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ANA - NEW YORK NURSE

WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

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ANA - New York Nurse will reach over 72,600 New York nurses and schools of nursing.

INDEX

PRESIDENT'S MESSAGE

Marilyn L. Dollinger, DNS, FNP, RN

Five elected ANA-NY delegates joined me and Jeanine Santelli, ANA-NY Executive Director, at the 2023 ANA Membership Assembly in Washington D.C. June 16-17. Several of us participated in the ANA "Hill Day" on Thursday, June 15. We were delighted to have Lauren Lodico, a senior at Malloy College and the President of the National Student Nurses Association (NSNA) and Kenya Williams, the new Executive Director of the NSNA (also from New York) along with several other colleagues from other organizations join us in our visits to New York State Representatives and Senators.

The priorities we discussed with our legislators focused on the need to retain nurses in the workforce by supporting legislative proposals to:

- Improve the workplace environment, both staffing and safety (Workplace Violence Prevention Act H.R. 2663/S.1176).
- Manage the workforce "pipeline" into the profession by collecting more robust workforce data (National Nursing Workforce Center Act H.R. 2411/S.1150).
- Improve care for Medicare patients by eliminating barriers for access to services by having Medicare include APRNs as authorized providers to order basic support services and referrals (ICAN H.R.2713).
- We also asked our legislators to consider joining the Congressional Nursing Caucus.

The Friday Dialogue Forums resulted in robust member discussion as we reviewed recommendations for three proposals:

- **Virtual Nursing as a Practice Model Innovation:** Health care systems across the country are already implementing virtual acute care nursing. There was unanimous support for ANA to take a leadership role in developing best practices and policy guidelines before other healthcare stakeholders determine how nurses deliver care in the future.
- **The Role of Nurses in Promoting Gun Safety and Preventing Violence:** There was unanimous recognition of gun violence as a public health crisis that is preventable with root causes that go beyond individual behavior. Many nurses shared stories about personal experiences of the suffering and death from gun violence in both their work and personal lives but also the trauma that nurses and other frontline providers experience in caring for victims of mass shootings and violence. Members of the Assembly expressed a sense of urgency that the profession advocate in the strongest terms for legislative action.
- **Addressing Nursing Documentation During a Time of Crisis:** The pandemic highlighted the workflow burden of documentation requirements while nurses and all health care providers dealt with workforce shortages. The members supported ANA leading the way to partner with regulatory agencies to review and revise policies that reflect a national standard for crisis documentation specifically for nursing.

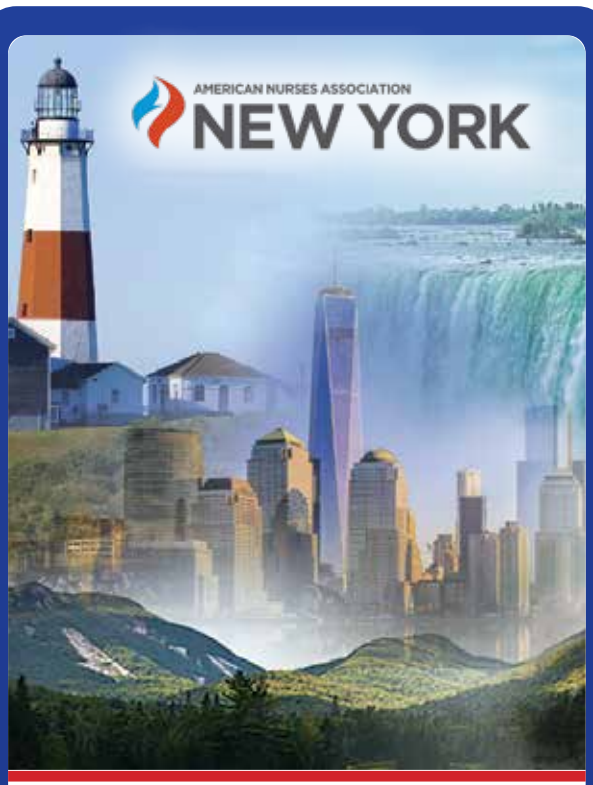
This short summary does not capture the spirited interaction and support for these proposals. These proposals and the delegates' discussion will guide the work of ANA over the next year. Watch for updates about these and other initiatives.

The energy, level of commitment and spirit of innovation at this meeting was not only exciting but the sense of hope and optimism that it generated was inspiring. Stay tuned—there is so much work being done to guide the future of a health care delivery system that supports nurses providing the quality of care that our patients and families deserve.

FROM THE DESK OF THE EXECUTIVE DIRECTOR

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

Finally, after three years, I feel like life is leveling off at our new normal. Although that sounds like it should elicit a sigh of relief, our Spring has been busy busy. **Education and Events** - By the time that you read this, we will have offered 27 programs and events through the efforts of the Program Committee and office team. **Resources** - We now have begun a collection of "How To" videos – quick 10 – 15 minute informative sessions recorded by our members to give you some quick tips on a variety of subjects. We have also added full text access to CINAHL Complete for all of our members. **Advocacy** - Our Advocacy Day in May was very exciting and we sure got our steps in. We have had and will continue with our Virtual Advocacy campaign to provide even more of our members to participate and let their elected officials know about ANA-NY and our legislative priorities. You will be voting on the 2024 Legislative Priorities at that business meeting. **Support** – Complementary professional career coaching continues to be provided by Dr. Phyllis Quinlan. Plus, you can schedule an in-person session with her during our annual conference. **Strategic Planning** - The Board came to Albany to work on the strategic priorities that were identified by the members at the 2022 Annual Conference. They will have the 2024 – 2027 Strategic Plan ready for your vote at this year's Governing Assembly meeting on November 10 at The Turning Stone. **Connections** - Five Special Interest Groups (SIGs) have been launched. This is a great way to learn about topics of interest without having to commit to long-term service. If service is your thing, then look for committee opportunities coming in September in our snazzy weekly bulletins. **Communication** - Hopefully you've noticed less emails from ANA-NY in your inbox. You should be receiving either our quarterly newsletter (this periodical!) or the monthly Office Update which come at the end of each month. On Thursdays you want to make sure you read our Weekly Bulletin, because that's where we put all the info that our members need to be in the know. **Visibility** - We have been around the state exhibiting from Buffalo to Long Island and from Saratoga Springs to just around the corner from Grand Central Station. We are already scheduled for exhibiting in the Fall in Tarrytown, White Plains, Rochester, and Saratoga Springs. If you know of a conference where ANA-NY should be, let us know and we'll try our best to be there!



