

Volume 7 Number 1

ANA - NEW YORK NURSE WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

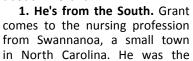
July 2022

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 72,600 New York nurses and schools of nursing.

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ANA-NY's 10th Annual Meeting Keynote Speaker

ANA-NY is proud and honored to welcome Dr. Ernest J. Grant, PhD, RN, FAAN, ANA President as our keynote speaker for our 10th Annual Conference. Here are ten things you might not have known about Dr. Grant:



youngest of seven kids in a segregation-dominated time, and his father died when he was five. Still, Grant remembered his upbringing affectionately. "It was a great town—like the fictional Mayberry—where you could leave your home unlocked and your keys in the car," he told Spartan Scholarship System. "It also was a town that epitomized the saying, 'It takes a village to raise a child.' My mother worked in the post office, and she knew everyone. I couldn't get in trouble without her finding out. It was worse than being the preacher's kid."

- 2. Being the first male ANA president isn't his first "first." According to the <u>University of North Carolina</u> Greensboro, where Grant earned his master's degree in nursing in 1993, Grant became the first African American male to graduate from the university with a doctorate degree in nursing in 2015. In 2010 he was elected the first African American male president of the North Carolina Nurses Association and he is also the first male elected as vice president of the ANA.
- **3.** He's a Baby Boomer looking out for millennials. According to the Spartan Scholarship System, Ernest James Grant was born on October 6, 1958, in the heyday of the Baby Boom. Now in his early 60s, he is reaching out to the generation that will tend to the world and be faced with an increasing nurse shortage. According to a January 2019 Nurseslabs <u>interview</u>, "one of Grant's main aims as President of the ANA is to encourage more millennials to join. He intends to talk to young nurses and listen to what they feel they want from the organization. Active involvement in professional organizations from early in his career played a significant role in Grant's own

personal and professional achievements—many of which are firsts in the history of nursing. Grant also advocates for greater diversity concerning more men and persons from minority groups in the nursing profession to ensure quality and culturally competent care for patients."

- 4. He aspired to be a doctor and started nurse life as a licensed practical nurse. According to the Spartan Scholarship System, Grant's first choice of career was being a medical doctor, but family funds didn't allow for that kind of education. At the insistence of his high school guidance counselor, he began an LPN program at Asheville Buncombe Technical Community College in the fall of 1976. "If it wasn't for the community college system, I would not be where I am today," he told SSS. "It was a leg up to continue my education. I went to a one-year nursing program and decided that I really loved nursing."
- **5. Grant is an internationally recognized burn care expert.** He has worked at the University of North Carolina's Jaycee Burn Center since 1982, becoming the overseer 20 years ago. He has coordinated prevention programs nationally and internationally.
- **6. Grant was at Ground Zero.** According to UNCG, "after Sept. 11, 2001, he volunteered at the Burn Center at New York-Presbyterian Hospital/Weill Cornell Medical Center, and cared for patients injured during the attacks on the World Trade Center. For his service he received the Nurse of the Year Award from then president George W. Bush." His nurse research expertise has also allowed him to consult with the South African government about preparing fire safety curricula.
- 7. His burn prevention ideas began in the early days. Grant has assisted various U.S. military branches in preparing troops for deployment to Iraq and Afghanistan, and in 2013, he received the B.T. Fowler Lifetime Achievement Award from the North Carolina Fire and Life Safety Education Council for his prevention efforts within the state. But according to SSS, the need for prevention occurred to him in his first months as a burn nurse. He told the publication about a toddler who was around the

ANA-NY's 10th Annual Meeting...continued on page 2

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Page 2 **July 2022 ANA - New York Nurse**

Join ANA-NY for our 10th Annual **Conference!**



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Our Annual Conference includes...

- Welcome Reception & Networking
- **Exhibits**
- ANA-NY Committee Meet & Greet
- **Educational Sessions**
- Board of Directors Election Results & Induction
- Awards Gala & Reception

To register for the conference, please click here.

The 10th Annual Conference will be located at the Sheraton Niagara Falls in Niagara Falls, NY from October 27, 2022 - October 29, 2022.

For hotel reservations, visit https://sheratonatthefalls. com/group/anany2022.





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Call to Meeting

The ANA-NY Governing Assembly will be convened on Saturday, October 29, 2022, at 10:00 am. There is no charge to attend the Governing Assembly. Attendance is included in your conference registration.

If you would like to attend just the Governing Assembly and not the rest of the 10th Annual Conference make sure to register at no cost by clicking here. (Please scroll to the bottom of the page to find the FREE **GOVERNING ASSEMBLY TICKET)**

ANA-NY's 10th Annual Meeting...continued from page 1

same age as his nephew. "The child had been underfoot in the kitchen as his mother prepared dinner-chicken fried in a pot of hot oil. When she turned away for a moment, the child pulled the pot of hot grease down on top of himself, sustaining deep, life-threatening burns. Most burn nurses will tell you that for almost every burn injury, they can clearly see the possibility of prevention."

- 8. He's wary of fireworks. According to SSS, "Grant lobbied the state legislature, citing data from a fiveyear study, for the revision of a law passed in 1993 that allowed the sale of fireworks to all people of all ages. The law now restricts sale to those age 16 and older, and Grant continues to work on tighter restrictions.'
- 9. He's a scholar who endows a scholarship. After earning his own doctorate, Grant created the Ernest J. Grant Endowed Scholarship in Nursing. It recognizes and provides support for multicultural male students with financial need seeking degrees in nursing. According to the Spartan Scholarship System, "this scholarship fund has been created by the donor to honor his mother, Mrs. Annie B. Grant, who always wanted to be a nurse, but was not afforded the opportunity."
- 10. He's a joiner and he wants you to join, too. Many of Grant's firsts come back to his willingness to get involved with professional organizations, according to nurseslabs.com. "He recalls that after having served on various committees in the hospital, a friend told him that to be a real professional, he needed to join his professional organization."

Grant listened, joining the North Carolina Nurses Association (NCNA) and the ANA in 1985. This involvement showed him his aptitude for leadership, he told NL. "All the leadership skills I gained from serving in nursing and other organizations have brought me to where I am today."

https://abtech.edu/news/10-things-you-didnt-knowabout-ernest-grant-first-male-ana-president



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- 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 ANA - New York Nurse has been submitted.
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www.ana-newyork.org/

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ANA - New York Nurse July 2022

2022 Annual Conference **Draft Agenda:** Sowing the Seeds of **Nursing's Future**

Throughout conference there will be optional complementary professional coaching appointments available

Thursday, 10/27/2022

1:00 pm - 4:00 pm (3.0 CE) - Poster Blitz (10-minute quick presentations on the

posters that will be in the poster sessions) - Crown Jewel Ballroom (2.0 CE) - Welcome reception and Poster Session I (Nursing

4:00 pm - 6:00 pm Education)- Jade

6:00 pm - 8:00 pm Optional Committee Dinner Meetings (we will reimburse travel,

dinner, and one-night accommodation out of committee budget

Friday, 10/28/2022

8:00 am - 9:00 am Breakfast/Exhibits – Private Restaurant

9:00 am - 9:15 am Welcome - Crown Jewel Ballroom

9:15 am - 11:15 am (1.5 CE) - Keynote - Dr. Ernest Grant followed by dialogue between Dr. Grant and Sylvain Brousseau, President of Canadian

Nurses Association – Crown Jewel Ballroom

11:15 am - 11:45 am Exhibit and Snack Break - Crown Jewel Foyer

11:45 am – 12:45 pm (1.0 CE) – Dialogue Forum on Visioning for ANA-NY – "The Next

10 years" - Crown Jewel Ballroom

Discussion questions:

1. In your opinion, what does ANA-NY do extraordinarily well?

- 2. What is the most important reason that you are a member of ANA-NY?
- 3. In your opinion, how would you like people to refer to ANA-NY in ten years?
- 4. Look at the 2019-2023 ANA-NY Strategic Goals (found on website in Members Only section)
 - a. What should ANA-NY be most proud of accomplishing?
 - b. What are you surprised is not included in these goals?
 - c. What is one takeaway that should be carried over from this plan to future plans?

12:45 pm - 2:15 pm (1.0 CE) - Lunch/ Exhibits/Poster Session II (Clinical) - Private Restaurant, Crown Jewel Foyer, and Jade

Concurrent Sessions: 3 tracks – Education, Clinical, Research

2:15 pm - 3:15 pm

(1.0 CE) - Session A (Nursing Education track) - Crown Jewel

2:15 - 2:35 - Gamification to Increase Oncologic Emergency Nursing Knowledge - Heather Huizinga

2:35 - 2:55 - Cultural Intelligence & The Future Nursing Workforce – Jessica Varghese

2:55 - 3:15 - Nurses Transforming our Future by Preserving the Planet and Financial Resources in a Hospital Environment -Laurie Laugeman

(1.0 CE) - Session B (Clinical track) - Cobalt

2:15 - 2:35 - Medication Errors: Does Simulation Training have an Impact? - Kelly Ellsworth

2:35 - 2:55 - A Fellowship Program for Clinical Nurses to Advance Evidence Based Practice – Bernadette Amicucci

2:55 – 3:15 - Answering the Call: Enhancing the Registered Nurse Care Manager Role in Population Health - Danielle Calder

3:15 pm -3:45 pm 3:45 pm - 4:45 pm Exhibit and Snack Break - Crown Jewel Ballroom

(1.0 CE) - Session D (Research track) - Cobalt

(1.0 CE) - Session C (Nursing Education track) - Crown Jewel

3:45-4:05 - Bridging the Gap Between Classroom and Clinical Through the Use of Collaborative Assessments in Undergraduate Nursing Education. - Brittany Habermas

4:05 - 4:25 - Moving Nurses Forward in Telehealth Environments - Workforce Preparation Strategies for **Educators** – Ann Fronczek

4:25 - 4:45 - Changing Perceptions related to Caring for Patients with Substance Abuse among Interdisciplinary Staff: A Narcan Education Initiative - Denise Driscoll

3:45 - 4:05 - Barriers to Educating Nurses About EBP and its Implementation in Practice in New York State - A Delphi Study Deborah Elliot

4:05 - 4:25 - Moral Distress Among Oncology Nurses: A comparison study – Melissa Hiscock

4:25 - 4:45 - Exploring Health Disparity and Pressure Injury Among Adult Patients in the Acute Care Setting: A Rapid

End Concurrent Sessions

(1.0 CE) - Albany 10X - Amy Kellogg, JD, Esq. - Crown Jewel Ballroom 4:45 pm - 5:45 pm 7:00 pm -11:00 pm

Plated Ticketed Awards Gala (Hyatt Terrace: cocktails, dinner, presentations, dancing, fireworks over the falls)

(0.5 CE) – Closing (raffles, door prizes, etc.) - Crown Jewel Ballroom

Saturday, 10/29/2022

3:00 pm - 3:30 pm

8:00 am - 9:00 am 9:00 am - 10:00 am NSO Breakfast/Exhibits – Private Restaurant (1.0 CE) - NSO presenter - Crown Jewel Ballroom 10:00 am - 1:00 pm (3.0 CE) - Governing Assembly - Crown Jewel Ballroom 1:00 pm - 2:30 pm (1.0 CE) - Lunch/ Exhibits/Poster Session III (Research) - Private Restaurant, Crown Jewel Foyer, and Jade 2:30 pm - 3:00 pm (0.5 CE) – ANA-NY Our Next Decade - Crown Jewel Ballroom

2022 Governing Assembly Business Meeting Agenda

Saturday, October 29

Governing Assembly Business Meeting

10:00 am Opening, Welcome, and Introductions - M. Dollinger

> Pledge of Allegiance – TBD National Anthem - TBD

Nightingale Tribute - M. Dollinger

Introduction of Officers:

President - M. Dollinger Vice-President - T. Drake Treasurer – P. Yezzo

Secretary - G. Hutchinson Introduction of Directors-at-Large:

S. Chin

J. Connolly

G. Gerardi S. Marshall

K. Velez

Introduction of team:

Executive Director – J. Santelli Program Manager - P. Meher

10:45 am Call to Order – M. Dollinger

Procedural Matters – G. Hutchinson

Availability of Printed Material and Reports

Procedure for addressing the membership including Point of Order or Question

Establishment of a Quorum – G. Hutchinson

A quorum for the transaction of business of the Governing Assembly shall consist of five members of the Board of Directors, one of whom shall be the president or a vice-president, and twenty-five (25) members of ANA-NY present at the meeting.

Declaration of Quorum - M. Dollinger

Acceptance of Business Meeting Agenda Acceptance of Standing Rules

ACTION ITEM ACTION ITEM

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ACTION ITEM

Special Guests: 10:55 am

NYSED - S. Sullivan

Foundation of New York State Nurses, Nurses House, and NYSAC-D. Elliott

NYONEL - N. Fiore-Lopez

NSANYS – TBD

11:15 am Reports

President's Report – M. Dollinger Secretary's Report – G. Hutchinson

Sponsors

Acceptance of 2021 GA Minutes

Treasurer's Report – P. Yezzo Executive Director's Report – J. Santelli

Standing Committees:

Audit: Chair – A. Bivona-Carmignani

Bylaws: Chair – C. Finlayson

Approval of Bylaws Amendments

Finance: Chair – P. Yezzo

Legislation: Chair – S. Valentine

Approval of 2023 Legislative Priorities Nominations and Elections – G. Crockett

Announcement of Election Results

Other Committees:

Awards: Chair – K. Ballard

Nursing Education: Chair – J. Lapidus-Graham

Program - S. Lewis

11:50 am **Other Business**

11:55 am **New Business**

Swearing in of New Officers 12:00 pm

Closing Remarks - M. Dollinger 12:05 pm

Recognition of Outgoing Board Members

Recognition of Organizational Affiliates

12:30 pm Adjournment **ACTION ITEM** Page 4 July 2022 ANA - New York Nurse

PRESIDENT'S MESSAGE



Dr. Marilyn L. Dollinger, ANA-NY President

I want to share with you the outcomes from the 2022 ANA Membership Assembly that took place in Washington, D.C. June 9-11. The meetings opened with the Awards Ceremony. If you need any inspiration and renewed hope that there are many

THE BUFFALO



WNY CHILDREN'S

smart people doing really innovative things to improve health care—take a look at the ANA award winners! The Thursday evening event left us all inspired and excited to engage and make a difference.

