membership. The Treasurer shall serve as a member and chair of the Finance Committee.

Directors-at-Large (2):

The Directors-at-Large shall fulfill the responsibilities of the Board of Directors as defined in the ANA-NY Bylaws.



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ANA-NY 5TH ANNUAL MEETING

Highlights from ANA-New York's 5th Annual Meeting HEALTHY NURSE • WORK/LIFE BALANCE

ANA-NY held its fifth successful annual meeting on September 15-16, 2017 at the Hilton Albany where nursing colleagues and friends gathered for two days of dialogue, business meetings, and presentations with various speakers. New this year included a pre-conference on Thursday, September 14, 2017 co-sponsored by the NYSDOH AIDS Institute Clinical Education Initiative and Mount Sinai Institute for Advanced Medicine. On Saturday, September 16, 2017 Nurses House, Inc. hosted a Healthy Nurses Walk to benefit Nurses House, Inc.

We extend a special thanks to the Annual Meeting Committee for their dedication in making this event a huge success. The committee chaired by Pat Hurld and committee members are Gorete Crowe, Marilyn Klainberg, Ann Purchase, Laura Terriquez-Kasey, Debra Wolff, President Elisa Mancuso and Board Liaison Linda O'Brien, cannot be thanked enough for their service. We look forward to seeing you at our 2018 Annual Meeting on October 18-20, 2018, to be hosted at the Albany Capital Center with hotel rooms by the Renaissance in Albany, NY.

These are just some of the moments captured from the 2017 Annual Meeting and Conference.





2018 elected officials were sworn in to help lead the American Nurses Association–New York (ANA-NY).

A big THANK YOU to our 2017 Annual Meeting speakers and sponsors

Speakers

Brenda Birman, ScD | Marilyn Mitchell, RN, BSN, MAS | Jeanne-Marie Havener, PhD, RN, CNS, FNP David Griffiths | Keith Algozzine, PA-C | Scott Burton

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NACLI Members with ANA-NY President, Elisa A. Mancuso and ANA-NY Vice President, Joanne Lapidus-Graham (right)



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Executive Director, Jeanine Santelli, addressing the members.



Legislation Chair Marilyn Dollinger and President Elisa A. Mancuso for the President's Award.



Larry Z. Slater and President Elisa A. Mancuso for the President's Award.



2018 ANA-NY Board of Directors – Sitting (left to right) Secretary Tanya Drake, Treasurer Donna Florkiewicz, President Elisa A. Mancuso, Vice President Joanne Lapidus-Graham. Standing (left to right) Directors-At-Large - Ann Fronczek, Linda O'Brien, Victoria Record, Mary Lee Pollard, Keith Hornbrook.



(Left to right) Laurel Algase, a 2017 Future Nurse Leader Awardee, and Cecilia Mulvey, co-chairs of the Membership Committee.



Ann Harrington, Ann Purchase, Mary Lee Pollard and Victoria Record having a wonderful time at the meeting.



Karen Ballard, Hall of Fame Recipient and first Executive Director with Mitch Prager from the Daily News.



Enjoying exercise during breaks.



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ANA-NY Organizational Affiliates - Central New York Nurses Association, Genesee Valley Nurses Association, Mohawk Valley Nurses Association, Northern Adirondack Nurses Association, Nurses Association of the Counties of Long Island, Inc, Professional Nurses Association of Dutchess/Putnam Counties, Professional Nurses Association of South Central New York, Inc., Professional Nurses Association of Suffolk County, Professional Nurses Association of Western New York with Executive Director Jeanine Santelli and President Elisa A. Mancuso.

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Patient's "DO NOT RESUSCITATE" Tattoo Sparks Debate

GOOD PRACTICES

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Attempt to find proper documentation of the

John A. Musacchio, Esq.

I recently became aware of a case study involving a terminally ill patient who had the words "DO NOT RESUSCITATE" tattooed across his chest. This case is so fascinating and has sparked such a large ethical debate that I am compelled to write about it in this quarter's newsletter. (I will refer to the tattoo at issue as the "DNR tattoo" throughout this article.)

The Facts

To summarize the facts, as reported by several news outlets¹, the 70-year-old patient had presented to a Florida emergency department in an unconscious state with the inability to communicate his wishes. He apparently had no identification and the medical team had no way to reach his family members

in an emergent fashion. When his providers saw the words "DO NOT RESUSCITATE" together with what appeared to be the patient's signature tattooed across his chest, they were faced with the difficult decision of whether they should honor the patient's apparent end-of-life directive, or if they should disregard it and take the usual heroic measures to save the patient's life, as they would do for any other patient who did not have a properly executed DNR, health care proxy, or living will.

Initially, the medical team chose to disregard the tattoo. However, they eventually brought in an ethics team, who instructed the providers to honor the DNR tattoo. The medical team stopped taking heroic measures, and the patient died shortly thereafter.

The Legal Landscape

In the November 2017 ANA New York Nurse Newsletter, I provided information about patients' advance directives - health care proxies and living wills. These documents are typically created to express people's wishes involving life-sustaining treatment, and should be used in the event that the person becomes incapacitated or unable to express their wishes at the time care is being provided to them.

To be properly executed and effective, these documents should typically be signed by the patient in

the presence of two (2) witnesses, whose names and, often, contact information are provided on the documents. There are many reasons for having these documents properly witnessed, including to indicate that the person making the advanced directive was of sound mind at the time of executing the document, that

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John A. Musacchio

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Ask your supervisor for guidance

Follow your supervisor's instructions

the person was not coerced or unduly influenced, and to identify other individuals to contact in case a question arises regarding the validity of the patient's directive.

Should the DNR Tattoo's Message Have Been Followed?

Patient advocacy is often at the top of a nurse's list when providing patient care, as it should be. Following a patient's wishes is certainly one of the most important forms of patient advocacy. While many medical providers would be quick to say that this type of tattoo should be followed, we need to dig deeper to determine what is truly in the patient's best interest.

To me, the answer comes down to being able to sufficiently prove the patient's true wishes. The courts have the job of balancing the importance of upholding people's wishes while protecting people from fraud and undue influence. That is why many states, including New York, require people to go through certain formalities when creating documents such as wills, health care proxies, powers of attorney, etc. In New York, for instance, the courts do not recognize the validity of "holographic" (handwritten) wills, except if made by a member of the US Armed Forces during his or her active duty. Therefore, courts in New York will generally disregard a handwritten will, since it does not meet the required formalities.

Also, unlike a typical health care proxy or living will, the DNR tattoo in this case does not include the names or attestation of any witnesses and certainly was not notarized. The use of witnesses and notarization are the usual, time-tested methods of proving that the person was of sound mind at the time he or she made the decision about his or her future healthcare needs. If there is ever a question as to the validity of the incapacitated patient's

prior instruction, a healthcare provider or court can ask the witnesses. In the case of the DNR tattoo, however, there were no identifiable witnesses for the providers to ask.

Another important consideration is that most legally enforceable documents can be revoked by the person making them. For instance, if a person changes his or her mind about the wishes specified in a living will, health care proxy or do not resuscitate order, he or she can simply revoke that document and it will no longer be effective. By contrast, it is much more difficult to "revoke" a tattoo - having a tattoo removed is a costly, painful, and time-consuming process. While those same facts may on one hand suggest the strength of the patient's dedication to having a particular wish carried out, it also could be

argued that the patient may have changed his mind and just didn't have a chance to get the tattoo removed. We don't know when the patient got the tattoo - it may have been a week before he presented, or it could have been many years or decades earlier.

Since this tattoo does not have any of the traditional safeguards, it raises important questions, such as: 1) Was the patient of sound mind when he got the tattoo? 2) Was the patient unduly influenced by someone who had an interest in his estate? 3) Was the tattoo made against his will? 4) Did the tattoo still accurately represent the patient's wishes at the time he presented?