Article Submission

- Subject to editing by the ANA-NY Executive Director & Editorial Committee
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: membership@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.
- ANA-NY does not accept monetary payment for articles.

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

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LEGISLATIVE UPDATE

By Amy Kellogg and Caiti Anderson

The last day of the legislative session was scheduled to be Thursday, June 8; however, both houses remained in session through Saturday, June 10. The Senate finished around 3:30 a.m. on Saturday, June 10. While the Assembly had hoped to work through the weekend and finish up their business, they were unable to do that and instead worked until Saturday at 4:30 p.m. after deciding that they would return later to finish their business. It has been announced that the Assembly will return on Tuesday, June 20 and remain in session for a couple of days to wrap up remaining issues. At this point, it appears that only the Assembly will be returning. The Senate has made no mention of a return to session at this time.

The end of the 2023 legislative session was greatly impacted by the delay in passing the budget, which was due by Saturday, April 1, but was not passed until Wednesday, May 3. This delay was caused by some high-profile proposals, including changes to bail reform, the Governor's proposed housing plan, and changes to minimum wage. In the end, the final spending level for the budget is $229 billion, which is a $2 billion increase from the Governor's initial proposal, and a $9 billion increase over last year's budget.

The delay in the budget created a truncated end of session in Albany. Unlike in prior years, where the end of session included a flurry of legislative activity on major policy issues, the 2023 legislative session ended on a quieter note. The month-long delay in the State budget being finalized meant that the normal eight-week end of session period was shortened to four weeks, meaning that true momentum could not be gathered for large scale legislative priorities that we tend to see at the end of a legislative session.

As you may recall from the newsletter earlier this year, we were very closely monitoring the state budget process as it contained numerous legislative priorities for ANA-NY. One such budget priority was the creation of regulations for temporary nurse staffing agencies. We supported this proposal as it will help to regulate the third-party employment agencies. This proposal was included in the final budget. The final state budget also included an increase on the excise tax on cigarettes. ANA-NY worked on this issue as part of the Tobacco Free New York Coalition, which had supported this proposal along with a ban on the sale of flavored tobacco and vape, including menthol. While the increased excise tax did pass, the ban on flavored tobacco did not make it into the final budget.

A few other budget priorities that had been included in the Governor's budget proposal also did not make the final budget. One such item, which we strongly supported, was a proposal to add New York to the Interstate Nurse Licensure Compact. While the Nurse Licensure Compact was not included in the final budget, we are still working on this issue as standalone legislation, and we have secured majority sponsorship for the bill in the Assembly. We are currently working on identifying a Senate sponsor and will be working with other stakeholders to advance this issue in the next legislative session.

One other proposal that was also not included in the final budget was a proposal that would have created a temporary pilot program to allow certified medication aides to administer "routine and prefilled" medications in residential healthcare facilities. While we understand the staffing shortage that many facilities are facing, we had outlined our concerns with this proposal because the pilot would have allowed medication aides to administer insulin and other diabetic injectables and injections for low molecular weight heparin. We noted that it is not appropriate for untrained medication aides to use injectables, especially when the misuse of those injectables may be fatal.

Though the budget is usually the only focus until it is done, we were able to achieve a legislative victory in March. One of the top legislative priorities for ANA-NY was passing a bill to recognize simulation in the clinical education for nursing programs in New York. This bill allows for one-third of clinical training to be completed through simulation. This legislation was signed into law by the Governor on May 15, and this change will allow nursing programs to expand their clinical simulation programs, which will create greater access to hands-on clinical experiences and will help address the nurse shortage facing New York.

Once the budget was concluded, we pivoted immediately to the last few weeks of the 2023 legislative session. While it was a shortened timeframe, it was a very active few weeks with many issues of importance to ANA-NY being contemplated. Many bills that we were monitoring were related to end of Executive Order 4, which had waived several provisions of law that governed scope of practice and license issues for the profession. One bill that we strongly supported dealt with expanding the ability of nurses to perform non-patient specific orders to include administering EKG tests for acute coronary syndrome, administering point-of-care blood glucose tests, tests and IVs to those with severe sepsis and septic shock, and pregnancy tests.

Another bill that we were monitoring will create a temporary permit for nurses who were working in New York under the executive order to continue working while their full New York license application is pending. While we don't oppose the bill, and we understand there is a need to address the staffing issue, we feel that a better solution would be for New York to pass the Nurse Licensure Compact. We were also monitoring a bill dealing with a community paramedicine demonstration program. There have been bills in the past that would create similar programs, but all such legislation was always missing the role of the nurse in these demonstration programs. This version of the bill didn't fully address this but directs DOH to consider this role and also clearly states that the EMS workers participating in the demonstration program cannot perform work under another healthcare providers scope of practice.

Two other issues that we support were part of our ongoing coalition efforts with other interested providers. The first bill we supported was a bill that would require New York State health insurance plans and Medicaid to cover biomarker testing when medically appropriate. This bill passed both houses and awaits review by the Governor. The other bill we supported was through the Let's Get Immunized Coalition and would create a statewide registry for adult immunizations with an opt out provision. Currently, there is an adult registry, but adults must opt in to have their information included meaning that many patient health records are lacking vital information. This bill passed the Assembly but did not move out of committee in the Senate.

Our legislative work this session was bolstered by the support of the members who participated in our 2023 ANA-NY Lobby Day efforts. Held on May 9, to align with National Nurses Week, we held a joint lobby day with our affiliate member, the New York State Association of Nurse Anesthetists. Between the two groups, we had 150 in person participants that met with 130 legislators and staff and had several hundred virtual contacts through our new Voter Voice platform. Thank you to all who participated in our 2023 Lobby Day!