The annual "Hill Day" on June 9, gave the New York delegation and some of our New York State colleagues who joined the lobbying visits, an opportunity to meet

our Senators, Representatives and their staff. The three "asks" that we made were:

- The Workforce Violence Prevention for Health Care Workers and Social Service Workers Act (H.R. 1195/S. 4182). Call for OSHA and Dept. of Labor to put workplace violence prevention standards in place.
 - o Thanks to the House for passing in 2021 and a request to our U.S. Senators to co-sponsor and get this moving! **Top priority for all nurses.**
- Improving Seniors' Timely Access to Care Act of 2021
 (H.R. 3173/S. 3018). This establishes electronic prior
 authorization, standardization, and transparency
 for Medicare Advantage Plans to speed up the
 burdensome need for so many prior authorizations
 for even routine care.
 - o Request to legislators was to sponsor and support.
- New APRN advocacy by ANA and a coalition of other APRN organizations: The new bill will be called the "I CAN" omnibus bill and addresses a number of barriers to APRN care under Medicare.
 - o To our legislators: Final language and sponsors are being negotiated—stay tuned.
 - o If you are an APRN—ANA is working for you! There is a new APRN Task Force looking at dismantling APRN practice barriers (check the website: https://www.nursingworld.org/advanced-practice/)
 - o Faculty: Make sure your APRN students know about this resource page too!

The Membership Assembly received reports from all areas of the ANA Enterprise (ANA, ANCC, the Academy and ANA Foundation), ANA leadership, the International Council of Nurses, and the National Student Nurses Association president. The work being done by these organizations — staff, leadership and members is truly remarkable.

ANA-NY Board member Kimberly Velez won her seat in the election for the ANA Nominations and Elections Committee – by so many votes – that she is the Committee Chair!

The most active sessions were the discussions around the three Dialogue Forum topics:

- The Impact of Climate Change on Health
- Advancing Solutions to Address Verbal Abuse and Workplace Violence Across the Continuum of Care
- Nurse Staffing

Perhaps the most powerful report passed by the Assembly was the ANA's Racial Recognition Statement. Based on the work of the multi-stakeholder National Commission to Address Racism in Nursing, the statement "publically identifies and acknowledges the past actions of the profession and ANA while addressing the harms that continue today." The full statement will be released in July.

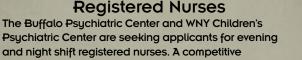
All nurses need to be aware of these four reports and work that has already been done. You can get a summary of the recommendations at https://www.nursingworld.org/news/news-releases/2022-news-releases/ana-membership-assembly-2022-day-2/

So my challenge to ANA-NY members is: how will we continue this important work for the four areas supported by nurses across the U.S.? It is not enough to just review the reports, and praise the groups who have identified, analyzed and made recommendations about these critical issues.

WE MUST ACT.

The work continues at ANA, but all states have a responsibility to bring these recommendations to the local, regional and state level so the over 4 million nurses in this country will make a difference.

Which of these topics is your passion? Let us know your ideas. Watch for emails to members, asking for your input and opportunities to become involved!



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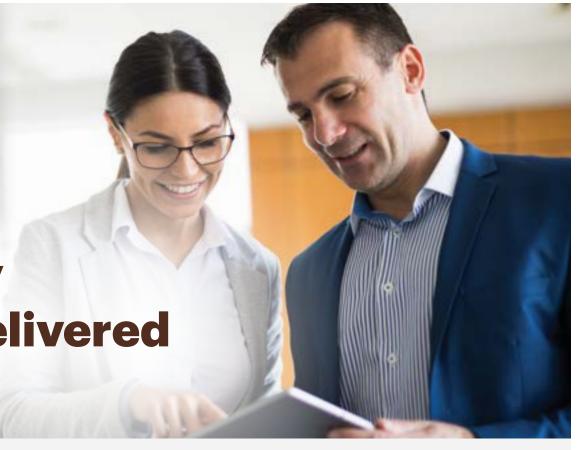
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FROM THE DESK OF THE EXECUTIVE DIRECTOR



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

In the time between sitting down to write this column and the time it goes to press we will have observed Memorial Day, Flag Day, and the Fourth of July. Recognizing and honoring the over 1,300,000 Americans who died in military service to protect our freedom and our constitution. The news reports that we



have lost 1,000,000 Americans to COVID. When do we recognize and honor the 1,500,000 American who have died from gun violence just in my lifetime? Gun violence is a public health emergency.

I have lived with guns in my household my whole life. I took and sent my son to hunter safety courses in order to have the proper respect for guns and to understand how to live safely with them. I support game hunting for food. My father is a member of the NRA, so I am not antigun. However, no private citizen needs military grade weapons in their personal possession, particularly those persons who live with behavioral health challenges. It is an embarrassment that our country provides access to behavioral healthcare primarily through the penal system. More than half of all Americans in prison or jail have a mental illness.

The Second Continental Congress founded the Army in 1775. It was originally formed as a militia to protect the freedom of the first 13 colonies.

Constitution of the United States, Second Amendment: "A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed."

The second amendment was adopted in 1791 as a constitutional check on congressional power. It was intended to be a means to arm the federal militia. The founding fathers wrote this amendment prior to the invention of the bullet in 1847. The context was a time when the armed forces were an assembly of men pulled

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from their fields and armed with muskets to defend the colonies and newly formed union.

Mental health and gun violence are intertwined public health emergencies. Nurses need to be aware and involved. Did you know that in some states it is against the law for a nurse to ask a patient if there are guns in the home when doing a health promotion inventory (i.e., do you wear a seatbelt, do you smoke, do you practice safe sex, are you in a safe relationship)? Please see the American Nurses Association's statement on gun violence below which was first released in 2016 following the Orlando, FL, massacre. And yet, nothing has been done to address the dual mental health and gun violence issues that plague our country. We, rightfully, mourn the loss of one million of our fellow citizens who died from COVID and rallied around finding preventative and treatment options. We proudly hail those 1.3 million military personnel and their families who made the ultimate sacrifice for our freedoms since this country was founded. Why have we forgotten the 1.5 million innocents and their families who have died due to gun violence just in the last 60 years?

I am proud to note that our legislators and governor passed a package of ten bills to tighten New York's gun laws. Among other things, this package of bills will do the following:

- Raise the age to 21 to purchase a semiautomatic
- Require information sharing between state, local and federal agencies when guns are used in crimes;
- Require microstamping for new guns;
- Prohibit the purchase of body armor for anyone not engaged in an eligible profession; and
- Make threatening mass harm a crime.

This is a step toward addressing this public health emergency. Without funding and services for behavioral health care we are only addressing the tip of the iceberg. Regardless of where you stand on gun control, we must coalesce around this public health emergency, use our collective voices and act.

https://www.statista.com/statistics/1009819/total-us-militaryfatalities-in-american-wars-1775-present/

https://www.google.com/search?q=american+deaths+from+co vid&rlz=1C1RXQR_enUS985US987&oq=American+deaths +&aqs=chrome.3.69i57j0i512j0i67j0i512l4j0i67j0i512l2.8 240j0j7&sourceid=chrome&ie=UTF-8

https://www.nytimes.com/2022/05/24/us/shootings-fbi-data.

https://www.pewresearch.org/fact-tank/2022/02/03/what-thedata-says-about-gun-deaths-in-the-u-s/

https://www.mhanational.org/issues/access-mental-healthcare-and-incarceration

https://www.military.com/join-armed-forces/us-armyoverview.html

https://constitution.congress.gov/browse/amendment-2/

https://www.prnewswire.com/news-releases/americannurses-association-urges-nurses-to-help-stop-gunviolence-300290287.html

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LEGISLATIVE UPDATE



By Amy Kellogg and Caiti Anderson

Thursday, June 2 was the last scheduled day of New York's 2022 legislative session. Both houses ran into Friday, June 3 before officially concluding all their business. The Senate finished at 2:30 a.m. on Friday, June 3, while the Assembly adjourned around



10:00 a.m. on Saturday, June 4 after working for almost 23 hours straight.

Although the end of session was conducted largely in person, the atmosphere of the Capitol was noticeably changed from the pre-COVID years. The halls were quiet, but the pace of legislation passing through the chambers was breakneck. In the final weeks of session, both houses passed hundreds of bills on a wide variety of subjects, including the Adult Survivors Act to allow adult victims of sexual assault to sue their abusers and banning the sale of cosmetics tested on animals.

There were also several major issues the Legislature ended up addressing during the final week of session because of recent developments. Following the horrific mass shootings in Buffalo and Uvalde, a package of ten bills passed the Legislature to tighten New York's gun laws. Among other things, this package of bills will do the following:

- Raise the age to 21 to purchase a semiautomatic rifle;
- Require information sharing between state, local and federal agencies when guns are used in crimes;
- · Require microstamping for new guns;
- Prohibit the purchase of body armor for anyone not engaged in an eligible profession; and
- Make threatening mass harm a crime.

Another major issue the Legislature tackled was expanding abortion and other reproductive health rights in New York given the leaked Supreme Court opinion overturning *Roe v. Wade.* Lawmakers passed a series of legislation protecting those who travel to New York for abortions and the New York health practitioners providing reproductive care. One such bill that passed will block New York courts from issuing subpoenas in connection with out-of-state criminal abortion prosecutions. The Legislature also passed a bill prohibiting the extradition of abortion providers to other states.

As on the national level, voting rights were also a big issue in New York this legislative session. The Legislature passed additional election reform measures, including the Rep. John Lewis Voting Rights Act. This bill will establish rights of action for denying or abridging the right of any member of a protected class to vote. The bill also provides language assistance to those that need it. Further, the bill requires preclearance of certain voting policies for select jurisdictions with a history of racial discrimination.

In addition to these broad legislative issues addressed by the legislature, there were numerous pieces of legislation that we were tracking related specifically to nursing. In fact, the pace at which legislation passed this session was on a level not seen since 1995, which was over 25 years ago. All told, the Assembly and Senate passed 1,007 bills. This compares to 892 bills passed in 2021, which was record breaking at the time. For the Association, we are tracking over 400 active bills that would impact ANA-NY members. We wanted to include a summary of some of the key legislative issues that we are tracking. First, we want to highlight several issues that we supported and were included in the final enacted New York State budget:

- Healthcare Worker Bonuses: The Fiscal Year 2022-2023 State Budget made historic expenditures in New York's healthcare system. As a part of the \$20 billion healthcare budget, \$1.2 billion was directly allocated to frontline healthcare worker bonuses (the maximum being \$3,000) for those making less than \$125,000. To receive the full \$3,000, full-time healthcare workers must remain in their positions for one full year. Pro-rated bonuses will be allocated to part-time healthcare workers.
- Minimum Wage Increase for Homecare Aides: The final budget also saw significant expenditures towards increasing wages for home healthcare

aides. \$7.4 billion was allocated towards a wage increase for home healthcare aides and workers, which will represent a \$3/hour wage increase for those workers. The current hourly minimum wage for home care aides is \$15 in New York City, Long Island and Westchester and \$13.20 in other parts of New York State. Effective on October 1, 2022, the hourly minimum wage for home care aides will increase by \$2. Beginning on October 1, 2023, the hourly minimum wage will increase an additional dollar.

- Senator Patricia McGee Nursing Faculty Scholarship: The final budget allocates \$4 million to the Senator Patricia McGee Nursing Faculty Scholarship. This allocation represents a \$2 million increase in funding for this vital scholarship program, which covers the cost of graduate study in a master's program in the field of nursing education in New York State.
- Nurse Practitioner Modernization Act: The final budget expanded and made the Nurse Practitioner Modernization Act permanent. Effective as of April 8, 2022, nurse practitioners are no longer required to file written protocols with the Department of Health. While written collaborative agreements are still required for less experienced nurse practitioners, those with over 3,600 practice hours no longer need to maintain a collaborative relationship with a physician or healthcare facility. Additionally, the law eliminated the provision that in the event of a dispute regarding patient care, the recommendation of the licensed provision would prevail over the experienced nurse practitioner.

In addition to the issues addressed in the budget, there were also many bills passed during the end of the legislative session that were of significance. These issues included:

- Surgical Smoke S8869/A9974: Passing the surgical smoke bill was one of our top priorities for this session, and we once again worked with a broader coalition of nursing groups. This bill would require hospitals and ambulatory surgical facilities to develop and implement policies that use airborne contaminant evacuation technology to prevent the exposure of surgical smoke. Surgical smoke can contain a host of hazardous compounds, including formaldehyde, bioaerosols, and live virus. This bill will take effect 180 days after it is signed by the Governor.
- **Limiting Mandatory Overtime for Nurses During** an Emergency - S8063-A/A8847-B: Currently, when there is a natural disaster or declared emergency, there is no limitation on mandatory overtime for nurses. This bill would place limits on mandatory overtime. Under the bill, limits on mandatory overtime would be reinstated at either (1) the end of the declared emergency or (2) after 30 consecutive days, whichever is shorter. The Governor, however, may suspend this provision if there is a declaration of emergency in effect. This bill also provides fines for employers who violate this provision, which includes paying 15% of the overtime payment to the nurses impacted by each violation. If signed by the Governor, this bill would take effect immediately.
- Fines for Violating Consecutive Hours of Work for Nurses S1997-A/A286-A: This bill would provide a civil penalty if an employer has nurses work more than their regularly scheduled hours. The civil penalty is not to exceed \$1,000 for the first violation, \$2,000 for the second, and \$3,000 for the third or subsequent violations. Additionally, the employee impacted would receive an additional 15% of the overtime payment from the employer. This bill does not impact a nurse's ability to voluntarily work overtime. This bill will take effect 60 days after it is signed by the Governor.
- Confidentiality of Vaccine Information S6541-A/A7326-A: This bill would establish certain privacy protections for people utilizing immunizations. The bill provides that personal information provided to obtain a vaccine may only be used for vaccine administration and cannot be used for more unless the vaccine recipient consents. Additionally, the bill would require that every business and governmental entity that requires the use of

vaccine passports regularly delete any personal information collected. This has been a bill we supported as part of the coalition on immunizations that we have been working with for a number of years now.