There is a presumption with properly executed documents following the required legal formalities that the patient's wishes are accurately described in those documents, and therefore should be carried out. Since none of those safeguards were present with this particular patient's tattoo, it is hard to determine whether the tattoo's message is enforceable and binding.

Importantly, it has been reported that the medical facility searched for, and found, this particular patient's formally executed DNR, which had previously been filed with the Florida Department of Health, before the ethics committee made the final decision to discontinue its life-sustaining treatment.

What Are We To Do?

The best definitive answer I can give is that people should make their wishes known by using traditional, properly executed and witnessed written documents, such as DNRs, living wills and health care proxies, which have been found by the courts to be valid. Medical providers should typically follow the directions specified in those documents. However, it would not be good practice for a medical provider to rely solely upon a patient's tattoo, without the support of any legally valid documents, in making the decision to let a patient expire.

As always, when a provider is unsure what to do, he or she should ask for guidance from a supervisor or other department leader. Nurses should also be familiar with their facilities' internal policies and procedures with regard to the use of patients' advance directives. And if you ever find yourself facing some form of discipline, you should speak directly with an experienced attorney to discuss your options.

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life," CBS News, December 4, 2017.

1. Emery, Gene, "Tattooed wish for withholding treatment not good enough, doctors say," Reuters News, December 4, 2017.

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- or part-time study options
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doctors" USA Today, December 5, 2017. Welch, Ashley, "Man's 'Do Not Resuscitate' tattoo leaves doctors debating whether to save his

John A. Musacchio is an associate attorney with the law firm Towne, Ryan & Partners, P.C., which has five offices in Upstate New York and a sixth office in Bennington, Vermont. In addition to defending nurses in professional discipline matters, John also assists clients with estate planning, Medicaid planning, criminal and DWI defense, labor and employment law, 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 serves on the New York State Bar Association's Committee on Disability Rights, as Secretary of the Capital Region Italian American Bar Association, and as Co-Chair of the New York State Trial Lawyers Association Young Lawyers Committee, Capital Region division.

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

Legislative Worksheet (SBAR Format) – How a Bill Becomes a Law

SITUATION: IS THIS SOMETHING THAT CAN BE LEGISLATED?

• Identify the problem/concern:

This Writer works as home visiting nurse for Hospice program. A lot of times while on the road, this Writer would be on the way to a Patient and get a call from Triage nurse to turn around and visit someone before who needs service ASAP, for example Patient is having trouble breathing, or bleeding that family cannot stop, pain, run out of medicine that is delivered via port and family did not notice despite education, but Patient still needs it. In these moments, while Triage Nurse is assisting family over the phone this Writer wishes they could fly. Sometimes, Patient needs to go into Intensive Care Unit in hospice facility, sometimes Nurse can help Patient at home. Most of the Patient and families desire Patient to die at home in comfort and not to be Hospitalized. Unfortunately, traffic and Express Way rules of HOV lane do not allow this Writer to get faster to the Patient in need.

State your proposal/idea.

Pass the law "move over" for Home Care Nurse on duty.

The idea is allowing Nurse on duty to take HOV lane and having a sign lights on the car just as Fire Department Volunteers have.

BACKGROUND: DO YOUR RESEARCH

• Include studies, reports, personal experience, or anecdotal stories related to your proposal.

Personal experience on the road when visiting Patients.

This Writer did speak about this issue with multiple family members and fellow nurses who verbally agreed in benefit of the idea.

This Writer did not find research data that demonstrated the benefits of placing car light that Fire Fighter Volunteers have (or EMT workers) in Field Home Care Hospice nurse probably because the trials were not done yet. But this Writer did find the supporting information to have the trial/research approved first. Placing light in a car serves as communication to other vehicles.

"Nearly one in five Medicare beneficiaries is readmitted to the Hospital within 30 days of release. According to the *New England Journal of Medicine*, this translates to 17.4 billion in Medicare spending on patients whose return trips could have been avoided" (Avoidable Hospital Readmissions," 2013, para. 2). The Hospice and Palliative care role is focusing on the goal to reduce avoidable hospital readmissions from home care settings and skilled nursing facilities by providing symptom management and addressing needs by using multidisciplinary approach. Communication is one of the keys to provide comfort care and manage symptoms. While education of family plays significant role in Patient care, placing light on the car is another method of communication on the road for the nurse to assure quality of care and faster safe arrival.

• Has there been similar legislation introduced and/or passed in other states? If so, include it.

Another supportive factor is recent law passed to "move over" for first responders in NY.

"While this law had great intentions to protect our law enforcement and utility workers, it didn't protect our volunteer firefighters and ambulance workers. Now, the law has been updated and includes blue and green lights. In the state of New York, firefighters are permitted to have blue lights and ambulance workers are permitted to have green lights. Currently, drivers need to move over for our first responders to protect them from oncoming traffic" state author D. Ingoglia in her blog (Ingoglia, 2016, line 2).

• The nurses are "the first responders" for Hospice Patients in Home Care settings.

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ASSESSMENT: FINANCES AND STAKEHOLDERS

- Identify financial impact if any (e.g., added costs, cost savings, increased revenue): Improve Quality of Health Care in Home Care Settings Reduce unnecessary hospitalization what will save Medicare money Increase safety on Healthcare providers on the road Lights are reusable and can be returned to the program in case nurses change place of work and inexpensive feature to add to any model of car.
- Identify stakeholder groups that would support this bill: Community Residents (and their families), that receive Home Care. Hospice Patients and families have to be considered for research depending on circumstances and using ethical considerations and appropriate time frame. Health Care providers such as: Visiting MD, NP, RN's, LPNs Home Care agencies (will improve quality of care, feedback survey's) Hospitals (will reduce readmissions percentage)
- Identify people/groups that would oppose this bill: <u>Non-Identified</u>

RECOMMENDATION

- Make an appointment with your legislator to discuss your proposal. Elisa "Lee" Mancuso, MS, RNC-NIC, FNS, AE-C, President (Term end 9/2018) Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN, Executive Director E-mail: <u>executivedirector@anany.org</u>
- This Writer had such idea for a long time and did not know where to start from. While continuing education toward BSN this Writer learned a lot of information that relates to leadership and management. This class and specifically this project showed a pass for this Writer to realize idea into reality and improve quality of home care, safety of nurses and other health care professionals on the road, reduce unnecessary hospital readmissions. The plan is to call local legislator to discuss the proposal.

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Health Policy Brief: BSN-in-10

Carrie Rewakowski

Since the Institute of Medicine (IOM) released a landmark report in 2011, there has been significant momentum to advance to the level of education for registered nurses in the US. Although this movement was started over 100 years ago by early nurse advocates, in the past 15 years there have been several studies that support this advancement and initiatives in both federal and state levels of government. There is current legislation in New York State (NYS) that would mandate registered nurses to attain a baccalaureate degree in nursing within ten years of initial licensure, while maintaining multiple entry points into the profession (State of New York A01842, 2017-2018). As progress is made with this legislation, it is important for nurses to be accurately informed about this proposed bill.

In NYS, coordination of licensing for the profession of nursing, and for other professions, is coordinated by the NYS Education Department (New York State Education Department [NYSED], 2016). To be licensed as a registered nurse in NYS, one must meet the following requirements: be of good moral character, at least 18 years of age, meet education requirements, meet exam requirement (NCLEX), and apply for licensure. Education requirements for licensure can be met through successful completion of an approved and registered RN education program, which can be a Diploma, Associate's, Bachelor's, or Master's program (NYSED, 2016). Once granted, licensure is valid for life unless surrendered or revoked. To practice, one must have a registration certificate that authorizes the practice of nursing for 3 years. Renewal of certificate requires four hours of infection control coursework and a one-time requirement for child abuse reporting coursework (NYSED, 2016). There is no current mandate to advance education.