Now that the legislative session has concluded, the Legislative Committee will be reviewing the legislative agenda for 2024 and preparing to present this to the membership for review and vote at the annual meeting in November. As always, if you have any thoughts or suggestions, please share them with the Committee.

Finally, we would like to remind you that ANA-NY now has a Political Action Committee (PAC). The ANA-NY PAC will be supporting candidates that support the profession and issues of importance to our members. We urge you to visit the ANA-NY PAC web site and donate.

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.

FROM THE DESK OF THE HISTORIAN

Rememberances - Part I

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

Welcome once again to the "Desk of the Historian." As I thought about this column, written in May and sent to you in July, my thoughts turned to Memorial Day, Juneteenth, and Independence Day and the vital roles nurses have played in caring for the members of our armed forces.

During the American Revolution (1775-1783) many women traveled with their husbands or brothers as they fought against the British. Although Gen. George Washington did not like the idea of women being in the camps, he understood the necessity of their presence. They cooked, served as laundresses, and tended to the wounded soldiers as best they could. When the war ended in 1783, the women went back to their homes, their families, their wounded, and learned how to live in this new country and new reality. This migration of women, and some men, into caregiving roles and then returning to domestic roles continued into the 20th century.

As the United States grew geographically and acquired its lands from our first citizens, the Indigenous Peoples, the question of slavery and abolition of slavery loomed large. Divisions were sown as Americans came down on one side of the question or the other. Regular folk and politicians alike recognized the ever-growing divisions. In 1858, then Illinois Republican Party Senatorial nominee Abraham Lincoln addressed the issue in his acceptance speech, "A House Divided." He had a premonition of what was to come. Lincoln said,

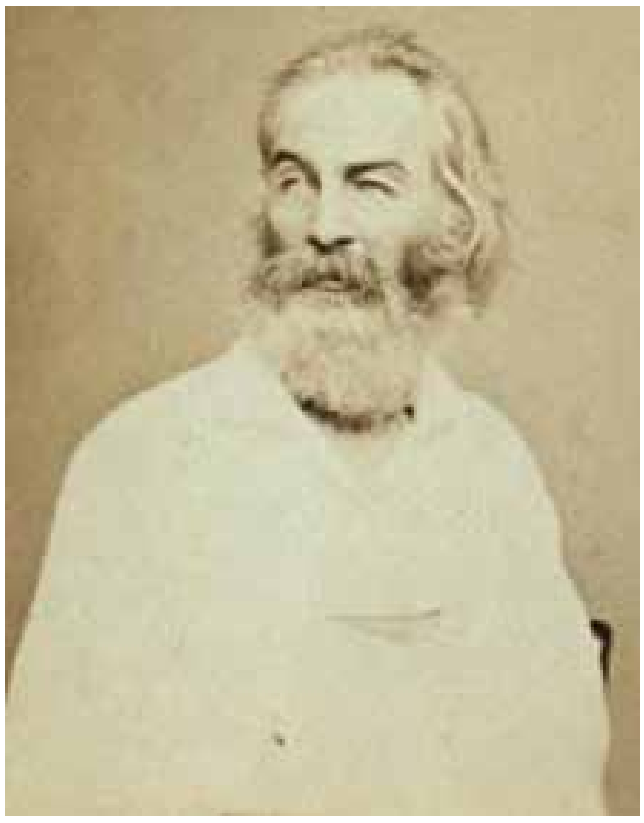

Figure 1: Walt Whitman

Figure 2: Clara Barton ca. 1860s

A house divided against itself cannot stand. I believe this government cannot endure, permanently half *slave* and half *free*. I do not expect the Union to be *dissolved*—I do not expect the house to *fall*—but I do expect it will cease to be divided. It will become *all* one thing, or *all* the other (Lincoln, 1858).

Once again in 1861, we were at war and once again, everyday people and West Point military cadets were called to serve their country. Only this time, we were fighting against each other over the issue of slavery. Our house was definitely divided.

People from all levels of society answered the call to help the cause whether it was called the "war between the states," "the civil war," or the "war of northern aggression." Authors such as Walt Whitman, Louisa May Alcott, Susie King Taylor, Clara Barton, and Mary Ann Bickerdyke worked as medics and nurses who learned on the job whilst caring for wounded Union and Confederate soldiers. Whitman, Alcott, and Taylor wrote about their experiences very shortly after the war's end.

Whitman preserved his experiences through poetry. One his most famous of the post-Civil War period is *O Captain, My Captain,* in memory of President Abraham Lincoln. Taylor wrote of her experiences caring for Union soldiers in the South in *Reminiscences of My Life in Camp: An African American Woman's Civil War Memoir.* Alcott penned *Hospital Sketches* which chronicled her brief time as a nurse in Washington, DC area battle hospitals and her early discharge from service due to contracting typhoid while at the hospital. Her book was serialized in the newspapers of the day thus earning Alcott a modest income.

Mary Ann "Mother" Bickerdyke served as a hospital administrator during the war and during her years of service established three hundred field hospitals wherever needed. After the Civil War, she continued serving veterans for the remainder of her life.

Any discussion about nursing and the American Civil War would be incomplete without discussing the role of Dorothea Dix. Already known for her organizational skills and as an advocate for those with mental issues, President Abraham Lincoln named her to head up the U.S. Sanitation Commission. The Commission consisted of hospitals and volunteers throughout the nation that were already established or constructed between 1861 – 1865 to care for the sick and wounded casualties. She ran a tight ship and did not make friends easily. Dix took on challenges to make care better and challengers who she thought were infringing on her turf. One of those volunteers she took a disliking to was Clara Barton. Barton garnered her own supplies through volunteer drives or her own money to take needed supplies to the battlefield. Many of the wounded Barton cared for were students she had during her first career as a teacher. Dix was not appreciative of Barton's efforts and made it known to her. Barton would go on to form the American Red Cross and Dix would go on to champion for the rights of the mentally ill and designing hospitals for their care.

This is all for now. Remembrances: Part II will continue in the October 2023 issue.