- **Protections for Reproductive Healthcare Providers S9079-B/A9687-B, S9080-B/A9718-B:** With the anticipated overturning of Roe v. Wade, and the increased likelihood that people from states banning abortion will seek care in New York, the Legislature passed a package of bills expanding access to reproductive healthcare, as well as expanding protections for reproductive healthcare providers. S9079-B/A9687-B would prohibit professional misconduct charges against healthcare practitioners for providing legal reproductive health services to patients residing in states where such services are illegal. Additionally, the bill would provide that an applicant seeking licensure in New York who was subject to disciplinary action in another state solely for providing abortions would not be denied licensure. S9080/A9718-B would prohibit medical malpractice insurance companies from taking adverse actions against a healthcare provider who provides legal reproductive healthcare. When signed, both bills will take effect immediately.
- Orders of Protection for Healthcare Providers -S9113-A/A10502: This bill authorizes healthcare providers to file an application for an extreme risk protection order against a person who was examined by the healthcare provider. This bill was passed as a part of the Legislature's gun control package.

One final bill we wanted to note is a bill that ANA-NY has opposed. This bill deals with the topic of community paramedicine. We are happy to report that this bill did not pass in either house this year. The bill would allow EMTs to offer community paramedicine, including home care, without nurse oversight. We believe that as it is currently written, this bill would allow EMTs to act as nurses in providing community paramedicine. We have been engaged with the sponsors of this legislation on drafting amendments to the bill that would provide for nurse oversight of community paramedicine. The legislative committee is continuing to review and work on draft language for this legislation, and we will work to ensure that any community paramedicine proposal embraces a model that incorporates nurses.

Our legislative work this session was bolstered by the support of the members who participated in our 2022 ANA-NY Lobby Day efforts. While we had hoped to finally be able to return in person for a lobby day, the rules were still too uncertain to allow for that, so we once again held a virtual lobby week. Held from May 6 - 12, to align with National Nurses Week, we asked ANA-NY members to contact their legislators and highlight our legislative priorities. Thank you to all who participated in our 2022 Lobby Day!

Now that session has concluded, all will turn to focusing on the upcoming elections. Those running for New York State Assembly and statewide office facing a primary challenge will have their primary elections on Tuesday, June 28. For the New York State Senate and Congress, their primary elections will be held on Tuesday, August 23. The New York State general election will take place on Tuesday, November 8, 2022. While we don't yet know what will happen in the primary and general elections, we do know that there are many members of the Legislature who are retiring or seeking other office. As such, we know that there will be many new members joining the Legislature for the 2023 session, and we know that the chair positions of many key committees will be changing for the next legislative session.

The Legislative Committee is working now to review the 2023 legislative priorities, which will be presented to the full membership at the annual meeting in October. Stay tuned for more information on that. If you have any questions about the legislative process or the priorities of ANA-NY, please contact a member of the Legislative Committee. As always, we welcome your questions, thoughts, ideas or comments on legislation or the bill track.

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MEET THE CANDIDATES



2022 Position Statements

President (1 open position)

Marilyn Dollinger, DNS, FNP, RN – Rochester, NY

ANA-NY Service:

- President 2020-2022
- Legislation Committee Chair 2013-2018
- Founding member

Position Statement:

I am submitting my nomination

for a second two-year term as President, to continue the work I have accomplished with Board and staff support in 2020-2022.

- Started the ANA-NY Political Action Committee (PAC)
- Appointed the first PAC Board
- Implemented initiatives to streamline the focus and efficiency of the Board meetings and committees
- Focused on the "deliverables" for ANA-NY members including a professional nursing coach new benefit for members

There is much more work to be done to more fully engage and serve the membership and I would be honored to serve a second term.

Treasurer (1 open position)

Phyllis Yezzo, DNP, RN Eastchester, NY

ANA-NY Service:

- ANA Membership Assembly Observer 2014
- Nominating Committee 2016
- ANA Membership Assembly Representative and Alternate 2017
- Audit Committee 2016-2017
- Treasurer 2020-2022

Position Statement:

Nursing, as the most trusted profession, has a role in the nation's wellness with a responsibility to protect the public. Nursing needs to be represented by a professional organization that has a voice with the legislature to influence health care policy decisions while protecting nursing practice to ensure the vision of nursing working to the top of their license. ANA-NY has a strong voice

through its growing membership, collegial relationships and outreach across our state. It has been a privilege to serve as your Treasurer. I welcome the opportunity to continue to serve advocating for nurses, patients and our profession.

Director-at-Large (2 open positions)

James Connolly, MSN, RN – Farmingdale, NY

ANA-NY Service:

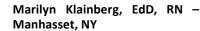
- Director-at-Large 2020-2022
- Finance Committee Member 2019-2020
- Legislation Committee Member 2019-2020
- Membership Assembly Representative 2019-2021
- Program Committee Board Liaison 2020-2022

Position Statement:

Nursing is a profession that is vital to the operation of healthcare. As such, nurses should be considered and heard in healthcare policy decisions.

Nurses are vital to patient outcomes and population outcomes. Due to this, advancing the profession's involvement is vital to the populations we provide service to. Educating nurses on how to be more involved in organizations and policy decisions will allow a higher percentage of nurses to be heard.

Through increased individual, organizational, and governmental involvement nurses can push the profession forward and impact the lives of many.



ANA-NY Service:

I served on the Poster Committee and am presently working with ANA-NY and Basset Hospital as a volunteer peer counselor (Nurses Supporting Nurses).

Position Statement:

I believe strongly in the importance of ANA-NY to the nursing community. As a Director I would work hard to support the goals of the organization and to attempt to increase membership. I believe I have the experience to work effectively with the leadership of the organization.

Sarah Miner, PhD, RN Rochester, NY

ANA-NY Service:

This will be my first time participating with ANA-NY governance, and I am particularly motivated to increase my participation in the work of ANA-NY through board participation and service in order to further the mission of the organization.



Position Statement:

I have been a community health nurse for 20 years, and can bring a needed perspective on the social determinants of health, health disparities, and public and community health into the work and advocacy of ANA-NY. I have experience working in the direct care of vulnerable populations in community settings, research and academic experience, and participated in policy advocacy for nursing at local, state and federal levels. As a long-time resident of New York State, I can incorporate the understanding of both rural and urban perspectives that are needed to support our nursing and patient populations.

Jonathan Mizgala, DNP, FNP-BC – New Hartford, NY

ANA-NY Service:

Associate Editor for JANANY

Position Statement:

Dr. Mizgala earned his BSN from Chamberlain College in St. Lous, Missouri, and DNP from Rush University in Chicago,

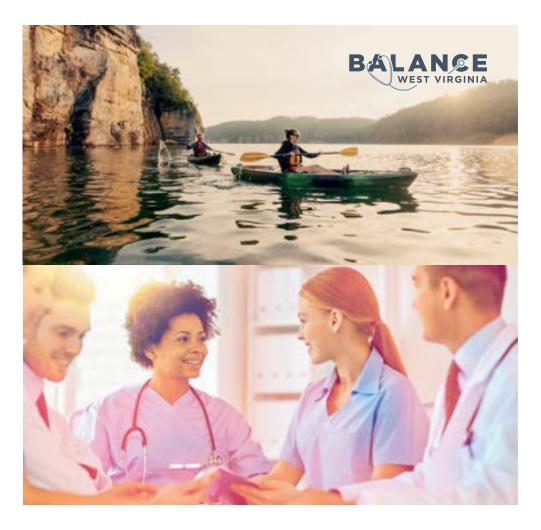
IL. Dr. Mizgala is a member of several professional organizations and continues to serve as a mentor and preceptor to colleagues and nursing students. Dr. Mizgala is a nationally certified family nurse practitioner and maintains an active clinical practice in several areas of medicine. Dr. Mizgala's scholarly work focuses on advancing nurses' professional knowledge as evidence-based clinicians, leaders, and emerging scholars. His areas of expertise include evidence-based practice implementation; curriculum development; student retention; and mentoring.





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MEET THE CANDIDATES

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Helen Pham, BS, RN – New York, NY

ANA-NY Service:

Member, Program Committee

Position Statement:

I would like to continue to make an impact in the nursing profession by partaking as a Director for the ANA-NY. I have a

particular interest in climate and health equity. I believe that my leadership qualities developed early on as a nursing student can be resourceful to the professional organization and to the nursing profession.

Ana Paola White, BSN, RN – Woodside, NY

ANA-NY Service:

President of the New York State Student Nurses Association 2014-2015

Position Statement:

I would proudly like to represent the American Nursing

Association in New York State. My personal history of advocacy on issues of Women's Health, Diversity in Medical Research, the Affordable Care Act and many more give me a successful track record of achieving organizational goals, and promoting the Nursing Profession on national and local forums.

Jacob Wilkins, RN - Buffalo, NY

ANA-NY Service:

I have been a member of ANA and ANA-NY since 2018 and served on the Awards Committee until my term ended in 2021.

Position Statement:

Through dedication, hard work and experience, I have

served at multiple capacities from aide to nurse and Vice President. Because of this, I have a unique and complete view of what it means to be a nurse, manager, leader and supporter of these. In the recent years, I have served the Western NY community supporting those with special needs, those homebound and even the dying through hospice. My background is where clinical and operations marry. I am committed to volunteerism and community. I ask that you consider allowing me to serve the greater nursing community through further work with ANA-NY.

Nominations and Elections Committee Member (3 open positions)

Kunsook Bernstein, PhD, RN, PMHNP-BC, FAAN – Baldwin, NY

ANA-NY Service:

I have been active in nominating a qualified nurse candidate for the ANA-NY award and one of them was successfully selected as awardee.

Position Statement:

I wish to nominate a registered professional nurse who is highly qualified to serve as a board member.

Linda Scharf, DNS, RN – Lockport, NY

ANA-NY Service:

I have been a member of ANA & ANA-NY for over 5 years

Position Statement:

I am presently retired. My experience includes Administrative Nursing positions at the Millard

Filmore health System and Kaleida Health in Buffalo, NY. I was the Clinical VP and CEO at the Visiting Nursing Association of WNY, Surveyor for The Joint Commission, Primary Nurse Planner for Fazzi Associates, Northampton, MA and the Professional Nurses Association of WNY.

My experience has demonstrated to me the importance of advocacy for nursing and nurses. I have witnessed numerous occasions the importance of the ANA-NY as a representative of the nursing community. I welcome the opportunity to contribute to the leadership of ANA-NY.

Daryl Sharp, PhD, RN, FAAN – Rochester, NY

ANA-NY Service:

None to date

Position Statement:

I am interested in ANA-NY and impressed by the work the organization has done to advocate for nurses in NYS. I now have the

opportunity to contribute through service and could draw on my experience recruiting and working with diverse teams of nurses and other health care professional to address the multifaceted needs of populations locally, regionally and nationally. It would be an honor to serve on the Nominations and Elections Committee and if elected, I commit to encouraging a broad diversity of members to actively engage in and shape the work of ANA-NY.



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ANA - New York Nurse Page 10 **July 2022**

Your executive board met in May and June. Here are some of the highlights. On behalf of the membership:

- Accepted the report of the Awards Committee of award winners for 2022. Endorsed the slate which will be announced at the Niagara Falls 10th Anniversary Annual Conference.
- Received updates from Amy Kellogg on current pending and passed legislation as well as the close of the session.
- Received a report from Amy Pedrick, ANA-NY's auditor. She reviewed the financial reports of 2020 & 2021, and her firm's medium level review of the books was completed and a "clean"
- Received report from ED Santelli that ALD (publisher of our ANA-NY Nurse newsletter) contacted her about their plan to abandon print issues and go exclusively digital. ALD is offering incentives to
- Board voted to accept ALD incentive, publish our newsletter in digital format and provide a synopsis for each issue. Blast email will be sent to the membership with this information.
- Board members asked to consider board goals/initiatives for the coming year.
- Program Associate Meher reminded all of the Transgender Care Webinar 6/20/22 and Summer Social in Niagara Falls 6/22/22. Beach Clean up went well with 51 members participating
- Approved Annual Conference dates and locations: November 9-11, 2023 at Turning Stone and 2024 at Sagamore (dates to be finalized by 2022 Conference).
- Approved the application of GNYCBNA to become an organizational affiliate and welcomed this Association.
- Discussion about starting an ANA-NY podcast.

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Sleep and Your Health

Cynthia Meyer, MSN, RN, CHSE, Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT

Reprinted with permission from Tennessee Nurse May 2022 issue

To sleep, perchance to dream. – Shakespeare

One in three adults do not get the uninterrupted sleep that is recommended, and inadequate sleep has a direct effect on the functioning of the immune system. Nurses and other health care workers are part of the 18 to 20% of Americans who work alternating shift schedules. Sleep is essential, not only as restorative but because of its role in the regulation of immune response. There has been some interesting research in the last 20 years that explored the connections between sleep, inflammation, and immune function. With this information at hand, a nurse can improve self-care and appreciate the importance of teaching sleep hygiene as part of holistic patient health care system.

The sleep-wake cycle balances biological health, mental well-being, and helps the immune system adapt as needed. The sleep-wake is based on the 24-hour circadian clock that regulates complex bodily functions, including the cardiovascular system, inflammation, and immune response. Cytokines are messenger proteins that can be pro-inflammatory or anti-inflammatory, triggering a response to infection or injury. People with chronic inflammatory disease, sleep problems, and depression have higher levels of circulating pro-inflammatory cytokines.



Cynthia Meyer

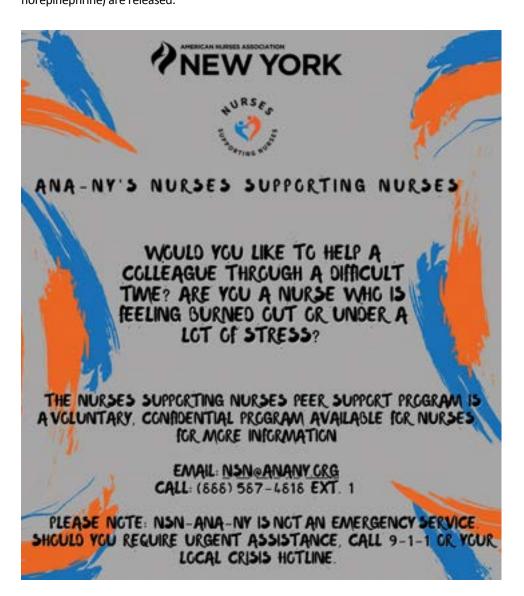


Debra Rose Wilson

While the body is awake, the immune system is protecting the body against foreign pathogens. Anti-inflammatory cytokines (IL-4, IL-10, IL-13, and TGF- β) are active. Natural killer (NK) cells act by stopping the growth of mutating cells such as cancer, and increase production during the wakeful state. These immune cells are very responsive to stress and lower or discontinue production when the sympathetic nervous system spills the stress hormones. The longer you are stressed during wakeful periods, the less opportunity NK cells have to increase in numbers and the greater the chance that rogue cells will continue to mutate. The body can't do maintenance work on immune function when the resources are being transferred to first aid and alarm response systems when stressed. For those who experience a great deal of stress, sleep is even more important. Once asleep, the body is put back into balance as CD4+ T cells and Th1 and Th2 respond, and production is higher. Natural killer cells, melatonin, and stress hormones can replenish themselves.