Presently, all nurses in the US must only meet the minimum educational requirements set by each state; none include a mandate for licensure or recertification as requiring a baccalaureate degree. Advocacy to advance the foundational standard of nursing education to the baccalaureate level is currently active and strong, but it is not new. In the inaugural issue of American Journal of Nursing over 100 years ago, Lavina Dock advocated for advancement of professional education for nurses (Dock, 1900). In 1923, the Goldmark Report, produced by the Committee for the Study of Nursing Education and supported by a Rockefeller Foundation, recommended educational standards for nursing education with a primary focus on education, not on patients (Goldmark, 1923). Relevancy of this issue was still apparent mid-century in statements by the American Nurses Association (ANA). The ANA released a statement in 1965 that could still be relevant today: "Major theoretical formulations, scientific discoveries, technological innovations and the development of radical new treatments in recent years have produced marked changes in health practices" (ANA, 1965, p.107). Further, "education for all those who are licensed to practice nursing should take place in institutions of higher education" (ANA, 1965, p.107). The ANA continues today to advocate for baccalaureate education as the foundation of nursing practice. In 2015, the ANA sent a letter to NYS Legislature on behalf of ANA-NY supporting the 285,000 NYS registered nurses by advocating for BSN-in-10 legislation with specific goals to increase the level of education of future RNs while maintaining all current educational paths to licensure (ANA, 2015). Per the ANA, advancing education will yield positive outcomes including decreased healthcare costs, patient mortality, and create a more stable nursing workforce (ANA, 2015).

A landmark study supporting baccalaureate education as the foundation for nursing practice found that a 10% increase in the proportion of nurses holding Bachelor of Science in Nursing degree (BSN) decreased the risk of patient death and failure to rescue by 5% (Aiken, Clarke, Chenung, Sloane, & Silber, 2003). This study by Aiken et al. (2003) found that patient mortality and failure to rescue would be 19% lower in hospitals where 60% of nurses had BSNs or higher than in hospitals where only 20% percent of nurses were educated at that level. Aiken et al., 2003 also found that nurses' years of experience did not impact rates of mortality or failure to rescue. A study by Tourangeau et al. (2006) found that a 10% increase in the proportion of registered nurses was associated with six fewer deaths for every 1000 discharged patients. Per Tourangeau et al. (2006), recommendations of this study include careful planning by hospitals to plan and manage structures and processes of care regarding the proportion of baccalaureate-prepared nurses. In a study of RN-to-BSN graduates, Phillips, et al. (2002) found these nurses demonstrated higher competency, communication, leadership, professional integration, and research/ evaluation after completing the baccalaureate program.

Initiated by the Robert Wood Johnson Foundation, the Institute of Medicine (2011) released a landmark report which included studies (Aiken et al., 2003; Tourangeau et al. 2006) supporting the need for more BSN prepared nurses. Noting that the "US is at a crossroads as health care reforms are being carried out and the system begins to change" (IOM, 2011, p. ix), the IOM (2011) sought to strengthen the "largest component of the health care workforce – nurses - to become partners and leaders in improving the delivery of care and the health care system as a whole" (p. ix). In this initiative to transform the nursing profession, the IOM (2011) issued four key points one of which suggests that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (p. 6). An IOM report brief (IOM, 2010) cited specific competencies required by



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highly educated nurses to deliver complicated and highquality care including "leadership, health policy, system improvement, research and evidenced-based practice, and teamwork and collaboration, as well as competency in specific contact areas including community and public health and geriatrics" (p. 2). IOM (2011) also issued a total of eight recommendations; number four speaks directly to the issue of the importance to advance the baccalaureate degree in the nursing profession by calling to "increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020" (IOM, 2011, p. 12).

Strong support for this legislation is offered by the American Association of Colleges of Nursing ([AACN], 2014). "Education has a significant impact on the knowledge and competencies of the nurse clinician, as it does for all health care providers" (AACN, 2014, p. 1), and "BSN nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings" (p. 1). The AACN also notes that registered nurses work as part of an interdisciplinary team with colleagues educated with a master's degree or higher. Registered nurses, who are primary central to patient care and coordination, should not be the least educated member of the team (AACN, 2014). Further, per AACN (2014), many countries around the world have already moved to create a more educated workforce including Canada, Sweden, Portugal, Brazil, Iceland, Korea, Greece, and the Philippines. The Tri-Council for Nursing, a national alliance with AACN, American Organization of Nurse Executives, and National League of Nurses calls for the advancement of education among all registered nurses to enhance quality and safety in healthcare settings (ANA, 2015). Locally, the New York Organization of Nurse Executive and Leaders (NYONEL) cites advances in science and technology, along with increased patient complexity and diversity that requires nurses to have a different and improved skill set from that of the past (NYONEL, 2015).

Two years after the IOM report (2011), the Robert Wood Johnson Foundation (RWJF) issued reports on policies that transform patient care related to nursing's future (2013). In this document, RWJF recognizes several arguments that oppose the IOM (2011) call for academic progression and an 80 percent baccalaureate workforce. Many opposing arguments center on employer challenges including upward pressure on salaries and employee turnover as education opens career opportunities (RWJF, 2013, p. 4). The alternate side, as presented by RWJF, suggests these struggles are sources of potential savings. For example, salary savings could be realized by downshifting responsibility currently held by physicians or nurse practitioners to RNs with BSNs and there could be lower turnover with subsequent reduced recruitment and training costs. Employers can expect their investment in their employees to pay off through improved care and increased productivity. Further, hospitals can differentiate themselves in the competitive marketplace by being associated with the Magnet Recognition Program (RWJF, 2013, p. 4). Another opposition asks, if nurses attain higher degrees who will be at the bedside? Will this contribute to a nursing shortage? Per RWJF (2013), data suggests RNs who obtain BSNs will remain at the bedside where their education will enhance care. Rural areas may be particularly affected as students may migrate to an urban setting in seeking education. RWJF (2013) recognizes that there are currently more than 400 degree programs that are at least partially online and many universities partner with rural community colleges that allow nurses to pursue degrees in home communities.

Additional oppositions are found throughout the literature. The New Jersey Organization of Nurse Executives (Organization of Nurse Executives, n.d.) noted nursing unions may tear blocking entry into the profession. Both unions and hospital executives express concern regarding possible reduction of the workforce. Community colleges fear loss of applications and financial impact. Olin (2011) cites a concern that working nurses may not have time or financial resources to pursue additional education while working and maintaining a family. Results of a qualitative study by Haverkamp & Ball (2013) found emerging themes regarding perceived barriers in obtaining a BSN among newly licensed RNs. Among the barriers identified are: unawareness of initiative to advance nursing educational levels of practice, difficulty transferring college credits, lack of geographic accessibility, difficulty managing work-school-family life balance, and lack of knowledge on how to obtain a BSN degree.

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The bill requires future Associate or Diploma graduates to obtain a baccalaureate degree in nursing within ten years of initial licensure. It does not result in loss of licensure for current RNs, and there is a provision that permits a request of extension for several years if the

ANA - New York Nurse

deadline is not met. If not met, a hold is placed on licenses like that of pharmacy or respiratory therapy. This proposed law does not apply to any person already licensed as a RN, any unlicensed graduate professional nurse who is eligible for the NCLEX, or any student enrolled in or having an application pending in a program at the time of the effective date of this act (State of New York A01842, 2017-2018).