Until then,

Trudy

Figure 3: Louisa May Alcott

Figure 4: Susie King Taylor

Photo Credits:

Alcott: https://www.womenshistory.org/education-resources/biographies/louisa-may-alcott

Alcott: https://www.google.com/search?rlz=1C1CHBF_enUS986US986&q=louisa+may+alcott&tbm=isch&sa=X&ved=2ahUKEwjulbHflaD_AhWqjokEHQE3Cg8Q0pQJegQICRAB&biw=1920&bih=872&dpr=1#imgrc=BWJocxJZ1eqroM

Barton: https://www.battlefields.org/learn/biographies/clara-barton

Bickerdyke: https://www.havefunwithhistory.com/civil-war-nurses/

Dix: https://npg.si.edu/learn/classroom-resource/dorothea-dix-1802%E2%80%931887

Taylor: https://www.havefunwithhistory.com/civil-war-nurses/

Whitman: https://www.loc.gov/pictures/item/99406018/

Figure 5: Mary Ann Bickerdyke

Figure 6: Dorothea Lynde Dix

BOARD BUZZ

In May on behalf of our members, the Board of Directors:

- Voted to sponsor the 2023 Nurses House Dolphin Award and to make a donation in memory of Winifred (Winnie) Kennedy who served as the first President of ANA-NY and was an active member of the Nurses House Board of Directors.
- Discussed the program and plans to date for the 11th Annual Conference this November at Turning Stone.
- Amy Pedrick presented the Auditor's Report – no issues – and the 990 was filed with the IRS
- Treasurer's Report showed income above budgeted and expenses below budgeted for the year.
- Accepted the reports from the Audit, Nursing Education, and Awards committees.
- Received updates on the status of legislative issues from our lobbyist Amy Kellogg. Senator Persaud recognized National Nurses Month and she shared the Proclamation signed by Governor Hochul recognizing National Nurses Month. It will be on display at ANA-NY headquarters.
- Received ANA-NY Staff reports.
- President Dollinger has been meeting with our organizational affiliates (OAs) to strengthen our connections and learn how ANA-NY can best serve them.
- The Board reviewed the current Strategic Plan (2019-2023) and started work on the new Strategic Plan for 2024-2028.
- Continued to participate in virtual leadership activities with ANA and other professional organizations.
- Discussed topic to add to the "How to" series approved by the Board in February. The series will be recorded seminar presentations from members who have expertise in particular areas. These seminars will be available on the ANA-NY YouTube™ channel. Look for more news in the future.
- The Board encourages as many members that can to the 2023 Annual Conference at the Turning Stone Resort in Verona, NY.

Details on these and other Board activities reside in the Approved BOD Minutes on the Members Only website.

Nightingale Gala

Saturday, September 30, 2023

Marriott Albany

Wolf Rd., Albany, NY

5:30 pm to 10:30 pm

Nightingale Award

American Nurses Association-NY

Driscoll Award for Excellence in Nursing Leadership

Deborah C. Stamps, EdD, MBA, MS, RN, GNP, NE-BC, CDE®

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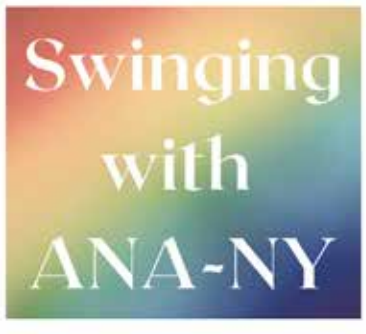





COMMITTEE SPOTLIGHT

Program Committee

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.

The 2023 members of the Program Committee are:

Chair - Seon Lewis-Holman, NEA-BC, NPD-BC, ACNS-BC
No picture or bio submitted

Jennifer Rosen, MSN, RN
Jennifer is the Senior Director of Professional Development at Northwell Orzac Center for rehabilitation. She has been a nurse for 25 years, acute care, home care and now is currently in a SNF/Rehab setting. She is passionate about patient equality, patient experience and healthcare innovations.

Andrea Kabacinski, MS, RN, ANP
No picture or bio submitted

Michele Caliva, RN, CSPI, MA, CCE
No picture or bio submitted

Jennifer Zuber-Bozek, MBA, RN-BC, CPHIMS, CRCR
No picture or bio submitted

Helen Pham, RN
No picture or bio submitted

Ebele Maduekwe, BSN, RN
Ebele works at Stonybrook Hospital in Stonybrook, NY as a RN Supervisor 1 on the 11north floor. She is a member of the Program Committee, Audit Committee, and Awards Committee for ANA-NY.

Nadia Joseph, MSN, RN-BC, CNEcl
Nadia is currently employed at Mount Sinai South Nassau as a Nursing Professional Development Specialist/ Orientation Coordinator and Faculty Student Placement Coordinator. She received her Bachelor of Science in Nursing from SUNY at Downstate and her Master of Science with education track from Molloy University. She is board certified from ANCC and NLN. She has over 30 years of experience in nursing ranging from critical care level 1 trauma at Stony Brook University Hospital, Assistant Nurse Manager at NYU Langone Mineola, Faculty at Nassau Community College and adjunct faculty at different Universities. For over a decade, Nadia has been an educator/faculty and is committed to promoting advanced education for all nurses. She is a member of ANA-NY, where she served on the education committee.

Kimberly Corbisiero, RN
No picture or bio submitted

Lisa Chung, DNP, RN, NPD-BC
No picture or bio submitted

Megan Scali, BSN, RN
Megan graduated from Molloy College in 2019 and started her career at NYU Langone in the CCU. She transferred to NYU-Long Island in 2021 as the assistant manager of the CTICU/SICU and just transitioned into a new role as a nurse manager for a surgical telemetry stepdown unit. She served on the Nominations & Elections committee for ANA-NY from 2019-2021. She is enrolled to attend Molloy University this fall to get a masters in nursing administration and information and an MBA in healthcare administration. She is really passionate about helping create spaces for the new generation of nurses to feel inspired and passionate about our profession.

Board Liaison - James Connolly, MSN, RN-BC, CNEcl
James is a Registered Nurse with 6 years of experience. He is currently serving his 2nd term as Director at Large for ANA-NY. He has served as Board Liaison to the Program Committee for three years. His belief is that through engagement of individual nurses, nurses can drive large statewide change for the improvement of both the profession and the patients we serve.