Sleep Deprivation

Both short-term and long-term sleep deprivation disrupts the 24-hour circadian clock and immunological functions. Sleep deprivation increases inflammation, so those with a pre-existing inflammatory disease (such as RA, depression, or bowel disease) need consistent sleep even more than others. With increased inflammation and decreased melatonin risk for CVD, breast cancer, and other inflammatory diseases rise. Thermoregulation, insulin levels, vaccine response, and cognitive flexibility are impaired with inadequate sleep. Those with sleep apnea are at higher risk for diabetes, hypertension, coronary issues related to the increased inflammation. For those who are significantly stressed, quality sleep is difficult to achieve. The sleep-wake cycle is disrupted when pro-inflammatory cytokines and stress hormones (e.g., cortisol, epinephrine, and norepinephrine) are released.



Shift work

Current estimates are that about 20% or one-fifth of the workforce currently participate in shift work. Of those working in the healthcare sector, 52% report short sleep duration. Studies also showed that those working the night shift reported poorer quality sleep and sleep deprivation. The general recommendation is for individuals to get between seven to nine hours of sleep, but shift workers get less than six hours daily or one to four hours less per week. Those working the night shift may not be able to make up for lost sleep which is needed for relaxation and physical restoration.

Shift work is essential for healthcare. Nurses must work hours that may not be conducive to sleep to provide round-the-clock care for patients. These hours may cause a disruption in sleep. Circadian rhythms are what regulate the sleep-wake cycle, and these cycles rely on light to direct the cycle. Daylight causes us to become more alert and awake, while darkness leads to melatonin production, which prepares the body for sleep. Shift work disrupts the natural sleep-wake cycle, and research has shown that over time the physical and mental health of those who participate in shift work may be impacted by the disruption in sleep.

Shift work has been shown to have a negative impact on the psychological and social health of the individuals working those hours. Shift work sleep disorder (SWSD) occurs when work schedules disrupt the natural circadian rhythms, and the disruptions cause excessive sleepiness, fatigue, or insomnia. Eventually, these symptoms may result in distress or impairment in mental, physical, and social functioning. Furthermore, sleep deprivation can lead to increased stress which in turn can lead to decreased job satisfaction for nurses. Studies showed that health professionals who worked night shifts had higher levels of psychological and mental health problems than their day shift counterparts. This included higher levels of depression, irritability, stress, OCD, and mood disorders. Shift workers also exhibited negative feelings, isolation, and difficulty in relationships.

Sleep allows the body to heal itself, and it helps boost immune function. Nurses who do shift work are not exempt from the negative effects of inadequate sleep. Obesity is more common in shift workers, and there is an increased risk of metabolic syndrome and diabetes. Shift work compromises immune function and places individuals at an increased risk for breast and colorectal cancer. When compared to day shift workers, those doing shift work have an increased risk of cardiovascular disease. Continued alterations in the circadian rhythms have also been linked to gastrointestinal issues such as gastritis, indigestion, appetite disorders, irregular bowel movements, constipation, heartburn, and pain. Since nursing is predominantly a female profession, it is worth noting the correlation between shift work and reproductive issues such as decreased fertility, altered menstrual cycles, and other reproductive issues.

Tips

Shift work can have negative effects on health; however, these crazy hours are necessary for the nursing profession. There are things workers can do to improve sleep and maintain adequate rest. The following tips are included for surviving shift work:

- Maintain a consistent sleep schedule
 - o Keep the same sleep-wake cycle on days off
 - o Sleep directly after a shift or adopt a split-nap schedule
 - o Take a short nap prior to shift on workdays but avoid naps longer than 30 minutes
- Maintain an ideal sleep environment
 - o Cool environment between 68-72 degrees Fahrenheit
 - o Limit noise using white noise or earplugs
 - o Limit light using an eye mask or blackout curtains
 - o Stay away from electronic devices such as a computer screen or cell phone in the two hours prior to sleep.
- Promote sleep
 - o Take a hot shower, go for a walk, or use meditation for relaxation
- o Limit strenuous exercise
- o Limit caffeine, alcohol, nicotine three to four hours before bed
- o Maintain a healthy diet and avoid fatty, spicy foods before bed
- o If you tend to be cold, wear socks to bed
- Things to do at work
 - o Eat healthy
 - o Use caffeine in moderation and avoid 4 to 6 hours before sleep
- o Take short, frequent breaks
- o Keep the work environment well lit
- Schedule wisely with no more than three consecutive 12-hour shifts and have 11 hours off to ensure adequate rest time
- o Nap before driving home if needed
- o Get out into the sunshine on your breaks when possible
- o Give yourself stress management breaks where you rest, meditate, or practice breath work.

Conclusion

Shift work is part of our profession, but changes in sleep rhythms have a negative impact. Lack of sleep in nurses not only increases the chance of error but leads to health issues. This is a global issue for nurses. Assess your own sleep. The National Sleep Foundation (NSF; sleepfoundation.org) has a Sleepiness Test that examines sleep patterns over the past 2 weeks. There is the Epworth Sleepiness Scale that assesses daytime sleepiness and STOP BANG screening questions for sleep apnea. If you aren't sure about your sleeping habits, try a sleep diary. The NSF can guide you through keeping a week of journaling with quality of sleep, caffeine intake, bedroom environment, and sleep hygiene. What are you going to do to improve your quality of sleep?

References Available Upon Request

Cynthia Meyer, MSN, RN, CHSE – Cindy is an Assistant Professor and the Simulation Lab Coordinator at Austin Peay State University, currently working on her PhD at East Tennessee State University.

Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT – Dr. Wilson is a Health Psychologist and a Professor of Nursing at Austin Peay State University and was the 2017-18 American Holistic Nurse of the year. She has been educating nurses in Tennessee for over 20 years, and has a private hypnosis practice in the Nashville area, and teaches hypnosis to nurses and psychologists.

Join an ANA-NY Committee!

Starting this September, we will have several positions open on various ANA-NY committees:

- Audit Committee
- Bylaws Committee
- Finance Committee
- Legislation Committee
- Nominations & Elections Committee
- Awards Committee
- Nursing Education Committee
- Programs Committee

Click Here to Learn More



ANA-NY Works to Reduce Stress for All New York Nurses

ANA-NY is working closely with Dr. Michael Olpin and Dr. Greg Waddoups of the Terra Firma App and Stress Release Course, to make these available to all New York Nurses. The Terra Firma App and Stress Release Course can be used to assist in reduction and management of stress, as presented by Dr. Michael Olpin. According to Dr. Olpin, "Terra Firma is a multidimensional, research-based approach that help you turn off your stress to feel better, be healthier, and to build a strong foundation from which you can thrive." His work is "... guaranteed to relieve your stress and improve your well-being and happiness."

We here at ANA-NY are excited to team up with Dr. Olpin to support our Nurses during these stressful times. Dr. Liz Close of the Utah Nurses Association states "The Terra Firma App (TFA) goal is to decrease the unnecessary emotional and physical impacts of stress on the nurse, patient and organization. Stress can negatively affect nurses' physical and mental health precipitating sleep disorder, depression, anxiety, elevated blood pressure, lack of energy, diminished cognitive ability and challenging interpersonal relationships in and outside the work environment. These effects can translate to poor patient outcomes, mediocre retention rates, and unnecessary increased organizational costs. Nursing students have the additional burden of stress related to the overwhelming nature of nursing education requirements which traditional campus mental health services may not be well prepared to address." With this in mind, we truly hope this offering will help all of the Nurses in New York State.

Some unique features of the **Terra Firma App** and **Stress Release** Course are:

- "TFA is not like other apps that give quick tips or tricks to temporarily "relieve" stress. It is a multidimensional and research-based tool designed to continuously and seamlessly support nurses' stress mastery development.
- It offers education on stress prevention and mastery, focuses on challenges faced in the health care delivery environment, contains a library of meditations for sleep and anxiety, has social community online availability and offers personal access to an expert coach.
- It is tailored for nurses to fully understand the actual causes of stress, how to change thinking

about stress-producing circumstances, strategies for establishing more positive reaction to stress and ultimately achieve the upper trajectory depicted below.

 AND... unlike other apps, it is designed to be interactive, supplying an expert human interface (coach) to support all aspects of the stress management journey. Subscribers may also elect to join all-nurse synchronous and asynchronous discussion groups."

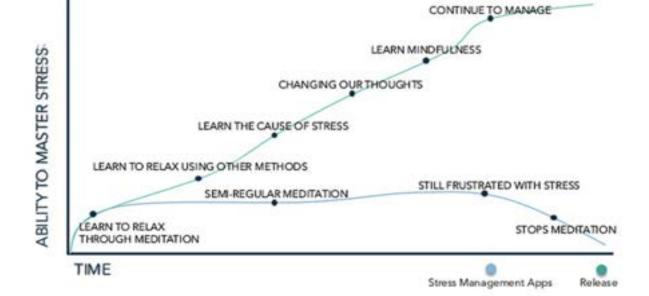
For more information, please visit https://terrafirmaapp.com/

Other ways in which ANA-NY hopes to help our members to combat stress are through our Wellness Wednesday posts on all our social media platforms, as well as our Nurses Supporting Nurses Program. Please follow all our socials to stay up to date.

For more information on becoming a volunteer for Nurses Supporting Nurses, visit our website at https://ananewyork.nursingnetwork.com/page/96231-volunteer-to-be-a-peer-supporter.

For more information on requesting peer support, visit our website at https://ananewyork.nursingnetwork.com/page/96232-requesting-support





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Understanding Pre-Diabetes

Thursday, July 28, 2022

5:00 to 5:45 pm EST

Online Live Webinar

Nurses have received much information on the care and treatment of individuals with diabetes mellitus; however, there has not been a lot of education for nurses on how to prevent or delay the onset of Type 2 diabetes.

This webinar will provide information for nurses to share with their patients who are at risk of developing or have been identified as pre-diabetic in order to help them delay the onset of Type 2 diabetes.

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rebrand.ly/pre-diabetes











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¹ Source: U.S. Bureau of Labor Statistics





TODAY



No Kidding!

What happened to the Queen when she went to OB? She crowned

Connie J. Perkins, Ph.D., RN, CNE

As nurses, we have likely experienced childbirth either personally or professionally. However, it is unlikely each of us have experienced royal childbirth. So I hope you are reading this with your "pinkies up" because this edition of No Kidding! is dedicated to past and present customs of royal reproduction.

The royal traditions start at conception with the monarch of the family being the first to be notified by the expectant couple, which is still honored today in England (Picard & Chilton, 2021). No slack is given on the royal dress code during pregnancy, so despite the wonderful changes experienced as a side effect of pregnancy no cleavage or toes can be shown in public (Chilton & Roberts, 2021). Royal births occur in hospitals these days following strict visitor policies, but they used to be a public spectacle. In the case of Marie Antoinette, she supposedly gave birth in front of 200 people (Hodgman, 2021)! In France, they used to have a carnival outside the window of the Queen's birthing chambers, which would drown out the painful cries of the birthing mother and

allow for a crowd to throw their hats in the air if it was a boy or cross their arms if it was a girl (Meares, 2019). While the public spectacle component didn't make it into the 20th century, up until 1948 a non-medical government official attended all royal births to verify the event and ensure no babies were swapped out (Picard & Chilton, 2021).

Queen Victoria, who gave birth nine times, set the tone for pain control during childbirth by huffing chloroform during delivery (Barry, 2019). Assisted births or instrumental deliveries were taboo until the death of Princess Charlotte of Wales in 1817 who was stillborn after being stuck in her mother's birth canal (Campbell, 2018). Although forceps had been invented in the 1500s, they didn't become common practice until that royal death (Campbell, 2018). The then coveted man-midwives The Chamberlen brothers, kept their tools a secret by blindfolding laboring mothers and carrying their forceps in a large wooden box so big that it had to be carried by both of them (Campbell, 2018). What's more, since it was improper for a male to see a woman's "birthing zone" The Chamberlen brothers covered a woman's bottom half

with blankets and completed their work by touch only (Campbell, 2018). By keeping their tools a secret, they were sure to be called upon by female midwives when delivery troubles arose.

Social media is part of royal delivery announcements today, but in England they still honor the traditions of posting a bulletin outside of Buckingham Palace, having a town crier make a verbal announcement outside the hospital, and setting off a 62-gun salute shortly after a royal baby is delivered (Picard & Chilton, 2021). Royal baby names come by the threes or fours and don't include last names instead listing the name of the house or dynasty to which they belong as a surname (Chilton & Roberts, 2021). For example, Prince William's first born has "His Royal Highness Prince George Alexander Louis of Cambridge" on his birth certificate (Lakritz & Praderio, 2017). If last names are required such as if a royal enters the military the "of" is dropped and the region then serves as a last name (Lakritz & Praderio, 2017).

Barry, E. (2019, May 6). Chloroform in childbirth? Yes, please, the Queen said. *The New York Times*. https://www.nytimes.com/2019/05/06/world/europe/uk-royal-births-labor.html

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Meares, H. (2019, August 5). Why royal women gave birth in front of huge crowds for centuries. *History*. https://www.history.com/news/royal-birth-traditions-marie-antoinette-meghan-markle

Picard, C, & Chilton, C. (2021, June 7). 38 Royal baby traditions you didn't realize existed. *Good Housekeeping*. https://www.goodhousekeeping.com/life/parenting/g5096/royal-family-baby-traditions/?slide=38f



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Click here to learn more and register.



Local Nurses Organization Honors 3 Nurses

The Mohawk Valley Nurses Association, an affiliate of the American Nurses Association (ANA-NY), presented awards to 3 Nurses at their recent Annual Meeting.

Two student Nurses, Sydney Smith from the Belanger School of Nursing at Ellis Hospital in Schenectady, and Jennifer Shepard from the FMCC School of Nursing in Johnstown, each received The Catherine

Eberle/Grace Sease Award that was established years ago by MVNA to honor student Nurses who showed leadership skills, scholastic excellence and a desire to be involved in their community while attending Nursing school. They both will be graduating this month and taking their State Nursing Board Exams to become Registered Nurses.