The supporting arguments are strong with both historical backing and scientific evidence that supports patient outcomes improve when nurses hold baccalaureate degrees in nursing. Opposing arguments have been consistently disputed or can be easily resolved. Perceived and actual barriers are minor obstacles that allow for the adoption of practical and feasible solutions. Since Lavinia Dock advocated for the advancement of nursing education over 100 years ago to the current proposal initiated in NYS 10 years ago, hopefully the time has finally come for NYS to become a leader in the US for advancing the foundational base of nursing education to the baccalaureate level by enacting the A1842/S3520 (State of New York S3520, 2017-2018) bill into law.

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New York State Governor Cuomo Signs Legislation To Strengthen **Educational Requirements For Future Registered Nurses**

On December 18, 2017, Governor Andrew Cuomo signed legislation (S6768/A1842B) that requires future registered nurse (RN) graduates of associate degree and diploma nursing programs to finish a baccalaureate completion program in nursing within ten years after initial licensure in New York State. Sponsored by Senate Majority Leader John Flanagan and Assembly Majority Leader Joseph Morelle in 2005, the bill was based on groundbreaking nursing research, since replicated in other countries, that demonstrates the significant positive impact of baccalaureate education on the health outcomes of patients and clients receiving nursing care.

This evidence-based educational mandate supports baccalaureate RN preparation to meet increasingly complex health care needs of the residents of New York State:

- Future graduates of diploma or associate degree nursing programs have up to ten years to finish a baccalaureate completion program.
- Extensions for extenuating circumstances are part of the regulations.
- All currently licensed RNs, nursing students enrolled in diploma or associate degree programs, or applicants on a waitlist for a nursing program, would be "grand parented" and their licenses forever protected from this mandatory additional educational requirement.
- RNs not meeting the requirement will have their licenses placed on 'Hold' (a policy currently used by the State Education Department for licensees not meeting continuing education requirement in other licensed professions).

Diploma and associate degree nursing programs are maintained as entry points into the nursing profession but the newly enacted legislation recognizes that additional education makes a difference in the skill and competence of RNs. Articulation between associate and baccalaureate degree nursing programs and the variety of options for advanced placement and distance learning assure capacity after implementation of the law without disadvantaging newly-licensed RNs.

This legislation establishes a commission to assess barriers to entry in the nursing field and make recommendations for additional strategies to increase the availability and accessibility of baccalaureate completion nursing programs.

This legislation will take effect immediately and the requirement that nurses obtain a baccalaureate degree in nursing within 10 years of licensure shall take effect in June 2020, thirty months after this legislation became law.

Kim Sharpe, MSN, RN, President

Council of Associate Degree Nursing in New York State, Inc.:

"The Council supports the BS in 10 law...it recognizes and values the contributions of associate degree graduates...as educators we have always encouraged our graduates to continue their education to the BSN degree and beyond. RN/BS completion programs are readily accessible in both online and adult education formats. This law further expands the strengths of our graduates to meet the increasingly complex healthcare needs of the residents of New York State. The Council is confident that Associate Degree nursing programs in New York State will continue to provide high quality curricula that successfully prepare a diverse pool of graduates for both entry to professional RN practice and seamless academic progression."

Governor Cuomo Signs Legislation continues on page 19

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Our Aging Population

Evidence of our aging population is all around us. The oldest of the baby boomers turns 72 in 2018, which means the roughly 75 million people born between 1946-1964 will reach peak life expectancy in the next 25-30 years. The changing demographics of the American population will affect many sectors of the nation, with healthcare realizing significant impact. Is your practice ready for these changes? Envisioning the need to address nursing competency in the care of older adults, we chose to review a research article describing implementation of a quality improvement project using a geriatric resource nurse (GRN) model (St. Pierre & Twibell, 2012). The project involved three units in a mid-sized hospital that implemented a GRN curriculum led by a gerontological certified nursing specialist (CNS).

Now, before researchers describe their actual research study, they begin by supplying us with relevant background information about why they felt compelled to do the research in the first place. What's useful about the background of a research study is it not only sets the stage for the research, but educates us on the topic by supplying data, or prior research that has relevance to the topic. For example, in the article we reviewed, prior research had identified a lack of gerontological coursework in nursing education programs, contributing to a gap in preparing students for the unique care needs of the elderly. Several studies were referenced supporting the fact that hospitals face challenges caring for elderly, with adults over age 65 making up the majority of hospitalized patients. Older adults present with multiple comorbidities combined with normal aging changes all putting them at risk, particularly when hospitalized.

Nurses Improving Care for Healthsystem Elders (NICHE), supported by the John A. Hartford Foundation, based at NYU, is making strides in addressing the competency gap in caring for hospitalized elders. Among the many tools and resources designed by the NICHE organization, they created the GRN model as an answer for hospital-wide initiatives to improve geriatric care. The idea is that by training nurses as GRN experts in caring for geriatric patients, the nurses become a resource for other nurses on the unit to support best practice in elder care.

Prior quantitative studies utilizing the GRN model have demonstrated successful use of the intervention. When units have GRNs, data revealed a decline in rates of delirium, UTIs, functional decline, restraints and falls. The researchers also wanted to know what the effect would be on nurses' knowledge, confidence and satisfaction following implementation of the GRN model. Qualitative data can be tricky to measure, but think about how meaningful this data can be. The combination of knowledge, confidence and satisfaction is necessary for nurses to initiate and apply skills, and to continue to use



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those skills. Think about when you were a nursing student, or a new grad, and how it "felt" to be using a skill for the very first time.

So, let's clarify to make this easier to understand. Research can be quantitative or qualitative in nature. Qualitative research is used to gain insight into a research question through unstructured or semi-structured techniques (i.e. focus groups or individual interviews). Quantitative research is much more structured and utilizes measurable data to see patterns. The study we reviewed is unique because it is mixed-methods, utilizing both quantitative and qualitative data.

The study sought to expand nurses' knowledge of geriatric care by exploring outcomes of the GRN model. There were three objectives of the study: to quantitatively compare the knowledge, confidence, and satisfaction of nurses related to care of older adults among nurses who did and did not participate in the GRN model; to qualitatively explore the experiences of nurses participating in the GRN model; and to identify the organizational impact of the GRN model on care of hospitalized older adults.

The methods section tells us how the research is designed; describing the participants, the location of the study, the measures used in the intervention and how they were employed. In this study the researchers divided the participants into two groups: those who participated in the GRN model and those who did not ("non-GRNs"). The study was conducted at a Midwestern 344-bed teaching hospital with one gerontological APN. The study was proposed to nurses, from three medical inpatient units, by a gerontological clinical nurse specialist who asked for volunteers (there was no randomization of participants to groups). Sixty nurses were eligible to participate in the study; however, only 18 nurses volunteered to participate in the GRN model and 16 nurses volunteered to be "non-GRNs" (the comparison group).

The intervention was a monthly didactic seminar for 10 months on the care of elders led by a gerontological CNS. The curriculum included topics such as dementia, delirium, depression, functional status, family caregiving, health care decisions, nutrition, pain, sleep, medications, and urinary incontinence. Additional topics included elder mistreatment, constipation, differences between older and younger adults, societal constructs of aging and end-of-life care. Additionally, beyond classroom learning, the CNS conducted unit rounds with the GRN participants 3-4 days per week. On the unit rounds the CNS would answer questions, model competencies, ask about patient status and assist with application of new knowledge.

Researchers designed the study using mixed-methods. Quantitative data using various measures were gathered at the beginning of the GRN model implementation, and one year later. Participants in both groups completed a survey adapted from the Geriatric Institutional Assessment Profile. The items assessed nurses' knowledge, satisfaction with care of older adults on their respective units, and perception of the extent to which caring for older adults is difficult, rewarding and burdensome. Qualitative data were collected at the end of the GRN training through interviews. The interviews were conducted with a nurse educator and lasted 10-20 minutes. Additional qualitative data were collected through field notes by the CNS, including questions, stories, skills practiced, concerns, and challenges.