ORGANIZATIONAL AFFILIATES

ANA-NY is Proud and Honored to be Associated with our Organizational Affiliates

Chi Gamma Chapter Sigma

Greater New York City Black Nurses Association (GNYCBNA)

Mohawk Valley Nurses Association (MVNA)

New York League for Nursing (NYLN)

New York State Association of Nurse Anesthetists (NYSANA)

New York State Association of School Nurses (NYSASN)

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

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

Philippine Nurses Association of New York (PNANY)

Professional Nurses Association of Dutchess/Putnam, Inc. (PNADP)

Professional Nurses Association of Rockland County (PNARC)

Professional Nurses Association of Suffolk County (PNASC)

Professional Nurses Association of South Central New York (PNASCNY)

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

Are you a member of a nursing group that should become an Organizational Affiliate (OA)?

Here are some benefits: 1. A discount on exhibiting at ANA-NY's annual conference; 2. Attendance at ANA-NY's annual conference at a member registration rate for the OA's representatives; 3. The right of OA's RN liaison to attend and speak at ANA-NY's governing assembly, without vote; 4. A link with your logo on ANA-NY's website with recognition of OA status; 5. Access to professional development opportunities for OA's 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 membership@anany.org for more information.

ORGANIZATIONAL AFFILIATE SPOTLIGHT

MENTORING | SCHOLARSHIP | COLLEGIALITY

Professional Nurses Association of Dutchess/Putnam, Inc.

An affiliate of ANA-NY

The Professional Nurses Association of Dutchess/Putnam Inc. is an Organizational Affiliate of ANA-NY. Our mission is "To advocate for the advancement of Registered Professional Nurses by fostering collegial relationships, mentoring the next generation of nurses, supporting nurses in their quest for education and encouraging education/scholarship within the Dutchess/Putnam region." We promote the standards of nursing practice, nursing education, and nursing services established by the American Nurses Association (ANA).

Today, PNA of Dutchess/Putnam, Inc has over 100 members and we just inaugurated our new Officers and Board Members. The Officers: President, Tara Zacharzuk-Marciano, Ph.D., RN, Vice President Natalie Stepanian, Recording Secretary, Elizabeth Berro, Corresponding Secretary, Vinnie Hopper, and Treasurer, Karen Sieverding. The Board Members: Donna Law, Mary Cohen, Cynthia Paradiso, Barbara Kabbash, Cathi Tegtmeier, and Debbie Williams.

Our Nursing Excellence Award Ceremony where we honored 5 colleagues, Award for Excellence in Nursing Education Natalie A. Stepanian Ph.D., RN, Award for Clinical Excellence Glida Koroxenos, BSN, RN, Award for Excellence in Administration Treesa Scaria, Ph.D., RN, State/Local Award for Distinguished Service to the Nursing Profession Vincent Hopper, RN, and Rising Star Award Yazmi Gerard, RN.

Some of PNA of Dutchess/Putnam, Inc events include an educational dinner to Update on Monkey Pox in the Hudson Valley in November and in January the members who have completed their dissertation presented their findings for the membership. We also had a BSN student present her research project as well. We have decided that the January meeting will be to show case research, EBP projects, and entrepreneurial endeavors in the nursing field that our members had done.

We look forward to partnering with ANA-NY and other OAs to build our membership, foster higher standards of nursing, promote the professional and educational advancement of the Professional Registered Nurse, and promote the welfare of nurses.

CONTINUING EDUCATION

Why Leadership is Essential as a Student Nurse

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/231655455505154
- Fee of $7.00 for non-members, ANA-NY members are free.
- Certificates will be emailed after a passing score of 80% or higher is achieved.
- There is no conflict of interest or commercial support for this offering.
- This enduring continuing education offering expires on 09/30/2023.
- Learning outcome: Participating nurses will be able to expand their understanding of the current issues influencing the profession of nursing and be prepared to perform at their highest professional level in a rapidly changing practice environment.
- 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.

By: Lauren Lodico, Nursing Student, Molloy University, President of the National Student Nurses Association, President of Nursing Students Association of New York State, Co-Vice President of the Molloy Nursing Student Association

My leadership journey started at the end of my freshman year of nursing school as the Co-Communications Director of the Molloy Nursing Student Association (MNSA) and Midhudson Regional Director of the Nursing Students Association of New York State (NSANYS). Flash forward and today, I serve as the President of NSANYS and the Co-Vice President of MNSA, with the honor of recently being elected to the National Student Nurses Association (NSNA) as their President.

Leadership for me started since I was a child as it was a quality instilled in me early on. I would guard my little brother's crib to be sure that he had everything he needed and if he didn't, I would advocate for him to my parents. But as far as nursing school, my leadership journey started the day of the 69th Annual NSANYS Convention on zoom during my freshman year of nursing school. I was pushed to run from the floor for Regional Director and ever since then, I have been hooked. Because leadership was innate in me, NSANYS and MNSA are organizations where I have felt that I belonged since I first walked through the doors of Molloy University.

Nevertheless, these organizations have pushed me to better myself professionally, socially, and mentally. Through the exposure to nursing organizations, attending nursing conventions, and meeting so many different people already in the field, NSANYS has allowed me to expand myself as a student so much more than I thought possible without an RN license. Without the National Student Nurses Association and the strong state student-led organization present in New York, I might not be the person I am today and the strong nurse that I know I will be when I graduate. I have been so fortunate to be able to attend NSNA's Conventions ever since I was a freshman (both virtually and in-person). Through networking, workshopping, and learning about new research/policies that are being enacted, I have been able to become a stronger student and future nurse. Additionally, I have been able to spread my residency, knowledge, and passion for leadership to all of my peers and colleagues. This type of leadership has been incredibly infectious in me as I have passed on information that I have learned to every student I come in contact with.

I believe because of the incredible benefits and qualities that these organizations have on students, it should be recommended and required to have at least one leadership position/role before student nurses are allowed to graduate from nursing school. It is required to complete clinical hours, simulation hours, and lab hours for our students so by adding a leadership position, it wouldn't be too much of a jump. Additionally, it would force schools to enact NSNA's total school membership plan, giving more funds to state associations in order to give back to the students. More students would be able to attend conventions if states had these increased funds to sponsor them and therefore, students would have more exposure to networking opportunities, learning about policies and other programs in order to better their schools, and meeting other students that may be colleagues for the rest of a student's career.