Wilhelmina (Willie) Lanfear, RN, of Fultonville NY, was awarded the Ellen Burns Excellence in Nursing Award. This Award is presented yearly by MVNA to a Registered Nurse who, in her professional career, has exemplified excellence in her Clinical Practice, a desire to continue her education to improve her patient outcomes, and worked to improve her chosen Profession of Nursing.

The Mohawk Valley Nurses Association is dedicated to providing educational opportunities to Nurses in the Montgomery, Fulton and Schenectady County area, as well as opportunities for community service for Nurses. Six new members were elected to the Board of Directors of the Association at this Annual Meeting. The entire Board of Directors will be meeting June 7th to set the Program Schedule for the 2022-2023 year starting this September.

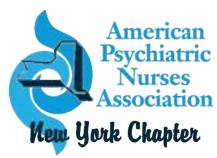
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ORGANIZATIONAL AFFILIATES



ANA-NY is proud and honored to be associated with our Organizational Affiliates

American Psychiatric Nurses Association
- New York Chapter



Central New York Nurses Association, Inc. (CNYNA) -



Chi Gamma Chapter Sigma



Genesee Valley Nurses Association (GVNA) -





Mohawk Valley Nurses Association (MVNA)



New York State Association of Nurse Anesthetists



New York State Association of Occupational Health Nurses



Nigerian Nurses Association of USA Inc



Northeast New York Professional Nurses Organization, Inc. (NNYPNO)



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



Professional Nurses Association of Dutchess/Putnam Counties https://pnadp.nursingnetwork.com/



Professional Nurses Association of Rockland County (PNARC)



Professional Nurses Association of Suffolk County (PNASC)



Professional Nurses Association of South Central New York



Professional Nurses Association of Western New York, Inc. (PNAWNY)



Are You A Member of a Nursing Group that Should Become an organizational Affiliate?

Here are some benefits: 1. A discount on exhibiting at ANA-New York annual meeting; 2. Attendance at ANA-New York's annual meeting at a member registration rate for the organizational affiliate's representative; 3. Right of organization affiliate's RN liaison to attend and speak at ANA-NYs governing assembly, without vote; 4. A link with your logo on ANA-NY's Website with recognition of Organizational Affiliate Status; 5. Access to professional development opportunities for affiliates members and staff; 6. Access to experts in a variety of nursing specialties; 7. Opportunities to network with ANA-NY members across New York state; 8. Access to speakers from the membership on a variety of nursing topics; 9. Preferred sponsorship opportunities at special events and other programs; 10. A complimentary subscription to ANA-NY's quarterly Newsletter for your members.

Register online: https://form.jotform.com/73165345530150

Queries: contact programassociate@anany.org for more information.

ORGANIZATIONAL AFFILIATE SPOTLIGHT



Greater New York City Black Nurses Association



Dr. Selena Gilles, DNP, ANP-BC, CNEcl, CCRN, FNYAM

The genesis of the Greater New York City - Black Nurses Association, Inc (GNYCBNA) was forged out of the need for a new chapter in New York City that was progressive and innovative. Founded in 2017, the chapter grew quickly and received its official national charter on August 2, 2018 during the 46th NBNA (National Black Nurses Association) Institute and Conference held in St. Louis, MO. The chapter logo was chosen to be representative of the entire city of New York. It features a landscape of New York City that has replaced the iconic statue of liberty with the continent of Africa to represent and honor our ancestral ties to the African diaspora. The membership chose the following as its official chapter moto, "FOR THE GREATER GOOD" to highlight the fact that we strive through our various activities to have a positive impact on the communities where we live, work, and play. Our work aligns with the NBNA mission, which is "to provide a forum for collective action by African American nurses to represent and provide a forum for black nurses to advocate for and implement strategies to ensure access to the highest quality of healthcare for persons of color." The GNYCBNA vision is to U.N.I.T.E. NYC: uplifting neighborhoods through innovation, teaching and engagement. Currently we have over 180 members, inclusive of nursing students, registered nurses, nurse practitioners, nurse educators, and nurse

GNYCBNA is heavily involved in community service with a focus on health education, improving health, and building and strengthening the community. This is through stand alone efforts or collaboration with local community and professional organizations. Due to our dedication to community service, we received the NBNA Programming Award in 2021. Each year, GNYCBNA hosts and/or participates in at least 20 events. This includes community health fairs where we conduct health screening and education; career days at local public schools where we educate students in underserved communities about careers in the health professions; various walks and/or parades like the African American Day Parade, Breast Cancer Walk, and NAMI Mental Health walk; career and professional development workshops in collaboration with healthcare organizations like Northwell Health; and social events, just to name a few. Each year we raise money for our annual back to school event, Thanksgiving food drive, and Christmas toy drive. To date, we have raised more than \$15,000. One of the causes that is near and dear to our hearts is the maternal mortality crisis in communities of color. Because of this, we established a Maternal Health Committee in an effort to bring awareness that Black women and families face during pregnancy. Each year, for the last three years, we have hosted a Maternal Health Conference. The purpose of the Black Maternal Health Conference is to bring awareness to the disparities Black women and families face during pregnancy. We also have a Men's Health Committee. Each year, we host at least two "Barbershop Talks." With this event, we are able to meet black men where they are and discuss important healthcare topics.

In response to the opioid epidemic that has a huge impact on communities of color, in 2018, we registered as a New York State Opioid Overdose Prevention Program. This allows us to train individuals in our community on how to administer Naloxone (Narcan), a safe and effective antidote for all opioid-related overdoses, to individuals who may have experienced an opioid/heroin overdose and prevent it from becoming fatal. Since establishing our program in September of 2018, we have developed strategies to increase awareness among the black community regarding the opioid overdose epidemic and initiatives to decrease opioid overdose deaths. Collectively these initiatives have resulted in more than 750 people trained and more than 750 narcan kits administered to community members, healthcare providers, and other professionals.

During the covid pandemic, we co-created and implemented a NP-ran COVID 19 vaccination initiative in Brooklyn and Queens, NY with members from the community (Stop the Spread, multiple Black churches, Community Health Network federally qualified health centers, NYU Rory Meyers College of Nursing, and LIU Brooklyn School of Nursing). The 4 established FEMA covid vaccination sites in underserved communities of color ran four days a week and coordinated over 80 pop up vaccine clinics throughout NYC. Nursing students from NYU Meyers and Long Island University had the opportunity to volunteer, rotating through our vaccine site over a period of

five months, working with a nursing team of APRN's, registered nurses, and licensed practical nurses, administering vaccinations and providing health education in underserved communities of color. The clinics addressed vaccine hesitancy while assisting in creating vaccine equity within underserved communities, administering >28,000 vaccines (amongst 4 sites and 80 pop up clinics) in areas with high rates of COVID, 70% of them being administered to Black and Hispanic populations.

We take provide in being advocates for our profession and our community. Each year, we participate in NBNA's Day on the Hill, where our chapter members and students from our respective institutions are able to speak with their representatives about issues that are important to their community. The community always supports our local advocacy. At our 2020 Healthcare March for Social Injustice, over 750 healthcare providers joined us, marching from Washington Square to Barclay Center, in order to rally for healthcare inequities and the public health crisis that is racism. In addition, our chapter has been designated as the leader in promoting the NIH All of Us Research Initiative, which has allowed us to host many educational events as well as educate the community about this important initiative.



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Mount Sinai South Nassau, an exceptional award-winning Magnet® Hospital focused on quality & excellence, is expanding health care services at our main campus in Oceanside and in Long Beach, the home of Long Island's first and only free-standing emergency department. In Wantagh, Mount Sinai South Nassau will bring first-class specialty care directly to your neighborhood in a modern and convenient setting that will include the latest in infection control measures in the COVID-19 era to ensure patient, staff and community safety.

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WE FIND A WAY



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Professional Development Webinars are available on ANA-NY's YouTube channel! Click Here to Watch

Speakers Bureau

Did you know that ANA-NY has a Speakers Bureau? Currently available topics include:

- Archiving
- Bedside Care
- Challenging
- ConversationsChange
- Civic Engagement
- Clinical Nurse Leader
- Compassion Fatigue
- Continence CareDisaster Education
- Diversity in Nursing
- EducationDrugs of Abuse
- Employee
 Engagement
- Future of Nursing
- Geriatrics
- Health DisparitiesHealth Promotions
- Homeland Security
- Informatics
- Labor & Delivery

- Leadership
- Learning
- Methodologies
- Long Term Care
 Magnet Lawrence
- Magnet Journey
- Neonatal Abstinence Syndrome
- Neonatal Palliative Care
- NICU
- Non-profit Governance
- Nurse
 Entrope
- Entrepreneurship
- Nurses on BoardsNursing Education
- Nursing Education
 Nursing History
- Nursing LeadershipNursing Workforce
- DataNutrition
- Oral History

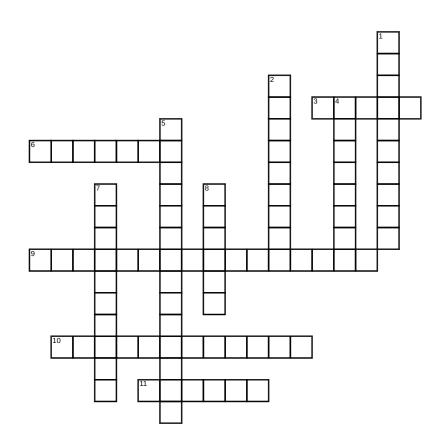
- Organ Donation
- Ostomy Care
- Palliative Care
- Patient Safety
- Policy & Advocacy
- Population Health
- Public Health
- Quality Improvement
- Rapid Response Teams
- Regulations
- Research
- Self-careSimulation
- Skin Cancer
- Social Determinants
- of Health
- Team BuildingTelehealth
- Toxicology
- Work Environment
- Wound Care

See something you like? Need a speaker for your upcoming event, reach out to executivedirector@anany.org with your request and we will do our best to make a match!

If you would like to be included, send your information, including content area(s) of expertise, to $\underline{\text{executivedirector@anany.org}}$

The Speakers Bureau is an internal listing. It is not a public database. Should an inquiry for speakers come in related to your region and topic, ANA-NY staff would reach out to you to determine your interest and availability. Should you be interested in that specific speaking opportunity, we would then connect you with the host group.

Crossword Puzzle



Across

- **3** This is the surname of one of your Board's Directors at Large.
- 6 Currently Stony Brook University School of Nursing's Dean, this is the name of one of your members on the move!
- 9 ANA-New York encourages members and community members to contribute to this fund which is dedicated to supporting the survivors of the 5/14 shooting. Stand against
- 10 This leader in nursing world will be the keynote speaker at ANA-New York's annual conference. He is also the American Nurses Association's president!
- 11 This New York State official proclaimed May 2022 as Nurses Month!

Down

- 1 This program from the Alzheimer's Association provides free education about dementia care!
- 2 This is the last name of the chair of the Legislation Committee, this quarter's spot lit committee.
- **4** Health strong, brain strong! This is one of the best ways to promote brain health.
- 5 The Nurses Service Organization's educational article in this quarter's newsletter is about this obstacle. Nurses and nurse practitioners can counteract health
- **7** Don't forget to register! This annual ANA-NY event will take place from October 27-29, 2022 in Niagara Falls, NY.
- 8 This surname belongs to a (highly caffeinated) new member of the ANA-New York team!



Denise Driscoll, MSN, RN-BC, CARN, PMHCNS-BC, NPP

Recipient of the ANA Nursing Champions Award

The Advocacy Award recognizes an individual registered nurse who embraces the role of advocate as part of his/her professional identity.



Annette B. Wysocki, PhD, RN, FAAN, currently Dean at Stony Brook University School of Nursing, has been appointed **Dean of the University at Buffalo School of Nursing.**



Nurse Sandra Lindsay Receives Presidential Medal of Freedom

Sandra Lindsay, DHSc, MS, MBA, RN, CCRN-K, NE-BC, the first American to receive an approved COVID-19 vaccine, was awarded the Presidential Medal of Freedom on July 7.

President Joseph R. Biden presented the award to Lindsay during a special ceremony held at the White House. Lindsay is the first Jamaican-born Jamaican-American to receive the medal.

An ANA-NY member, Lindsay is director of patient care services at Northwell Health in New York. <u>Learn more about Lindsay</u>.



Support the Buffalo Community Following the Tops Supermarket Tragedy

May 14, 2022 was an unforgettable and sorrowful day not only for the State of New York and for the Buffalo, NY community, but for our nation. Three people were injured and 10 people lost their lives in a hateful attack motivated by anti-Black racism and white supremacy. In addition to the lives altered and lost, Tops Friendly Market on Jefferson Avenue, the only supermarket in the affected area of Buffalo, became a crime scene, leaving much of the community struggling to obtain food and other necessities.

As an association which is eager to support the Buffalo community through this time, we would like to encourage all members of the American Nurses Association-New York to give what they can to the Buffalo Together Community Response Fund. As health professionals and educators, we must dedicate ourselves to the mission of striving toward a safer world free from hatred. It is our duty to support those who survived this attack and the families of those who did not. Donations can be made at buffalotogether.org.

YOUR VOTE COUNTS

As another election cycle for ANA-NY's Board of Directors soon begins, keep an eye out for information on the candidates and a call to cast your vote!



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The NYS Alzheimer's Association Coalition has a limited number of **FREE** enrollment codes for the essentiALZ training on a first come, first served basis. To redeem your **FREE** enrollment code or for more information, please contact Erica Salamida at esalamida@alz.org or call 518-675-7197.

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alzheimer's Ω association



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FROM THE DESK OF THE HISTORIAN



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

"Vacation Days" *

As I write this column, summer has unofficially started with the Memorial Day weekend and officially starts June 21, 2022. Summer means a lot of things to many people, but the chance for self-care through rest, relaxation, and vacations come to mind. As we still deal with the effects of COVID on our daily lives, dreaming about getting away from it all becomes more of a reality. For some, distant travel to family and friends or exotic locations are postponed dreams now realized. For other, a vacation close to home is more desirable. So join me on vacation! Let's travel back to the 1920s-1950s, to a place by the water at the terminus of the railroad line in Babylon, New York. Our vacation to Nurses House is finally here!



Just look at this house as you approach it. Isn't it beautiful. Is this your first time here? Then you need a little history to understand how important this house is; and it's all because of one woman, Emily Bourne.