OK, stay with us...quantitative data were analyzed using SPSS (statistical software). The researchers used various statistical computations to address the objectives of the project. A 2-way repeated-measures analysis of variance allowed researchers to see differences between the two groups at pre-test and post-test with regard to the variables on the survey (i.e. satisfaction with geriatric care, knowledge of care of older adults, and confidence in caring for the older adult). The qualitative data were analyzed using thematic analysis technique. Researchers (who were blinded to participants) analyzed the interviews for general impressions, highlighted key words or phrases. Based on the initial read-through of the data, the researchers created a codebook of themes; 30 codes and 10 themes emerged from the data.

After the researchers explain the research methodology, they begin to describe the results of their statistical and qualitative analysis. When the study concluded, 28 of 33 participants successfully completed the study requirements (17 GRNs and 11 non-GRNs). Limited demographic data were collected on participants; 58% held baccalaureate degrees and the GRN group reported more experience than the non-GRN group. The quantitative analysis revealed mean scores of the GRNs and non-GRNs pre- and post-test. Analysis of variance showed a significant interaction effect between scores of GRNs and non-GRNs over time. On the measure of overall basic knowledge of care and Care of Older Adults Scale, the GRNs reported a greater increase in knowledge from pre- to post-tests compared to the non-GRNs. At post-test the GRNs reported a statistically significant decrease in the extent to which they found care of the older adult burdensome and the degree to which they found care of the older adult burdensome and the degree to satisfaction with care and confidence related to care of older adults among the GRNs.

The qualitative analysis revealed the primary theme among the interview data as "changed the way I practice." There were various sub-themes, including improvements in medication safety, mobilizing patients, communication, managing delirium, feeding, assessments, and attention to family members. All participants reported they would recommend participation in the GRN model to their peers. Analysis of the field note data

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QUALITY AND SAFETY EDUCATION FOR NURSES

reflected the challenges of teaching. The GRNs provided care for complex patients who were acutely ill with multiple comorbidities, polypharmacy and occasionally uncertain symptom etiology. The field note analysis revealed that the GRN participants mainly asked the CNS to validate assessment, evaluate mental status and discuss medication regimens.

In the discussion section of a research article the researchers wrap up the results in a more comprehensive way. The bottom line is that this study shows how effective the GRN model is in improving nurses' knowledge, confidence and satisfaction related to caring for hospitalized older adults. The nurses in the GRN group significantly improved from pre- to post-test compared to the nurses who did not participate in the GRN model. The nurses reported the care was less burdensome and less difficult after the GRN model training, which may reflect attitudinal changes. Although the present study has many benefits and greatly adds to the literature on the need for geriatric education, there are several limitations to the study. The researchers acknowledge concerns of generalizability, sampling bias, and small sample size.

The takeaway here is important on several levels. First, when nurses become the change they want to see, they are empowered. The study outcomes indicate that when the GRN model is implemented, nurses providing direct patient care have improved knowledge, confidence and satisfaction caring for hospitalized elders. The qualitative data may also suggest improved job satisfaction, or a stronger sense of unit camaraderie for nurses working toward a common goal.

Second, the study strengthens the literature supporting the GRN model as an intervention to improve health outcomes for elders. Institutions seeking a resourceful method to address QSEN competencies, while containing the expenses and staffing issues associated with training, should consider implementing the GRN model to improve care for hospitalized elders.

Finally, the researchers indicate several institutional quality improvement initiatives emerged after the model was implemented, most likely as a result of the publicity that the study generated within the institution, and heightened awareness to the issues surrounding hospitalized elders. Among the organizational impacts realized, were the development of interprofessional quality improvement initiatives to explore medication safety, and initiation of a nonpharmacological sleep enhancement project. The hospital also expanded house-wide education on geriatric pain management, and inclusion of geriatric content in orientation of all newly hired RNs.

We hope this research news inspires you to change the way you practice to address the unique care needs of our aging population. NICHE and Hartford Institute for Geriatric Nursing resources are available on-line for all of us to access, as we all work together to improve healthcare for elders.

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Teamwork and Collaboration

In response to the need for improved quality and safety in healthcare, leaders from schools of nursing across the country joined forces to create the Quality and Safety Education for Nurses (QSEN) initiative (Dolansky & Moore 2013). Nurses have been providing holistic, patient-centered care while recognizing the importance of interprofessional collaboration to achieve optimal patient outcomes. Creating an environment that fosters teamwork and interprofessional communication results in improved quality and safety within health care systems. Each member of the interprofessional team has specific expertise which should be respected and valued to promote the exchange of information necessary to meet the needs of all patients. This article focuses on the Quality and Safety for Nurses (QSEN) competency of teamwork and collaboration to provide practicing nurses with information and resources to deliver high quality care emphasizing the benefits of working within a framework of interprofessional teams. This is the third in a series of six articles addressing the integration of QSEN competencies into clinical practice.

Teamwork and collaboration is defined as functioning effectively within nursing and interprofessional teams, fostering open communication, trust, mutual respect, and shared decision making to achieve quality patient care. The key message is that safe, effective, satisfying patient care requires teamwork, collaboration with and communication among members of the team, including the patient and family as active partners. Lack of communication creates situations where medical errors can occur. These errors have the potential to cause severe injury or unexpected patient death (O'Daniel & Rosenstein, 2008).

An interprofessional health care team works together toward a common goal with the patient at the center of the team. It includes direct care members such as nurses and physicians, but also support service personnel from social work, laboratory, physical therapy and nutritional services. It is essential to remember that all team member contributions are to be respected, valued, and considered. Often, the nurse is at the center of patient-related communication and is in a key position to facilitate effective functioning of the team.

Communication among health care team members is necessary to minimize risks associated with specific patient situations. For example, the Situation, Background, Assessment, and Recommendation (SBAR) framework, initially used by the military, has been found to be an effective tool to relay significant patient information, and maintain communication during handoffs from one team member to another.



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Teamwork serves many important roles within health care, and well-functioning, cohesive teams result in high quality patient care. Working as part of an effective team requires ongoing communication at all levels of patient care. Each member must examine his or her own strengths and weakness related to communication and working with other health professionals. Individuals need to be able to give and accept feedback in order to change and improve practice.

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Promoting a Culture of Health at the New York State Fair



Authors: MacPherson, M.A., Rewakowski, C., and Elliott, D.

Purpose of this article: to begin to explain what a culture of health is and how this was incorporated into the NYS Future of Nursing Action Coalition booth at the fair.

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Introduction

What is health and wellbeing? How do we, as nurses, include health behaviors in our everyday lives, separate from our professional lives? What does health really look like in our communities? How might we, as nurses, impact the health of the communities where we live and work?

An interactive display was created for the New York State Future of Nursing Action Coalition (NYSAC) booth at the Great New York State Fair in 2016 and 2017 to gain insight regarding health, the role of nurses, individual behaviors, and activities of community engagement. Ongoing discussions between fair goers and the volunteer nurses who staffed the booth addressed these topics and more. Booth activities targeted to children included crayons and paper to depict health activities. A selfie station for entertaining photographs, an electronic survey, and a limited distribution of incentives and giveaways encouraged adults and families to stop at the booth.

This booth sought to connect nurses and the public to promote a culture of health. Robert Wood Johnson Foundation's Culture of Health Action Framework (Chandra et al.,



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2016) identifies four objectives, action areas, to improve population health, individual well-being, and health equity. This research-informed framework acknowledges health as an essential building block for personal fulfillment and thriving communities, identifies multiple factors critical to health, and specifies opportunities for action, with an overall goal to improve health in America by working together across groups, organizations, and professions. The four action areas for a Culture of Health are: 1. Making health a shared value; 2. Fostering cross-sector collaboration to improve well-being; 3. Creating healthier, more equitable communities; and 4. Strengthening integration of health services and systems. Drivers and measures are identified for each action area. Drivers are the specific activities or system factors critical to achieving better health; measures track progress with social, economic, and policy data points. Improved population physical, mental, and social health throughout the lifespan is the desired outcome of a culture of health. Refer to Robert Wood Johnson Foundation's Building a Culture of Health web page for detailed descriptions of each action area, drivers, and measures.