In addition to being a wonderful event for students to get involved in, having a leadership position would be a huge draw to hiring agencies as many would like nursing leaders who will get involved in associations like the American Nurses Association of New York (ANA-NY), and much more. These nurses are also advocates and have experience in advocating for someone, meaning that hiring directors know that their patients are going to get someone who is willing to speak up for these patients.

If more of our student nurses who are graduated are educated on what it means to be a leader, how to engage a conversation professionally, and are inspired to continue leadership organizations past nursing school, I believe we would have much stronger and resilient nurses today. Not only has MNSA prepared me for future leadership, but because of the bond that NSANYS has to ANA-NY, I know I will be able to make a smooth transition when I graduate to nursing leadership organizations like ANA-NY. NSANYS and ANA-NY have been collaborating and holding events together for years since I came to nursing school and the relationship that our organizations share is one that should inspire other associations to do the same. This mutually beneficial relationship has prospered for years and aided in new nurses being able to transition to these incredible nursing organizations by having so much familiarity with ANA-NY. NSANYS has held Council of Student Leaders (COSL) in conjunction with the ANA-NY Annual Convention for several years now and the organization is always so gracious and willing to assist student leaders in whatever the organization can.

On behalf of the Nursing Students Association of New York State, I would like to extend my gratitude for all of the assistance, financial support, and mentorship that ANA-NY has provided us with over the years. We look forward to the many more years that we will continue this amazing partnership and beneficial relationship, and the many students that will be able to transition smoothly to being a new nurse because of our organizational alliance.

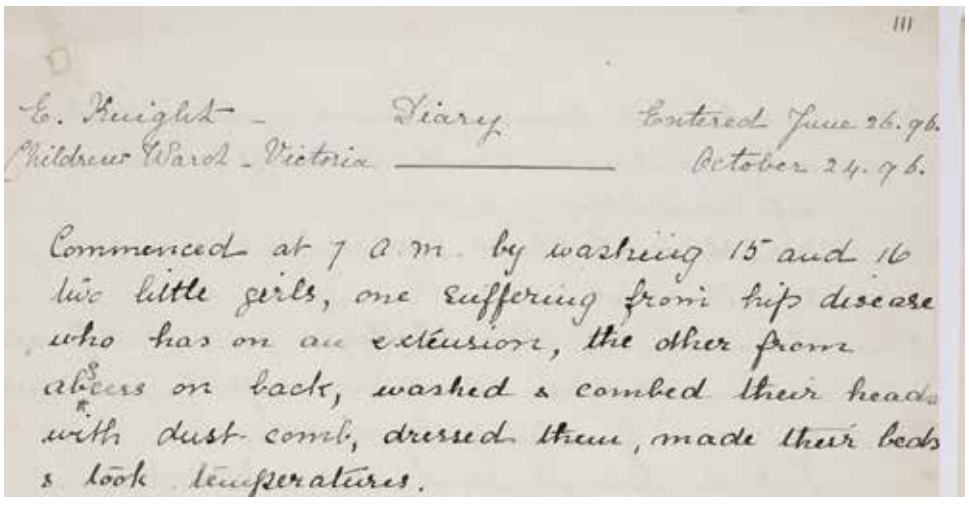
NO KIDDING

What Shift Did Florence Work? Night...ingale

Connie J. Perkins, PhD, RN, CNE

I hope you all had a wonderful Nurses month and took time to send birthday wishes in spirit to our girl Florence Nightingale on May 12th. With her being the founding mother of nursing and a statistician whiz, it is important to take time to reflect on what she gave up to make nursing a profession, not just a job. She came from a wealthy family, who believed contrary to common practice that women deserved to be educated in the same manner as men. Without this family value, she may not have had the statistical abilities or backbone to break tradition and work rather than get married. I think it's safe to say that we all know about Florence Nightingale's accomplishments and thanks to Notes on Nursing we have plenty of quotes to interpret. If you haven't read it, here is a quote to think about: "Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion" (Nightingale, 1969, p. 38). Certainly in the 1800s, there was nothing formalized like patient portals to view our notes, bedside report involving the patient in care, or posters plastered on walls showing the patient at the center of everything we do; yet this was still the sentiment Nightingale shared. Suffering, a common theme discussed in my ethics course, goes beyond physical pain and is different for every person at every stage of life. From interpreting Florence's diary entries, I would say it has always been that way. Florence kept diaries like we keep electronic health records, which was also a requirement in her school (The British Library Board, n.d.). Most of them outlined the care she provided for patients (see figure 1), but others outlined her travel and personal life. From those more intimate diaries, it is a common theory that Florence Nightingale may have been a member of the lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTIQA+) population. This is based on her diary entries often referring to herself in a masculine form and sharing passionate relationships with other females (Queerbio.com, 2020). In a letter to Mary Clark Mohl, her BFF, on December 13, 1861 Florence wrote "I have lived and slept in the same bed with English countesses and Prussian farm women…no woman has excited passions among women than I have" (LibQuotes, 2023). According to the Florence Nightingale Museum (2012-2023), located in London, she also declined several marriage proposals from male suitors. Between the flowery language used in that time and her known dedication to her work and a little because Facebook didn't exist back then, we may never know what her 'relationship status' was. However, she does provide us with another reason to bring all kinds of humans together to celebrate the profession of nursing in May and Pride Month in June.

Figure 1
Diary entry of Florence Nightingale June 26, 1896



E. Knight – Diary. Entered June 26. 96.
Children's Ward – Victoria _____ October 24. 96.

Commenced at 7 a.m. by washing 15 and 16 two little girls, one suffering from hip disease who has an extension, the other from abscess on back, washed & combed their heads with dust-comb, dressed them, made their beds & took temperatures.