Emily Bourne was very grateful to nurses for all they did to care for people in their homes or in difficult circumstances. Upon her death in 1924, the nursing community became aware of her large bequest in the amount of \$300,000 to provide a place where registered nurses could come as "guests" to recuperate from illness, exhaustion, or to recharge themselves before taking on another long or grueling private duty case. In 2022 dollars, her bequest would total \$5,128,000.00!

You have to remember that in the 1920s, there was no social safety net: no pensions, no minimum wage, no health insurance to speak of. This was the perfect house. The perfect location. Up to 60 women nurses could stay here at one time as guests ... worry free.



As we get closer, we can see many nurses out on the front lawn, reading, talking, many playing some cards or games, maybe taking a picnic lunch, or just enjoying the sun relaxing on a chaise lounge. Look over to the right of the house – there's a fountain and some nurses are exercising their green thumbs working in the gardens while another is playing with a dog. It may well be her dog. We'll have to find out.



Let's check out your room. It is lovely with the big windows to let in the breezes and the beautiful sunshine. Look at these beds! They are so comfy. It seems that your roommate as already arrived and is enjoying a good book on the daybed. Can't wait to meet her and have us share all our stories. Maybe she's seen some interesting cases. But, oh yes, we're supposed to be leaving work behind us. You'll find taking meals in common in the big dining room a good time with lots of good food, conversation and laughter.

What's that? You want to go to the beach? Okay, let's get changed and feel the sand beneath our feet and put our toes in the water. I can tell you, I don't swim, but love being around the ocean and putting my feet in the water. They've thought of everything — even roping off a safe area for us to swim and wade. Those skiffs are beautiful.

I wonder if we will get an opportunity to go sailing while we're here. After a few hours here on the beach, let's get washed and changed and go bike riding before dinner. I saw some of the girls riding when I looked out my window earlier. What do you say? Up for a ride later?





As with all vacations, they must come to an end and with changing times, the guests who visited this beautiful house and location diminished.

The "house" that Emily Bourne envisioned sapped funding for its physical upkeep thereby diminishing how many nurses could be helped. Eventually the all-volunteer governing board made the hard decision in 1959 to sell the property and become a philanthropic organization without walls ... a national organization that would keep the mission and intent of Mrs. Bourne's original bequest intact ... to help registered nurses in need through financial grants. To learn more about Nurses House, visit nurseshouse.org.

If you have a historical topic you'd like to see addressed in this column, please contact me at hutchg@sage.edu. I hope you enjoyed your vacation. Until the next edition, have a great summer. See you in Niagara Falls!

*All photos from the Nurses House Archive (MC14) at the Bellevue Alumnae CNH Archive

ANA Responds to Uvalde Texas Elementary School Shooting and Recent Gun Violence

There are simply no words.

Tuesday, May 24, 2022, in Uvalde, Texas, at least 19 children and two teachers lost their lives when a gunman entered an elementary school and opened fire. Two weeks ago, grandparents and family members were gunned down while grocery shopping in Buffalo, NY. These are only two of the latest instances of innocent lives lost to senseless gun violence in such a short span of time.

"Our hearts ache tremendously for the loved ones and the communities left behind in the wake of these heinous acts of violence," said American Nurses Association President Ernest J. Grant, PhD, RN, FAAN. "The loss of young lives and the trauma of those who witnessed the carnage and survived will remain with them forever. Their lives will never be the same. There simply are no words. Burying a child is the most unnatural and horrific act that no parent should ever have to experience in their lifetime."

Nurses witness the immediate carnage and devastation from mass shootings and gun violence.

"It's unimaginable and you never recover from it," said Grant. "We extend our hearts and full support to all of the first responders, nurses and health care professionals providing care to victims and loved ones at the hospitals and health systems in affected communities across the country."

For decades, the American Nurses Association (ANA) has advocated commonsense policies that will enhance the background check system to prevent potentially dangerous individuals from obtaining firearms and to improve access to mental health services. In addition to supporting the Bipartisan Background Checks Act of 2019

and 2021 (H.R. 8), ANA has <u>declared gun violence a public health issue</u> and called for research that can help attempt to address the underlying issues that may lead to gun violence.

While this is all a step in the right direction, we realize the grim reality that legislation alone will not prevent another tragedy. ANA stands in solidarity with the individuals, families and communities impacted by gun violence and calls for meaningful action now to address this tragic, ever-growing epidemic of gun violence.

A HESSAGE FROM ANA-NY

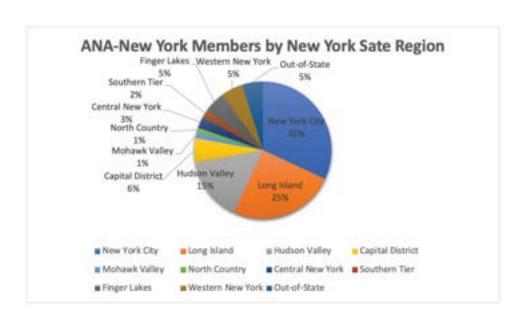
The news from yesterday is yet another sad event in our country involving gun violence and we grieve with the families of the children and adults that were murdered in Texas as well as earlier this month in our own Buffalo community.

The issue of gun violence is complex and deeply rooted in our culture, which is why we must take a public health approach to ensuring our families and communities are safe. We must not grow accustomed to these acts of violence, fraction should have never been and is no longer an option. Our hearts are with the families that lost a loved one and to the nurses, health care professionals, and other first responders who care for the victims of these senseless acts.



ANA-NY Membership Demographics

Out of State 403
Western NY (hunter green) 420
Finger Lakes (pale blue) 410
Southern Tier (lavender) 152
Central New York (bright pink) 227
North Country (brown) 90
Mohawk Valley (pale green) 111
Capital District (red) 469
Hudson Valley (orange) 1,247
New York City (yellow) 2,611
Long Island (darker blue) 2,036
Total 8176





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ANA-NY Committees

Standing Committees of the Board

Members of the Audit Committee typically meet twice a year prior to the May 15 filing deadline for the 990. The first meeting is to approve the CPA who will be contracted to perform the annual financial review and complete and file the 990 with the IRS. The Executive Director and the bookkeeper provide all of the documents for the financial review and 990. The committee will meet the second time with the CPA and review the findings of the financial review and the 990 before these documents are sent on to the Board of Directors for final approval. Periodically the committee will review relevant policies such as the Whistleblower and Conflict of Interest Policies to assure that they are current and relevant for ANA-NY. Volunteer to be on this committee if you want to serve ANA-NY, but don't have a lot of time for meetings.

Members of the **Bylaws Committee** typically meet once or twice a year between March and September. The office team sends out a call for Bylaws Amendments early in the year. Once amendments are received, the committee reviews the submissions for merit, applicability, and substance. The committee has been given approval to make any editorial changes to the Bylaws. Substantive changes are submitted to the Board of Directors for review and then to the Governing Assembly for vote. Volunteer for this committee if you are interested in how associations function and don't have a lot of time for meetings.

The **Finance Committee** meets several times a year to review the Profit and Loss Statements. Their most

important role is to review and endorse the annual budget. The Executive Director compiles the annual budget based on the past several years' budgets and requests for future spending submitted by the committees and the office team. The Treasurer reviews the proposed budget and then brings it to the committee for review and discussion. The Board of Directors has final approval of the budget. The fiscal year of ANA-NY is the calendar year. Periodically the committee will review relevant policies such as the Reimbursement Policy to assure that they are current and relevant for ANA-NY. Volunteer for this committee if you have a head for numbers and/or want to see where your membership dollars are going.

The **Legislation Committee** meets monthly throughout the year. They advise the Lobbyist on bills at the state level based on the Legislative Priorities adopted annually by the membership at the Governing Assembly. The busiest time for the committee is while our state legislature is in session, January through June. Volunteer for this committee if you are a policy/advocacy junkie or want to become one.

To become a member of the **Nominations and Elections Committee** you will need to nominate yourself to be on the ballot. These elected members typically meet two or three times a year during the Spring and Summer to put together the ballot and to review the elections results. Periodically the committee will review relevant policies and procedures to assure that they are current and relevant for ANA-NY. Nominate yourself to be

on the ballot for this committee if you want to encourage broader representation on the Board of Directors.

Other Board Committees

The **Awards Committee** typically meets once or twice a year in the Spring. The office team sends out the call for award nominees for that year's categories. The committee electronically scores the submissions and then meets to finalize the awardees. Volunteer for this committee if you want a chance to be wowed by the accomplishments of our members.

Members of the **Nursing Education Committee** are nurse educators who meet monthly to discuss current trends and issues in nursing education. Periodically the Executive Secretary of the NYSED Board for Nursing, Suzanne Sullivan, joins the committee calls to hear directly from our members. A sub-committee of this committee and the Program Committee review and select content for our Annual Conference. Committee members are also encouraged to submit their own, colleagues', or students' work for the CE articles in our quarterly newsletter. Join this committee if you are a nurse educator either in higher education or in clinical settings.

The **Program Committee** meets monthly and brainstorms both educational and social events for our members and non-members. A sub-committee of this committee and the Nursing Education Committee review and select content for our Annual Conference. Join this committee if you are a doer who wants to add value to your membership.

Five Ways to Promote Brain Health for Yourself and Those You Care For

Erica K. Salamida

Did you know that we celebrated Alzheimer's and Brain Awareness month in June? The Alzheimer's Association is encouraging all Americans to adopt healthy lifestyle behaviors that can help reduce the risk of cognitive decline. As nurses, you are in a position to talk about brain health and empower your patients to make health-positive choices and actions.

There are currently more than six million Americans age 65 and older living with Alzheimer's, including 410,000 New Yorkers.

Age is the greatest risk factor for Alzheimer's disease. In fact, one in three seniors age 85 and older will have Alzheimer's disease. While some brain changes are inevitable as we age, there is a growing body of research to suggest that adopting healthy lifestyle behaviors, including healthy eating, exercising regularly, not smoking and staying cognitively engaged may help us age healthier and help reduce the risk of cognitive decline.

"Understanding the role healthy behaviors may play in reducing cognitive decline is a robust area of research currently," said Beth Smith-Boivin, executive director for the Alzheimer's Association, Northeastern New York Chapter. "Researchers are working to determine what may be the optimal lifestyle 'recipe' to reduce cognitive decline, but there are steps we can take now to age well and help reduce the risk of cognitive decline."

The Alzheimer's Association offers these five tips to promote better brain health and help reduce the risk of cognitive decline:

Exercise regularly — Regular cardiovascular exercise helps increase blood flow to the body and brain, and there is strong evidence that regular physical activity is linked to better memory and thinking.

Maintain a heart-healthy diet — Stick to a meal schedule full of fruits and vegetables to ensure a well-balanced diet. Some evidence suggests a healthful diet is linked to cognitive performance. The Mediterranean and DASH diets, which emphasize whole grains, green leafy vegetables, fish and berries, are linked to better cognitive functioning, and help reduce risk of heart disease as well.

Get proper sleep — Maintaining a regular, uninterrupted sleep pattern benefits physical and psychological health, and helps clear waste from the brain. Adults should get at least seven hours of sleep each night and try to keep a routine bedtime.

Stay socially and mentally active — Meaningful social engagement may support cognitive health, so stay connected with friends and family. Engage your mind by doing activities that stump you, like completing a jigsaw puzzle or playing strategy games. Or challenge yourself further by learning a new language or musical instrument.

Keep your heart healthy — Recent study shows strong evidence that a healthier heart is connected to a healthier brain. The study shows that aggressively treating high blood pressure in older adults can help reduce the development of mild cognitive impairment (MCI).

"Incorporating these behaviors become especially important as we age," said Smith-Boivin. "But they are good guidelines to follow at any age. Research suggests that incorporating these behaviors in combination will have the greatest benefit, but even if you begin with one or two you're moving in the right direction."

To learn more about ways to reduce your risk of cognitive decline by making lifestyle changes, go to <u>alz.org</u>.

Marisa Korytko is the Public Relations Director for the Alzheimer's Association Northeastern New York chapter. She can be reached at mekorytko@alz.org.

Nurses Are Reimagining Health Care

After more than two years of dealing with a devastating pandemic, the news is full of headlines showing exhausted, frustrated nurses who are ready for change. What the headlines miss is that nurses are eager to lead that change.

When the American Nurses Foundation's Reimagining Nursing (RN) Initiative put out the call for bold ideas that could transform nursing, it received more than 300 ideas from nurses on ways to revolutionize health care.

"From the hundreds of proposals received from nurse teams around the country, we selected the boldest ideas that address key nursing challenges," says Foundation Executive Director Kate Judge. "These out-of-the-box solutions are what we need to transform health care and improve the lives of nurses and people in their care."

One pilot uses immersive virtual reality to improve clinical education. Another creates direct reimbursement models for nurses to improve health equity in rural areas. Explore all the selected pilot projects on the RN Initiative website.

Many RN Initiative pilots are based on unique and important partnerships. The American Nurses Foundation received grant proposals from collaborating nursing schools with ideas for how to better prepare graduates for their first job. Hospital systems partnered with private companies to integrate cutting-edge technologies to support nurse efforts.

"The partnerships behind these pilots are often as exciting as the projects themselves," said Michelle Greanias, RN Initiative director. "The goal of this initiative is to see what works, not just at one nursing school or in one hospital system, but in multiple settings across the country. Multiple partners collaborating on a single project gives us a much better chance to apply the solutions in different contexts."

The RN Initiative is focused on three priority areas for innovation that present unique opportunities for large-scale replicable change. Practice-Ready Nurse Graduates, Technology-Enabled Nursing Practice, and Direct-Reimbursement Nursing Models. The pilot programs that will be taking place in New York are part of the Technology-Enabled Nursing Practice and Direct-Reimbursement Nursing Practice priority areas.

CONCERN Implementation Toolkit

CONCERN (COmmunicating Narrative Concerns Entered by RNs) is a predictive tool that extracts nurses' expert and knowledge-driven behaviors within patient health records and transforms them into observable data that support early prediction of organ failure or other critical conditions in hospitalized patients. CONCERN has been positively accepted by clinicians and a clinical trial is currently underway. To scale this success, Columbia University Irving Medical Center in New York will partner with three hospital systems—Mass General Brigham in Massachusetts, Vanderbilt University Medical Center in Tennessee, and Washington University School of Medicine/Barnes-Jewish Hospital in St. Louis, Missouri—to test the effectiveness of their implementation toolkit, developed to support large-scale adoption of the tool.

Reducing Barriers to NP Value-Based Care.