Creating a culture of health begins with health as a shared value. Individual perceptions of health are influenced by expectations of wellbeing, social supports, a sense of community, and community engagement. A healthy community offers opportunities for all members to live as healthy a life as possible, ideally includes neighborhood options for healthy food and exercise, and offers safe environments. (Chandra et al., 2016) Nurses are essential partners in promoting a culture of health within their personal, organizational, and community environments.



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1 million people for 12 to 13 days at the end of every summer. The NYS Fair offers permanent buildings full of educational booths, vendors of all types, free concerts and shows, competitions, and the usual wide variety of fair food and fun events for all ages. On many days, the population at the NYS fair creates the 6th largest city in the state (NY State Fair, 2017; US Census Bureau, 2016).

The NYSAC has sponsored a booth at the Great New York State Fair since 2013. This booth is located in the Science and Industry Building, the same building that hosts other health related booths, including those for area hospitals, health care specialty practices, the NYS Department of Health, NYS Office of Homeland Security, and the NYS Firefighters Association. The AC booth is a collaborative effort between the Center for Nursing at the Foundation of New York State Nurses, ANA-NY, Nascentia Health, booth sponsors, and volunteers.

The planning committee for 2017 included representation from the Center for Nursing, ANA-NY, Visiting Nurses Association, SUNY Upstate College of Nursing, Le Moyne College of Nursing, and NYS Department of Health. The theme for the 2017 booth was promoting a culture of health by focusing on the concepts of healthy nurses, work life balance, and the five fundamental indicators of wellness identified by the American Nurses Association (ANA): physical activity, nutrition, rest, quality of life, and safety (ANA, 2017). Over 100 volunteers staffed the booth this year, along with support from eight sponsor organizations such as Nascentia Health (formerly VNA Homecare), Onondaga Cortland Madison BOCES, Keuka College, Chamberlain College, The Association for Professionals in Infection Control (APIC) Chapter 118, NYS Association of Student Nurses, and ANA-NY. The people who stopped at the booth represented all age groups from children to potential future nurses, student nurses, practicing nurses, retirees, and community members. Booth volunteers encouraged children to draw pictures of what health means to them. Conversations between nurse volunteers and fairgoers focused on individual health behaviors and activities of community engagement, encouraged interested men and women to consider a career in nursing, or discussed opportunities for current nurses to advance their education.

Booth volunteers and fair attendees were more comfortable discussing individual health behaviors than activities associated with community engagement. Data



Discussion

Building a culture of health begins with creating health as a shared value. Nurses have opportunities to build a culture of health through personal and professional activities, collaborations with community stakeholders, and community engagement. Collaborative activities such as engaging with the public using a health fair booth, provide opportunities to support nurses in their own health behaviors and





encourage nurses to actively promote health within their own communities. The nurses engaged in this project are exploring opportunities to expand the Future of Nursing AC Booth as a collaborative journey to promote a culture of health. Contact one of the authors if you are interested in learning more about this project, would like to create a similar activity in your area, or would like to be involved with the 2018 NYSAC booth.

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MEMBERS ON THE MOVE



Dr. Eileen Sullivan-Marx Named President-Elect of American Academy of Nursing

Dean of NYU Rory Meyers School of Nursing to Become the Academy's President in 2019

Washington, DC (December 1, 2017) - Eileen Sullivan-Marx, PhD, RN, FAAN, was elected by the 2,500 fellows of the American Academy of Nursing (Academy) to serve a two-year term as the Academy's president-elect. Dr. Sullivan-Marx, dean and Erline Perkins McGriff Professor of New York University (NYU) Rory Meyers College of Nursing, will become president of the Academy in October 2019.

Inducted as a fellow of the Academy in 1997, Dr. Sullivan-Marx currently co-chairs the organization's Raise the Voice Edge Runner National Advisory Council and previously served on the Board of Directors. In her new role, in addition to serving on the Executive Committee, Dr. Sullivan-Marx will be board liaison to the Fellow Selection Committee and the Expert Panels on Military & Veterans Health, Building Health Care System Excellence, and Violence.

"The Academy will benefit greatly from Dean Sullivan-Marx's leadership and vision," said Academy President Karen Cox, RN, PhD, FAAN. "She is a powerful voice for Raise the Voice Edge Runners, which is a signature program of the Academy recognizing nurse innovators for their nurse-designed models of care. I am privileged to be working with her."

"Nurses are uniquely positioned to address the critical needs and concerns of individuals across the country and the world—and do so every day," said Dr. Sullivan-Marx. "It is an honor to serve the Academy, and I look forward to working with all of the fellows to advance policy to improve health for all."

Dr. Sullivan-Marx, who joined NYU as dean of the College of Nursing in 2012 after a distinguished career at the University of Pennsylvania School of Nursing, is known for her research and innovative approaches in primary care and testing payment methods-particularly through Medicaid and Medicare-for nurses, sustaining models of care using advanced practice nurses, and for developing health policy in community-based settings. She is co-chair of the New York City Mayor's Summit on Mental Health Workgroup to enhance existing mental health training programs. Dr. Sullivan-Marx is also a member of the boards of directors of the Arnold P. Gold Foundation and the United Hospital Fund, and is a fellow the Gerontology Society of America and the New York Academy of Medicine.

###

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The ANA-NY Bylaws Committee is seeking amendment suggestions from our members. All amendment proposals must be submitted by 2/28/18 in order to be considered. To review the current ANA-NY Bylaws go to our website http:// www.ana-newyork.org/Main-Menu-Categories/ About-ANA-New-York/ANA-NY-Bylaws



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

The holidays are over, you've put away the decorations and presents for one more year. Some of you may be battling the "winter blahs." This seems like a perfect time to sneak a peek into the one of the rarities we have in the archival collections here at the Center for Nursing's Center for History Archive.

This rarity came to us courtesy of the late Anastasia T. Berdy, RN. Mrs. Berdy was a graduate of St. Luke's Hospital School of Nursing (NYC) and was involved with the Schenectady Visiting Nurses Association. She collected myriad objects that were used in sick room care provided by private duty and visiting nurses. Mrs. Berdy had a proclivity to collect "quack" items used in home treatments.



Pictured here is the "Pilling-Made Philadelphia Battery made and sold by George P. Pilling & Son Co., N.E. Corner Arch and Twenty-third Streets, Philadelphia, PA" (company label affixed the lid of the box).



This battery was hawked as a means by which to self-combat melancholy (term for depression in the 18th and 19th centuries). The electrode patches were applied to a person's temples and then power was supplied. This is an example of quackery at its best. But how did quackery become a part of our nursing and societal lexicon?

In the 18th century, after the American Revolution, access to patent medicines



ANA Enterprise Appoints New Chief Operating Officer

The ANA Enterprise announced the appointment of Gregory J. Dyson, as its new chief operating officer (COO). He will join the organization on January 3, 2018.

In this role, Dyson will serve on the Executive Leadership Team. He will provide strategic leadership and have responsibility for the operating activities to support the business entities, including oversight for information technology, human resources/ organizational development, the office of general counsel, and the Enterprise executive office.