This pilot led by Boston College intends to reduce barriers to ensure nurse practitioner-owned practices can participate and thrive as US health care shifts to value-based payment structures. The pilot will develop an NP Practice Risk Readiness Development Model that offers NP practices an opportunity to overcome challenges to risk readiness ultimately facilitating more value-based payment contracts. The project will train other NP practice networks to replicate the model and bring individual NP practices together to build collective power for payer negotiation.

By 2025, each pilot will deliver evidence that demonstrates how their solution improves nursing. They will also provide resources and tools that enable their solution to be widely adopted within the profession. The Foundation's goal is to support the successful pilots and scale them more broadly, transforming the initial pilots into a reimagined health care system that puts nurses at the center.

For more information on the Reimagining Nursing Initiative, visit the <u>website</u> or contact Foundation staff at <u>rni@ana.org</u>.

COMMITTEE SPOTLIGHT - LEGISLATIVE

The **Legislation Committee** meets monthly throughout the year. They advise the Lobbyist on bills at the state level based on the Legislative Priorities adopted annually by the membership at the Governing Assembly. The busiest time for the committee is while our state legislature is in session, January through June. Volunteer for this committee if you are a policy/advocacy junkie or want to become one.

Catherine S. Finlayson

Catherine S. Finlayson, PhD, RN, OCN has recently joined the faculty of Pace University's Lienhard School of Nursing as a tenure-track Associate Professor. She earned her PhD from New York University's Rory Meyers College of Nursing in 2018. Dr. Finlayson received the Doctoral Degree Scholarship in Cancer



Nursing from the American Cancer Society to support her dissertation research, which subsequently won the outstanding dissertation award that year. She was the recipient of the 2018 Oncology Nursing Society Trish Greene Memorial Lectureship. She has been a clinical nurse at Memorial Sloan Kettering Cancer Center for the past 15 years and has taught as an Adjunct Professor at Pace for the last two years. She is also the past President and current Director-At-Large for ONS NYC and is the Bylaws Committee Chair for ANA-NY. Dr. Finlayson holds a Bachelor of Arts in Political Science from New York University. A Master of Science in Urban Policy Analysis and Management from the New School for Social Research and a BSN from SUNY Downstate Medical Center.

Kaleena Soorma

Currently I am the director of nursing for an emergency department in lower Manhattan. I have approximately 3 years of leadership experience and 4 at the bedside-all in emergency medicine/nursing. I am passionate about self-care and public health. I am the proud mama of 2 young boys as well, hobbies include

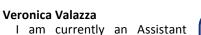
running (just ran the Brooklyn half marathon this spring), reading and writing.

Sarah Valentine

– Committee Chair

I am an Assistant Professor at the School of Nursing and Allied Health at SUNY Empire. I teach in the subjects of community health, health policy, population health and research methods. My focus of research is in non-profit hospital community benefit and

the engagement of environmental pollution in hospital response to community health needs.

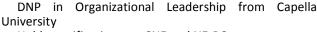


Professor of Nursing at Daemen University

Received a diploma of nursing from Millard Fillmore Hospital School of Nursing

BSN, MSN in Nursing leadership from Western Governor's University



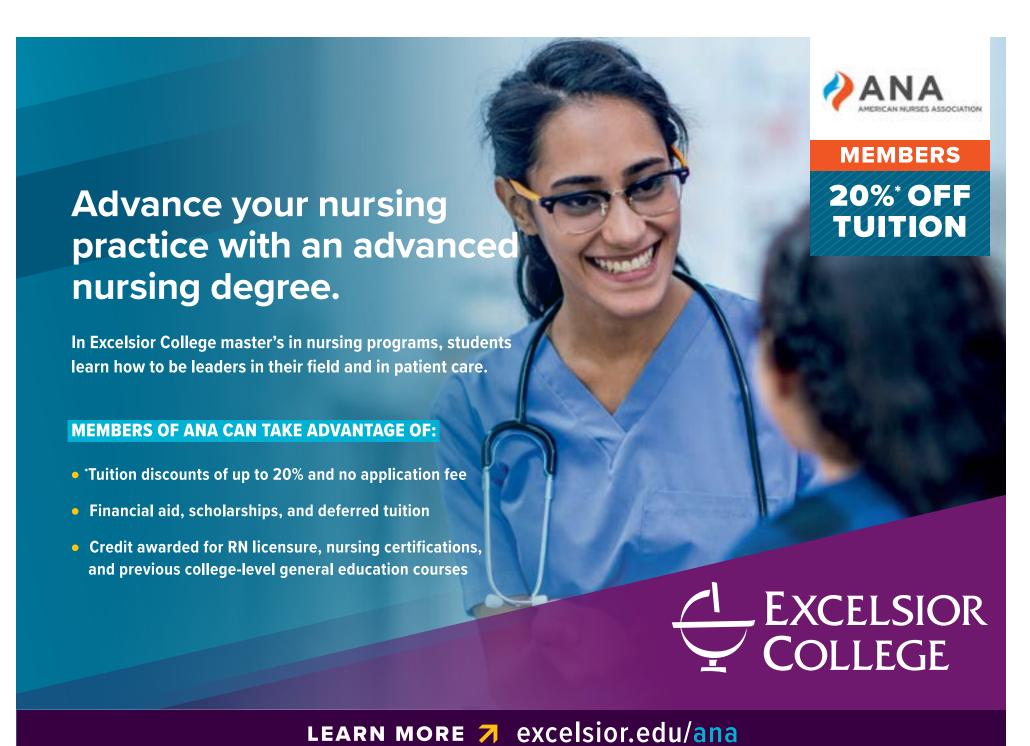


Holds certification as a CNE and NE-BC

Areas of expertise include leadership, critical care, and quality improvement.

Bios and Photos are not available: Debra Wolff Alyssa Ballentine Thomas Bonfiglio Brittany Richards Jessica Varghese





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CONTINUING EDUCATION



Human Trafficking Needs Assessment in NY

Continuing Education Instructions

- Steps to complete independent study and receive 0.75 contact hours
- · Read the article.
- Complete the post-test, evaluation, and registration form online at https://form. jotform.com/221712990146152
- Fee of \$7.00 for non-members, ANA-NY members are free.
- Certificates will be emailed after a passing score of 75% or higher is achieved.
- There is no conflict of interest or commercial support for this offering.
- This nursing continuing professional development activity was approved by American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Shannon S. Olivieri, Department of Nursing, Farmingdale State College

Author Note

Shannon Olivieri https://orcid.org/0000-0003-1706-1179

There is no known conflict of interest to disclose

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Abstract

Human trafficking (HT) is an insidious and manipulative act that has a grave effect on its victims. To combat this egregious act healthcare providers (HCPs) need to become increasingly knowledgeable and competent in identifying and treating victims of HT. It is apparent within this needs assessment and the literature that gaps in knowledge are present in healthcare providers surrounding HT in NY and across the nation. Healthcare institutions can serve as a crucial crossroads for HT victims and rescue. There is consistent evidence that HT victims seek healthcare services during captivity. Formalized and consistent education needs to be applied to healthcare setting throughout the nation to aid in the potential recognition and rescue of HT victims.

Keywords: Human trafficking, sex trafficking, labor trafficking, community medicine, social determinants of health, emergency department, law enforcement, victims of violence, prostitution, exploitation, violence, education, identification, training, protocol, and screening tools.

Human Trafficking Needs Assessment on Long Island

Human trafficking (HT) has become a major public health and human rights concern effecting up to 27 million persons globally and generates over 33.9 billion dollars annually (Stevens & Berishaj, 2016; Peters, 2013). HT is defined as the movement and recruitment through means of coercion and/or abuse of vulnerability and deception for the purpose of exploitation (Ross et al., 2015). HT victims are moved within and through United States borders and are exploited through forced sexual and physical labor (Ross et al., 2015, p. 1; Long & Dowdell, 2018). HT is insidious and manipulative and can have grave effect on its victims. To combat this egregious act healthcare providers and members of the community need to have increased awareness of HT (Schwarz et al., 2016). Identifying gaps in knowledge among healthcare providers (HCP) will assist in illuminating where the need lies in future education and training. This needs assessment evaluated (1) HT and the prevalence in New York (NY); (2) the strengths and gaps of resources available to HCPs in recognizing, treating, and rescuing HT victims.

Population & Rationale

HT is a global epidemic, primal human rights violation, and public health issue that leaves victims part of a vulnerable population that has increased risk of a variety of mental and physical illnesses. HT affects between 14,500 and 17,500 people across the United States borders yearly (Richards, 2014). Victims of HT come from at risk populations such as: (a) runaways; (b) the homeless; (c) people with disabilities; (d) immigrants and (e) members of the lesbian, gay, bisexual, and transgender (LGBT) community (Scannell et al., 2018). Many times, persons who have been through HT have been exposed to a variety of explicit sexual acts and drug use that can have devastating long-term psychological and physiological effects.

In 2015, the National Human Trafficking Resource Center (NHTRC) received 21, 947 phone calls to their hotline and only 1.9% of those phone calls came from healthcare providers (Long & Dowdell, 2018). In 2017, the New York State Assembly (NYSA) had various influential speakers that presented harrowing and persuasive testimonies on the need for increased education in the community of identifying, referring, and funding HT victims to recovery services. As of June 2018, there has been 14,177 calls reporting HT, with 5,147 reported cases in the United States (NHTH, 2018a); New York having 319 calls, and 206 reported cases (NHTH, 2018b). This positions healthcare providers to have a crucial role in identifying potential HT victims and aiding in rescue (Peters, 2013).

Standardized, reliable tools need to be integrated into healthcare assessments on a widespread and sustainable basis. A study in 2016 noted that approximately 28% to 50% of victims interviewed had contact with a healthcare provider during their captivity (Coppola & Cantwell). In a study done in the United States (U.S.), 87.7% of HT victims sought healthcare at some point during their captivity and of the 87% about 63% had sought emergency services (Lederer & Wetzel, 2014). Another study interviewed 180 emergency department (ED) staff and noted that 79% knew what HT was, 27% thought it was a problem for their patient population, and only 6% thought they had ever treated an HT victim; with 95% of participants stating they had never received any formal education or training regarding HT (Ross et al., 2015). This places emergency services providers, including nurses in a prime position for recognition of HT victims.

There are various screening tools that have been developed for integration into healthcare and community providers; although only one tool has proven reliable and tested in the healthcare environment (Besaplova et al., 2016). Once identification occurs, resources for rescue need to be tangible for healthcare providers to assist rescued HT victims to freedom. With over 6,000 hospitals in the United States, only 1% have policies for treating HT victims, and only 2 states (Florida and Michigan) require HT training for licensure (Donahue et al., 2018). This lends an obvious gap in healthcare education regarding HT. The need has become apparent that a more robust education and partnership between healthcare providers and community resources needs to occur, based on the rate of contact from HT victims with healthcare providers, and the staggering statistics of education to healthcare regarding HT.

Purpose, Objectives, and Sampling Plan

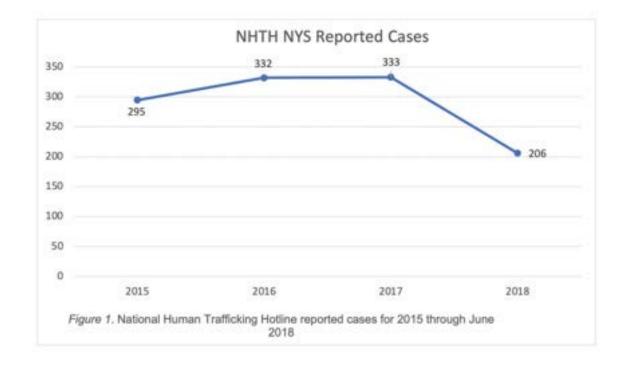
The purpose of this needs assessment was to identify the prevalence of HT in NY and assess education and resources available for rescue for healthcare providers in Long Island, NY. The following objectives will be addressed:

- 1. To provide a snapshot of HT in New York.
- 2. To investigate available education of HT in Long Island, New York's to emergency department healthcare providers.
- 3. To identify a reliable screening tool for healthcare providers.
- 4. To recommend action steps to highlight strengths and address needs in the coming years.

Three different community emergency departments HCPS were informally interviewed regarding available resources on HT. Public forums and education were reviewed including a webinar on HT by MobileODT, New York State (NYS) Assembly Public Hearing on Services for Victims of Human Trafficking, SOAR online training, Polaris Project statistics, NYS HT prevalence, and Jamaica Hospital HT training. A personal interview was conducted with the senior director of the renown antitrafficking program Safe Horizon.

Results and Findings

In 2015, NYS enacted the revised version of the federal law Trafficking Victims Protected Act (TVPA), which was inducted into law in 1998; with small improvements in the number of reported HT cases in NYS since the revision (NHTR, 2018; NYSA, 2017) (See Figure 1). The importance of improving the identification process of trafficking victims in the communities of NYS is evident, especially in medical personnel who frequently encounter HT victims in the emergency departments of hospitals in all five boroughs.



As of November 2017, the NYS Department of Health (DOH) passed a Public Health Law § 2805-y, which requires general hospitals and diagnostic and treatment centers to provide and execute policies and procedures pertaining to the identification, assessment, and referral of victims of human trafficking (DOH, 2018). Although this was a tremendous gain for the fight against HT, the law remains vague, and there are no time constraints placed on healthcare facilities to carry out the training. In the U.S. professional licensure for registered nurses (RN) is issued after successfully completing a standardized examination. Once licensure is granted in NYS a RN must renew their license every three years. Forty-three out of the fifty-two states in the U.S. require a certain amount of continuing education (CE) credits to be completed to be able to renew licensure (Nurse.com, 2018). The requirements vary greatly from state to state in quantity and content. HT education and training are a CE requirement for RNs in only two states, Florida and Michigan, and only Florida has it required on a biennium basis (Nurse.com, 2018).

In 2017, there were 26,884 phone calls made to the NHTH, of those calls 8,759 human trafficking cases were identified (Polaris, 2018). The highest prevalence of HT occurred in California, Washington, Texas, Florida, Michigan, New York, New Jersey, Pennsylvania, Maryland, Connecticut, Massachusetts, and Ohio (Polaris, 2018). Of these 12 states, only two have instituted mandatory education relating to continued licensure.