Gregory J. Dyson

Dyson is an accomplished senior executive who brings more than 20 years of progressively higher leadership and management responsibility, most recently as senior vice president and chief operating officer of ICMA Retirement

Corporation, Washington, DC. ICMA Retirement Corporation (ICMA-RC) is a \$53 billion plan administrator and retirement services provider to state and municipal employers throughout the U.S. As COO of ICMA-RC, he was responsible for strategic plan development and leadership, and oversight of corporate operations. Among his many accomplishments, he championed a multi-year, multi-million dollar investment to upgrade ICMA-RC's technology infrastructure and implemented an Enterprise Risk Management function.

He has been with ICMA-RC since 2002, holding previous positions as senior vice president, marketing and senior vice president, chief operations and marketing officer. Earlier in his career, he held marketing management positions with Cushman & Wakefield and the AFL-CIO Housing Investment Trust.

"We are fortunate to have someone with Gregory's strong track record of leadership and noteworthy achievements, who has worked collaboratively with a wide array of partners to improve operations, innovate and grow market share," said ANA Enterprise CEO Marla J. Weston, PhD, RN, FAAN.

Dyson earned a bachelor's degree at Ohio Wesleyan University, Delaware, Ohio, and an MBA from The Darden School, University of Virginia in Charlottesville. Additionally, he most recently served as chair of the Georgetown Preparatory School Board of Trustees and is currently a trustee of the University of Virginia's Inclusion, Diversity, Equity and Access (IDEA) Fund. In 2015, he received the National Leadership Award from the National Forum of Black Public Administrators.



Department of Organization and Leadership

Elaine La Monica Rigolosi Ed.D., J.D., F.A.A.N. Professor of Education and Program Director

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created in England became unavailable to colonists now known as Americans. As war continued in the 19th century (War of 1812), Americans had a situation of increased demand and very little supply. People begin a "home grown industry" of herbal and medicinal treatments to meet the demands. The acme of this industry was reached during the Reconstruction Years following the cessation of the American Civil War. This Golden Age of Quackery saw cures, ointments, liniments, and poultices sold by traveling or local "snake oil salesmen" – as they were called – and travelling with minstrel and theatrical companies to sell their wares. People such as George P. Pilling built machines with batteries that could be used to combat melancholia. People could use this machine and cure the melancholia symptoms they were experiencing. Although patient outcomes were unsuccessful, the bottom-line bank accounts of those quacks became very successful.

With the founding of the Food and Drug Administration on June 30, 1906, the number of quack treatments and medicines were drastically curtailed. Still in today's nursing practice vigilance is required when evaluating the treatment and medication regimes of our patients. Many patients have a hybrid treatment regime of complimentary therapies and traditional Western medicine. However, there are still many well-known people who advocate the use of treatments, ointments, herbs, medicines that have no proven track record. Some things old remain new.

I hope you enjoyed this peak into one of our Archive's rarities.

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Why Are Nurses Suing the EPA?

How is it that our shampoo can contain carcinogens and our floor cleaner reproductive toxicants?

For over a decade nurses have been working with a wide range of partners, including other health professionals, environmentalists, and health-affected groups, to up-date the nation's chemical safety policy. Written in 1976, the Toxic Substance Control Act was an ineffectual safety net for people and the environment from exposures to toxic chemicals in our air, water, food, and products. It did not require companies to do any sort of pre-market testing of their products for toxicity or potential harm.

Worse, it established that any chemicals that were already in the market place (some 80,000 chemicals) were "generally regarded as safe" without any evidence about their safety or harm to confirm this assumption. This was a way in which to "grandfather" a host of toxic chemicals and thus protect them from new requirements for safety testing. Additionally, the burden of proof regarding toxicity was the responsibility of the public and the Environmental Protection Agency, rather than requiring manufacturers to prove that a chemical or product is safe before letting us use the product in our homes, schools, or workplaces. In every instance in which the EPA tried to prove that a chemical was dangerous, the industry prevailed in keeping it on the market. An example of the challenges under the original law, the EPA could not even ban asbestos – a known carcinogen with unquestionable evidence of harm.

In 2016, after making significant and debilitating compromises, we (nurses and others) helped to usher in a new chemical law, passed by a Republican Congress and signed by President Obama that replaced the 1976 law. The biggest and most important compromise of the new federal law is the fact that it pre-empts states from passing chemical safety laws that are more effective than the new federal law once a chemical is under review by the EPA. Historically, we have looked to progressive states to pass legislation on health and safety before federal laws have made their way through Congress and to the President. This exception flies in the face of Republican calls for increasing state's rights over federal mandates. Instead, we now have states incapacitated from further protecting their citizens from toxic chemicals, even if their citizens overwhelmingly want the added protection.

Another problematic issue with the new chemical safety law is the time line that was created for reviewing potentially, and often known, toxic chemicals. Only 10 new chemicals are required to be reviewed in the first year and then by 2019 twenty chemicals need to be under review at any given time. The Registry for Toxic Effects of Chemicals includes over 150,000 chemicals for which there is some toxicological evidence; over 80,000 chemicals are in the market place. Think about how many years it will take to get through that list at a pace of 10 - 20 chemicals per year. And, more importantly as nurses, consider how many years and decades we may see preventable health effects from toxic chemicals that have not been reviewed because we just haven't gotten to them yet.

As a nurse, whose mantra is "evidence-based practice," I find it difficult to help individuals and communities navigate the necessary purchasing decisions required to live, work, learn, and play because of the lack of information about so many of the chemicals that make up our everyday products. Because we don't require complete labeling for the vast majority of products, we can't even do our own independent literature searches regarding the ingredients. When nurses started working on the revamping of the old chemical law, we had 3 elements that our coalition members agreed upon: 1) We need basic health and safety information on all chemicals in the marketplace, 2) We must be able to protect the most vulnerable of our population, including the fetus, infants, and children, from the effects of toxic



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PHONE: (845) 262-1090, FAX: (845) 262-1091 EMAIL: <u>scott@kencamp.com</u> • WEBSITE: <u>www.kenmontkenwood.com</u> chemicals, and 3) The EPA must have the power to ban chemicals that create the greatest risk of harm.

Our new chemical safety law, which has a very long name and honors the original Senator who sponsored the bill, is called the Frank R. Lautenburg Chemical Safety Act for the 21st Century. Once signed into law in 2016, the EPA was mandated to issue guidance documents for how they were going to review the chemicals under the updated regulation. Unfortunately, the EPA is now under a different and admittedly anti-regulatory administration. The new guidelines, issued in June 2017, reflect this bias. Instead of looking at all possible uses of a chemical in the marketplace and commerce, the new guidelines allow the EPA to pick and choose which uses they will consider when determining if the chemical poses an unreasonable health risk. Consider the case of lead. Lead can be found as a contaminant in air, water, food, toys, and even in lipstick. If they only look at one or two of these sources, the EPA may be missing important exposure sources that could underestimate the health risks and allow a toxic chemical to be used in products that would otherwise be deemed unsafe.

At the issuance of the new guidelines, nurses joined a number of other organizations in suing the EPA for placing the public at an unreasonable health risk. "The new guidelines fly in the face of our attempts to protect the public's health," asserts Katie Huffling, Executive Director of the Alliance of Nurses for Healthy Environments. Three separate suits were filed in District Courts around the country. It is anticipated that the judges in the courts will consolidate the cases and there will be one case heard. To follow the court case and other information about chemical safety and chemical policy, you can go to www.saferchemicalshealthyfamilies.org.

To join in free monthly national calls with other nurses who are concerned about chemicals and public health policy, go to the website of the Alliance of Nurses for Healthy Environments: <u>https://envirn.org/</u> <u>policy-advocacy/</u>

With so many policy changes occurring – in health care, the environment, and other important areas – it is sometimes difficult to keep up. We welcome you to join our calls and just listen, if you like, to hear from nurses who are engaged in helping to protect human and environmental health. We also, especially, invite you to get involved and join a growing number of nurses who are concerned about potentially toxic chemicals in our everyday lives.