Safe Horizon was launched in 1978 and has provided mentorship, victim assistance, support, and safety to over 250,000 at risk individuals in all five boroughs of New York City each year (Safe Horizon, 2018). Safe Horizon's vision for the future is to have a society free of family and community violence and has tirelessly pursued a mission to provide support, prevent violence, and promote justice for victims, families, and communities of crime and abuse (Safe Horizon, 2018). Safe Horizon has taken a strong stance against HT and has become a vital resource center to HT victims.

The New York State Office of Temporary and Disability Assistance (OTDA) is another organization that has a strong presence in the rescue and continued aid and support of victims of HT. They also lobby and receive significant state and federal funding that they divvy out to providers to support HT victims (OTDA, n.d.). In 2015, governor Cuomo signed a law into action that gave authority to established social and legal services to make HT referrals to OTDA, which then allowed OTDA to release funding to rescue agencies to help mitigate costs and aid in relief to HT victims.

As of 2018, multiple healthcare organizations acrossLong Island are in the beginning stages of developing HT education programs for employees. The education provided is not standardized among various organizations and it is not clear who the training is provided to and if it is mandatory for all healthcare providers. Along with the lack in frontline education, there is a notable lack in preparation of nursing graduates, and continued education for nursing.

There is also a lack in availability of a tested valid and reliable screening tool for healthcare providers. A review was completed on all available HT screening tools and noted that there was only one tool that had been tested for validity and reliability and that was utilized in a non-healthcare setting (Bespalova et al., 2016).

Recommendations

It is evident by the current literature that there needs to be a reliable, validated screening tool for HCPs to utilize in acute care settings, particularly the ED. There is also an palpable need for education in EDs on LI regarding HT. To meet the standards of current legislature, all healthcare facilities must be abreast and competent in recognizing and treating HT victims. Safe Horizon is a state funded organization that will provide free education by content experts in the field of HT. The educational sessions are done in person and require anywhere from one to three hours (Safe Horizon, 2018). The education of healthcare facilities involved in this needs assessment would take place over the next year and be focused to the ED. Another recommendation would be to have the SOAR online education be a mandatory education requirement for all HCPs working in EDs on LI.

Conclusion

HT is an egregious crime that creates fear, destruction, and many times irreversible damage to its victims. Evidence proves that at least half the victims of HT seek healthcare during captivity and of that half at least half seek emergency related services. There is a notable gap in literature involving a reliable, validated screening tool for HCPs to use in the acute setting. Findings also revealed a lack in education of HT among HCPs, especially in the ED setting. With current legislature demanding that healthcare remain educated on HT, it is imperative the ED staff become knowledgeable and competent in recognizing and caring for this vulnerable population.

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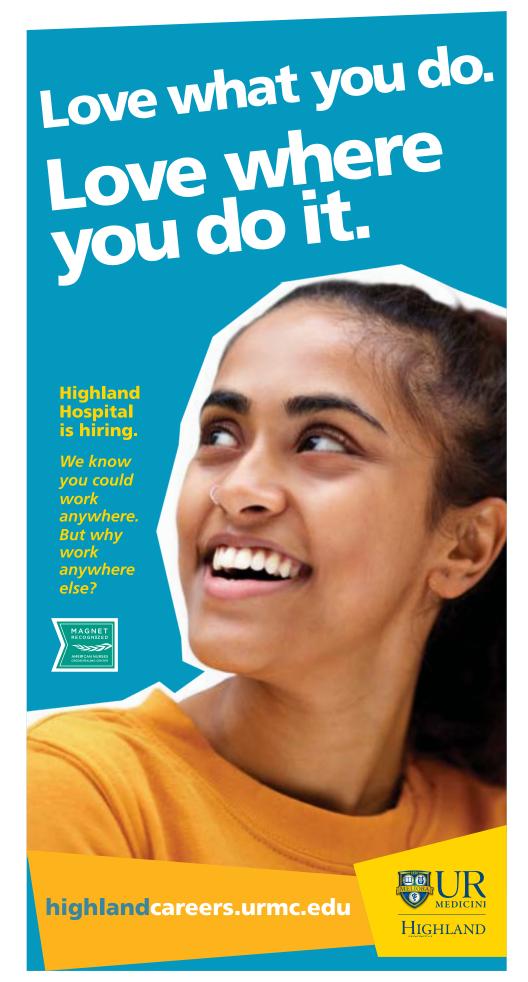
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Nurse License Protection Case Study: Administering medication without an order

Nurses and License Protection Case Study with Risk Management Strategies, Presented by NSO

A State Board of Nursing (SBON) complaint may be filed against a nurse by a patient, colleague, employer, and/or other regulatory agency, such as the Department of Health. Complaints are subsequently investigated by the SBON in order to ensure that licensed nurses are practicing safely, professionally, and ethically. SBON investigations can lead to outcomes ranging from no action against the nurse to revocation of the nurse's license to practice. This case study involves a registered nurse (RN) who was working as the clinical director of a small, rural emergency care center.

Summary

The insured RN was employed as the clinical director of a small, rural emergency care center when they responded to a Code Blue, arriving just as the patient was being intubated. The patient was fighting the intubation, so a physician gave a verbal order for propofol. The RN asked the pharmacy technician to withdraw a 100-cc bottle of propofol from the medication dispensing machine and asked another nurse to administer the medication to the patient. Shortly after the other nurse began administering the propofol, the patient's blood pressure dropped, so the nurse was ordered to stop the propofol infusion.

The patient continued to decompensate and suffered respiratory collapse/arrest. Following some delay, the patient was eventually intubated, then emergently transferred to a higher acuity hospital for further treatment. The patient ultimately suffered anoxic encephalopathy while he was in respiratory arrest.

A recorder was present documenting the Code, and, afterwards, another nurse transcribed the recorder's notes into the patient's healthcare information record. The recorder noted that it was the insured RN who advised the pharmacy technician to remove propofol from the medication dispensing machine and instructed a nurse to administer the medication. However, the recorder failed to note that the physician gave a verbal order for the propofol. The insured RN failed to review the notes that the recorder and nurse entered into the patient's healthcare information record and failed to note this error. The physician who was present during the Code also failed to catch this error in the record.

Approximately six months later, the patient's family filed a lawsuit against the emergency care center. During a review of the Code record in response to the lawsuit, it was noted that, during the Code, the RN instructed another nurse to administer propofol. However, there wasn't any indication in the record that a physician had ordered the medication. The emergency care center dismissed the RN from employment and reported the incident to the SBON. The SBON opened its own investigation into the RN's conduct.

Resolution

While the insured RN denied ordering another nurse to administer propofol without a verbal order from the physician, the RN could not deny failing to ensure that the propofol administration was documented in the patient's healthcare information record.

The RN entered into a stipulation agreement with the SBON, under which:

- the RN's multi-state licensure privileges were revoked;
- the RN was required to complete coursework on nursing jurisprudence and ethics, medication administration, documentation, and professional accountability; and
- the RN was required to work under direct supervision for one year and submit quarterly nursing performance evaluations to the SBON.

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The total incurred expenses to defend the insured RN in this case exceeded **\$16,600**.

Risk Control Recommendations

- Know the parameters of your state's nursing scope of practice act, and your facility's policies and procedures, related to medication administration.
- Only accept verbal drug orders from practitioners during emergencies or sterile procedures.
 Before carrying out a verbal order, repeat it back to the prescriber. During a Code Blue, be sure to communicate all procedures, medications, treatments to the recorder.
- Review Code Blue records for completeness and process of care after each Code. Report any concerns and provide feedback through proper channels to ensure that any errors in the record or areas of improvement are identified and addressed.
- Document simultaneously with medication administration, whenever possible, in order to prevent critical gaps or oversights.

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How nurses can counter health misinformation

By Georgia Reiner, MS, CPHRM, Risk Analyst, Nurses Service Organization (NSO)

The wealth of health information available online can be beneficial for patients, but only if that information is accurate. Although recent issues on misinformation have centered on the COVID-19 pandemic, misinformation has been a problem in many other areas related to wellness and healthcare, such as dieting, exercise, and vitamins and supplements. Although misinformation isn't new, the internet and social media have supercharged the ability for it to spread.

Nurses and nurse practitioners have the power to counteract misinformation, but first, they need to understand why people may be inclined to believe information that is not grounded in science.

Why do people believe misinformation?

Several factors can lead to people accepting misinformation:

Health literacy. Health literacy refers not only to the ability to read and understand health information, but the appraisal and application of knowledge. People with lower levels of health literacy may be less able to critically assess the quality of online information, leading to flawed decision-making. One particular problem is that content is frequently written at a level that is too high for most consumers.

Distrust in institutions. Past experiences with the healthcare system can influence a person's willingness to trust the information provided. This includes not only experiences as an individual but also experiences of those in groups people affiliate with. Many people of color and those with disabilities, for example, have had experiences with healthcare providers where they did not feel heard or received substandard care, eroding trust. In addition, some people have an inherent distrust of government, leading them to turn to alternative sources of information that state government-provided facts are not correct.

Emotions. Emotions can play a role in both the spread and acceptance of misinformation. For example, false information tends to spread faster than true information, possibly because of the emotions it elicits. And Chou and colleagues note that during a crisis when emotions are high, people feel more secure and in control when they have information—even when that information is incorrect.

Cognitive bias. This refers to the tendency to seek out evidence that supports a person's own point of view while ignoring evidence that does not. If the misinformation supports their view, they might accept it even when it's incorrect.

How to combat misinformation

Recommending resources, teaching consumers how to evaluate resources, and communicating effectively can help reduce the negative effects of misinformation.

Recommendations. In many cases, patients and families feel they have a trusting relationship with their healthcare providers. Nurses can leverage that trust by recommending credible sources of health information. Villarruel and James (https://www.myamericannurse.com/preventing-the-spread-of-misinformation/) note that before making a recommendation, nurses should consider the appropriateness of the source. For example, a source may be credible, but the vocabulary used may be at too high a level for the patient to understand. Before making a recommendation, nurses should consider the appropriateness of the source for the patient's health literacy level. Kington and colleagues (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8486420/)

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explain the importance of evaluating sources to ensure the information provided is science-based, objective, transparent, and accountable.

Although the tendency is to recommend government sources such as the Centers for Disease Control and Prevention and National Institutes of Health, as noted earlier, some people do not trust the government. In this case, sources such as

MedlinePlus, World Health Organization, and condition-specific nonprofit organizations (e.g., the American Heart Association, American Cancer Society, Alzheimer's Association) might be preferred.

Education. The sheer scope of the information found online can make it difficult for even the most astute consumer to determine what is accurate. Nurses can help patients by providing tools they can use to evaluate what they read. The website Stronger suggests a fourstep process for checking for misinformation (https://stronger.org/resources/how-to-spot-misinformation), and MedlinePlus offers additional resources for evaluating health information (https://medlineplus.gov/evaluatinghealthinformation.html). UCSF Health (https://www.ucsfhealth.org/education/evaluating-healthinformation) provides a useful short overview for patients on how to evaluate the credibility and accuracy of health information and red flags to watch for.

Communication. From the start, the nurse should establish the principle of shared decision-making, which encourages open discussion. A toolkit from the U.S. Surgeon General on misinformation (https://www.hhs.gov/sites/default/files/health-misinformation-toolkitenglish.pdf) recommends that nurses take time to understand each person's knowledge, beliefs, and values and to listen with empathy. It's best to take a proactive approach and create an environment that encourages patients and families to share their thoughts and concerns (see "A proactive approach"). Nurses should remain calm, unemotional, and nonjudgmental.

Documentation

As with any patient education, it's important to document discussions related to misinformation in the patient's health record. Nurses should objectively record what occurred and include any education material they provided. Should the patient experience harm because of following misinformation instead of the recommended treatment plan, this documentation would demonstrate the nurse's efforts and could help avoid legal action.

A positive connection

Nurses can serve as a counterbalance to the misinformation that is widely available online. Providing useful resources, educating consumers, and engaging in open dialogue will promote the ability of patients to receive accurate information so they can make informed decisions about their care.

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Those of you who follow us on social media (and shame on you if you don't!) may have noticed a new approach to our posts. We have contracted Brittany Lawton of Highly Caffeinated Marketing https://www. highlycaffeinatedmarketing.co/

Brittany has jumped right in to continue the projects that Shakira had been working on and to transition ANA-NY to our next 10 years! We welcome Brittany to the ANA-NY brew and hope she doesn't find working with Phil and me to be a grind. My apologies, I couldn't help



Office Team Changes

Here at ANA-New York we have so much appreciation for the staff who support our membership and our association's mission. It both with appreciate for their work with ANA-New York and hope for their paths moving forward that I announce two staff resignations.

Shakira Hernandez, our Communications Coordinator, left in May to pursue her dreams of being a woman entrepreneur by expanding her marketing business. We have all witnessed not only her growth as a communications coordinator but also the growth and vitality of ANA-NY through our social media messaging, web presence, and innovative programming. She has left an indelible mark on the face of ANA-NY both statewide and nationally. Through her ideas and hard work, we have achieved visibility as the sixth largest state constituent association of ANA.

In June we saw Ana Quian, our Member Engagement Associate, leave ANA-NY to pursue a position in education. We have valued the time that Ana spent with us, and we wish her well in her new role and professional

We will miss the energy, enthusiasm, and fresh ideas that these team members brought to ANA-NY and wish them nothing but the best as they continue into the next chapters of their career paths.



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ANA-NY Looks Toward the Future of the Nursing Field

ANA-NY has partnered with SPEAKHIRE in order will instill an understanding of the nursing field in young adults across the country.

SPEAKHIRE is a nonprofit organization whose mission is to develop the social and cultural capital of individuals from immigrant families to become leaders in the workforce. Their award winning approach of delivering multigenerational virtual career and culture mentoring and coaching to young people from immigrant backgrounds ages 13 to 23 by exposing them to multiple career professionals, called Career Pathways Champions, to learn about different industry specific skills, career ecosystems, civic engagement, and how to develop their resume and search for opportunities has been called innovative and brilliant. They are positioned to truly strengthen the school to career pipeline for all young people.

Last year, November 2020 to June 2021, 25.1% of SPEAKHIRE students were interested in a career in Health Sciences. SPEAKHIRE is seeing similar numbers this year. Additionally, many of the incoming SPEAKHIRE students speak Spanish, Pashto, Mandarin, Arabic, and French. They are recruiting now for professionals to meet this year's impact. With this in mind, we are looking for around 10 ANA-NY Members to volunteer time as a Career Pathways Champion, to speak with these young adults about the nursing field. Please email Phil Meher, ANA-NY Program Manager, at programassocaite@anany. org for more information on how to get involved.



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