Author: Barbara Sattler, RN, MPH, DrPH, FAAN, Professor, University of San Francisco School of Nursing and Health Professions (<u>bsattler@usfca.</u> <u>edu</u>) and Board Member of the Alliance of Nurses for Healthy Environments (<u>www.enviRN.org</u>)

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School of Nursing

ANA - New York Nurse

Governor Cuomo Signs Legislation continued from page 11

M. Bridget Nettleton PhD, RN, CNE, President NYS Council of Deans of Baccalaureate and Higher Degree in Nursing Programs:

"The Council recognizes this historic event and applauds the signing of the BS in 10 legislation into NYS law by Governor Cuomo. This is wonderful news for the residents of New York State and the entire nursing profession."

ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN American Nurses Association:

American Nurses Association extends "The congratulations to ANA-New York and to all who worked to make the law a reality. Since a BS-prepared nursing workforce is linked to better patient outcomes, this law is something every nurse can celebrate."

Elisa A. Mancuso MS, RNC-NIC, FNS, AE-C, President ANA-NY:

"This is an historic moment for nursing and New York State is leading the way to make sure all nurses provide the highest quality and safest care to patients and families. This law facilitates a pipeline of nurses who can go on to advanced studies to be the nursing faculty and leaders of the future."

Bea Grause, RN, JD, President Hospital Association of New York State (HANYS):

"This new law provides an important roadmap to the most effective strategies to improve the safety and quality of patient care. Research shows that higher proportions of nurses educated at the BS level or higher have resulted in improved patient outcomes."

Ann Harrington, BSN, RN, BA, MPA, NEA-BC, Executive Director

Joanne Ritter-Teitel, PhD, RN, NEA-BC, President New York Organization of Nursing Executives and Leaders (NYONEL):

"As nurse leaders, we support advancing Registered Nurse education... Residents will be better cared for in their homes, expensive hospitalizations can be avoided, and – as validated by research – health outcomes will improve. Registered Nurses will have the same academic credentials in every practice setting... and baccalaureate preparation will assure that RN's are able to move into nursing faculty, nurse practitioner and administrative positions to continue to advance the profession."

Joan Shinkus Clark, DNP, RN, NEA-BC, CENP, FACHE, FAAN. President

American Organization of Nurse Executives (AONE):

"AONE is a long-time champion of baccalaureate education for the nursing profession. Nursing education plays a critical role in ensuring quality and patient safety. Passing this landmark legislation into law helps ensure the nursing workforce is prepared to meet the complex health care challenges of tomorrow."

Linda H. Aiken, PhD, FAAN, FRCN, The Claire M. Fagin Leadership Professor of Nursing, Professor of Sociology, Director, Center for Health Outcomes and Policy Research University of Pennsylvania:

Dr. Aiken is the author of the seminal research that demonstrated the statistical significance of BS-educated RNs on the health outcomes of patients: "Congratulations to all of the nurses in New York who have worked for many years to pass this much needed legislation. This is evidence-based policy making at its best using research to promote the public's interest. I admire the persistence of New York nurses and congratulate them."

Barbara Zittel, PhD, RN and Claire Murray, MS, RN **Coalition for Advancement of Nursing Education (CANE):**

"In December 2003, the New York State Board for Nursing unanimously approved a motion recommending this statutory change...CANE, an affiliation of over 600 organizations representing educators, managers, researchers, and registered nurses in clinical & specialty practice, was organized to accept this challenge. Assembly Majority Leader Joseph Morelle, the original Assembly bill sponsor, and Senate Majority Leader John Flanagan, Senate bill sponsor, provided steadfast support, commitment and legislative expertise in navigating this bill to its passage. Governor Cuomo signed this important legislation that will have a significant impact on improving the state's healthcare system by decreasing health care complications, saving patients' lives, and decreasing health care costs."

MEMBERSHIP

ANA-NY and ANA ANA Membership Activation Form

Essential Information

First Name/MI/Last Name	Date of Birth Gender: Male/Female	
Mailing Address Line 1	Credentials	
Mailing Address Line 2	Phone Number Check preference: Home Work	
City/State/Zip	Email address	
County	 Current Employment Status: (eq: full-time nurse)	
Professional Information		
Employer	Current Position Title: (eg: staff nurse) Required: What is your primary role in nursing (position description)? Clinical Nurse/Staff Nurse	
Type of Work Setting: (eg: hospital)	Chine (Halse, John Value) Constant of the security of the seccurity of the security	
Practice Area: (eg: pediatrics)		
Ways to Pay		
Monthly Payment	Membership Dues	
Checking Account Attach check for first month's payment.	Joint Membership \Box Monthly = \$22.17 OR \Box Annual = \$260	
Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.	New Graduate Monthly = \$11.33 OR Annual = \$130 (within one year of graduating from nursing school)	
Credit Card	Dues: <u>\$</u>	
Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association	ANA-PAC Contribution (optional)	
("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.	American Nurses Foundation Contribution <u>\$</u>	
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Manthly Flashonis Dady stice Daymont Authorization Circature*	Credit Card Number Expiration Date (MM/YY)	
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changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.	Printed Name	
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- Claire Murray, MS, RN, Immediate Past NYONEL Executive Director
- Tom Nolan, RN, MS NEA-BC, Senior Director, Nursing, NYU Langone Hospital – Brooklyn
- Joanne Ritter-Teitel, PhD, RN, NEA-BC, President, NYONEL, Chief Nursing Officer, Orange Regional Medical Center, Greater Hudson Valley Health System, Middletown

American Nurses Association-New York:

- Elisa A. Mancuso, RNC-NIC, MS, FNS, AE-C, President ANA-New York, Professor, Suffolk County Community College
- Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN, **Executive Director, ANA-NY**

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- Dianne Cooney Miner, PhD RN FAAN, Founding Dean and Professor, Wegmans School of Nursing, Associate VP Community Engagement St. John Fisher College
- M. Bridget Nettleton, PhD, RN, CNE, President, NYS Council of Deans of Baccalaureate and Higher Degree in Nursing Programs, Dean of the School of Nursing and Allied Health at SUNY Empire State College

February 2018

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On Behalf of the BS in 10 Steering Committee: New York Organization of Nurse Executives and Leaders:

Kimberly S. Glassman, PhD, RN, NEA-BC, FAAN, Senior Vice President, Patient Care Services and Chief Nursing Officer, NYU Langone Health, Associate Dean of Partnership Innovation NYU Rory Meyers College of Nursing

- Karen A. Ballard, MA, RN, FAAN, Immediate Past **Executive Director of ANA-NY**
- Marilyn Dollinger, DNS, FNP, RN, Executive Associate Dean, St. John Fisher College, NYONEL Policy Committee and ANA-NY Legislation Committee Chair
- Kim Sharpe, MSN, RN, President, Council of Associate Degree Nursing in New York State, Inc.
- Barbara Zittel, PhD, RN



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GUEST SPEAKERS

Keynote Speaker: Karen Daley, PhD, RN, FAAN. Daley served from 2010 to 2014 as the president of the American Nurses Association, the nation's largest nursing organization representing the interests of the nation's 3.6 million registered nurses. She has spent more than 25 years in clinical practice. Daley was listed among Modern Healthcare's "100 Most Influential People in Health Care" and, in 2013, was selected by Modern Healthcare as one of the "Top 25 Women in Healthcare."

Speaker: Joyce Stamp Lilly, RN, JD. Lilly is a Registered Nurse and Lawyer who has been representing nurses in front of the Texas and Rhode Island Boards of Nursing since 2001. Lilly worked as a nurse in acute and community settings including: medical, surgical, and psychiatric settings. She is familiar with the culture of Nursing and understands many of the problems facing nurses today. For more information about Lilly, see her website nursingcomplaint.com.

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