Note Translation: Commenced at 7am by washing 15 and 16, two little girls, one suffering from hip disease who has an extension, the other from abscess on back, washed and combed their heads with dust-comb, dressed them, made their beds and took temperatures. https://www.bl.uk/learning/timeline/item106505.html

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State of New York

Executive Chamber

Proclamation

Whereas, New Yorkers join in the observance of "Nurses Month" to honor our state's dedicated community of nurses, as well as nurses from across our nation and beyond, who generously give of themselves in service to their fellow human beings, their profession, and their communities, providing care to others and dutifully stepping forward to help our state meet the overwhelming medical needs of today's society; and

Whereas, since the World Health Organization declared 2020 - 2021 the International Year of the Nurse during the COVID-19 pandemic, the American Nurses Association – New York (ANA-NY) has extended the traditional observance of National Nurses Week to a month-long period of recognition, and New Yorkers express our appreciation and support for nurses who show courage and compassion in all work sectors; we will never forget the dedication and tenacity of our frontline nurses throughout the difficult and demanding circumstances of the pandemic, each day fulfilling crucial roles in our state's response to the health crisis, while placing themselves at risk and enduring unimaginable physical and emotional stress, dangers to their own health, and personal sacrifices made by them and their families; and

Whereas, in New York State this community is comprised of 374,123 Registered Professional Nurses which include 37,768 Licensed Nurse Practitioners; under their direction are the 67,520 Licensed Practical Nurses who hold many levels of expertise and proficiency; in addition, there are 1,342 New York State Licensed Midwives, many of whom are also nurses and use the title "Certified Nurse-Midwife" or "Nurse-Midwife," and have completed registered nursing and midwifery education; and

Whereas, New York State's nurses embody a spirit of purpose and heartfelt care for others, and our state understands that we need more nurses to help provide safe medical environments for all New Yorkers and created the "Nurses of Our Future" and "Nurses Across New York" programs to recruit and retrain nursing and health care professionals; and

Whereas, Nurses Month highlights the immeasurable impact that nurses have on all of our lives, reflected in the theme, "You Make a Difference"; working in all areas and settings – acute care, long-term care, emergency and urgent care, and within hospitals, offices, schools, community resources, rehabilitation and recovery centers – nurses are indispensable in safeguarding public health as members of a highly specialized profession that is constantly evolving to address the needs of society; and

Whereas, nurses have led the way and advocated successfully for improving care and enhancing patient safety in their work and in law, directly affecting the health outcomes for people, delivering quality patient care and services, as well as influencing and shaping policy decisions that ensure all people have access to high-quality, affordable health care coverage; and

Whereas, May 12th marks the 223rd anniversary of the birth of Florence Nightingale, founder of the science of professional nursing, and we take this opportunity to honor and thank all nurses practicing in our state and nation who uphold the "Nightingale Pledge" of 1893 and stand firmly as the cornerstone of patient care in all settings; and

Whereas, during this month-long observance, we take the opportunity to express our gratitude to the thousands who have answered the call to this profession and who continue to meet unparalleled challenges, knowing that it takes remarkable individuals in these extraordinary times to compassionately tend to our fellow human beings and return them to good health;

Now, Therefore, I, Kathy Hochul, Governor of the State of New York, do hereby proclaim May 2023 as

NURSES MONTH

in the Empire State.

Given under my hand and the Privy Seal of the State at the Capitol in the City of Albany this first day of May in the year two thousand twenty-three.

Kathy Hochul

Governor

Secretary to the Governor
Karen Persichilli Keogh

EVIDENCE YOU CAN USE

Decreasing Hypertension Using a Culinary Medicine Program: A Project Improvement Plan

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Abstract

The aim of this improvement plan is to educate health care providers (HCP) about healthy lifestyle modifications after participating in a culinary medicine (CM) program to reduce hypertension (HTN) in clinic patients. The proposed project improvement plan for prevention and management of HTN is through implementing a CM or teaching kitchen program to cardiology HCP, which will include doctors (MD), nurse practitioners (NP), physician assistants (PA), nurses, and supportive staff at cardiology clinics on the Upper East Side of Manhattan, New York. All staff members will be provided CM training at a test kitchen provided by a local hospital on the UES in conjunction with the cardiology clinic.

Keywords: culinary medicine, teaching kitchen, food as medicine, lifestyle medicine, healthy living

Introduction and Background

Prevention and Management of Hypertension

Cardiovascular disease (CVD) causes more than 877,000 American deaths per year (National Center for Chronic Disease Prevention and Health Promotion, 2022). The number one killer is heart disease (Carey et el., 2018; Mills et al., 2016). Health care costs are estimated at $216 billion annually per the National Center for Chronic Disease Prevention and Health Promotion (2022). Lost productivity costs on the job from early death are $147 billion. The risk factors for heart disease are high blood pressure (BP), diabetes (DM), high low-density lipoprotein (LDL) cholesterol, smoking in addition to second-hand smoke, obesity, physical inactivity, and an unhealthy diet (Carey et al., 2018; Mozaffarian et al., 2008).

Health care providers lack education in lifestyle medicine, which includes healthy eating, routine exercise, and stress management (Clarke et al., 2016). Educating HCPs about CM bridges the gap and enables them to educate their patients. This improvement project focuses on enhancing HCPs' ability to provide healthy lifestyle education through CM training (La Puma, 2016).

Measures that Promote Healthy Living

Carey et al. (2018) highlight that a healthy diet, specifically the Dietary Approaches to Stop Hypertension (DASH) eating plan, effectively lowers BP. The DASH diet includes fruits, vegetables, whole grains, nuts, legumes, lean protein, and low-fat dairy while limiting refined sugar, saturated fats, and cholesterol. Combining low sodium intake with the DASH diet further reduces BP compared to sodium restriction or the DASH diet alone. Healthy Living Measures (2016) advocates preventive care that promotes overall health and prevents disease, disability, and discomfort, rather than just treating specific illnesses. This approach aims to improve lifelong health and quality of life, transcending organ-system specific focus.

The Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (2016) indicates increased exercise education for high-risk obesity patients by HCPs from 55.6% in 2002 to 63.5% in 2013. However, there is inadequate education about healthy eating. Considerations:

1. HCPs' own education about healthy eating
2. HCPs' comfort and knowledge in teaching healthy eating
3. HCPs' own practice of healthy eating

Lifestyle Modification Research

Ornish et al. (1998) found that comprehensive lifestyle changes, including a vegetarian diet (no more than ten percent fat), moderate exercise, stress management, smoking cessation, and social support can improve heart health and even reverse coronary heart disease progression. The study concluded that lifestyle changes are viable and effective heart disease treatments.

Blood pressure can be lowered, and the progression of HTN can be slowed or stopped through lifestyle modifications (Carey et al., 2018; Islam et al., 2021). These modifications include smoking cessation, healthy eating, and exercise can be the most cost-effective method of HTN management. Other barriers to optimal BP are medication adherence, routine exercise, healthy eating practices, smoking, and education of patients and HCPs (Raja et al., 2021).

Dorans et al. (2018) report that the ACC/AHA task force recommended a lower target for healthy BP below 120 mmHg SBP and below 80 mmHg DBP in 2017 to reduce cardiovascular event risk. Current guidelines show a 43.6% prevalence of HTN in the US population, up from 31.9%, and up to 75% lifetime risk of developing HTN under previous guidelines. Incidence increases with age (Dorans et al., 2018; Penrod & Moore, 2022).

Regarding lifestyle behavior change, Pappachan's (2011) study highlights the link between CVD and modifiable lifestyle factors. For example, the prevalence of HTN, DM, dyslipidemia, and overweight/obesity among the Indian population is identified as key contributors to the development of CVD. These lifestyle diseases are largely preventable through behavioral changes (Islam et al., 2021; Pappachan, 2011; Penrod & Moore, 2022).

Pappachan (2011) emphasized the importance of monitoring BP since pre-HTN (SBP 120-139 mm Hg and/or DBP 80-89 mm Hg) can be an early warning sign of CVD. Lifestyle changes can effectively manage pre-HTN and prevent CVD. Overall, this study underscores the role of lifestyle behavior change in preventing and managing CVD particularly among populations at high risk, due to the prevalence of modifiable lifestyle diseases. By advocating for and implementing lifestyle behavior change, HCPs can assist individuals in reducing the risk of developing CVD and improving health outcomes.

A related study conducted by Razavi et al. (2020) found that Cooking for Health Optimization with Patients-Medical Trainees (CHOP-MT), a multicenter project for CM, represented the largest study about nutrition among medical trainees. The results showed that medical trainees who participated in an eight-week, kitchen-based, nutrition education course were 82% more likely to meet the recommended intake of fruits, vegetables, and legumes compared to those who received traditional nutritional education. The study showed that hands-on CM education increased daily fruit consumption by one-third and daily vegetable consumption by more than two-fold. Kitchen-based nutrition and culinary education positively impacted dietary habits of medical trainees, particularly related to Mediterranean dietary components and CVD prevention knowledge. The study also found that culinary education improved more than twenty competencies related to lifestyle medicine counseling. The research emphasizes the significance of incorporating CM education into medical training programs to promote healthier dietary habits and CVD prevention knowledge among trainees.

What is Culinary Medicine

According to Hauser's (2019) definition, CM combines evidence-based knowledge and skills pulled from both nutrition and culinary arts curriculum making it applicable for medical trainees, medical and residency programs, or continuing education for HCPs. Using CM helps patients maintain their health as well as prevent and treat diseases through the selection of high-quality, healthy food along with appropriate medical care. A comprehensive CM course teaches practical dietary behavior changes; food knowledge, such as cultural traditions; and cooking skills for real-life situations, including healthy food preparation, sourcing, time, and financial resources.

La Puma (2016) is known as the father of CM medicine. He combined the art of food and cooking with the science of medicine. Culinary medicine aims to help people make good personal medical decisions about accessing and eating high-quality meals to prevent and treat disease and restore wellbeing. Unlike other fields, like nutrition or dietetics, CM is not concerned with a single dietary philosophy, and it does not reject prescription medication. Instead, it is practical and concerned with patients in immediate need and the foods and beverages that can improve their condition. Culinary medicine considers how food works in the body, the sociocultural and pleasurable aspects of eating and cooking, empowering the patient to care for themselves safely, effectively, and happily with food as a primary care technique.

Established in 2012, Dr. Tim Harlan, then of Tulane University, founded the first teaching kitchen at a medical school known as the Goldring Center for Culinary Medicine (Tulane University, n.d.). The program offers hands-on CM cooking classes for medical students as well as continuing education for HCPs and foodservice professionals. The Center's broader goal is to strengthen the community and provide practical training that emphasizes the importance of nutrition in healthcare.

Project Design

The improvement project is to implement a CM program or teaching kitchen to train cardiology HCPs, including MDs, NPs, PAs, nurses, and support staff at an Upper East Side Manhattan cardiology clinic. In preparation for the pre-implementation training, the staff will require six weeks of CM training in a healthcare test kitchen (i.e. cardiac rehabilitation clinic). Though this project takes place in a cardiology setting, it can be used in other settings.

Components of the project include:

- § Staff will be assessed for their knowledge of lifestyle and CM prior to implementing the project.
- § Clinic MDs, NPs, PAs, nurses, and supportive staff will be provided with CM classes for six weeks.
- § Patient data (i.e. BP, weight, body mass index (BMI), hemoglobin A1C (A1C), will be collected from the clinic electronic medical records (eMR).
- § Project details will be reviewed after six months, including overall implementation of the CM program, education of HTN patients, and data collection for six months post-instruction.

- § HCPs will compare patient data (i.e. BP, weight, BMI, and A1C) before and after CM education.
- § Pre-CM education eMR biometric data will be the control; the post-CM eMR biometric data will be the intervention.
- § Data collection methods will consist of the following:
  - existing data from an eMR
  - pre and post HCP and staff questionnaires about health education knowledge
  - semi-structured, face-to-face education and conversations between the HCPs and patients about healthy eating and lifestyle modification
  - future data from the eMR post education and conversations
  - When successful, can be shared widely for other healthcare settings.

Discussion and Outcomes

The benefit of this improvement project will be empowering not only patients but also HCPs with the connection and knowledge that healthy food choices cause a direct impact on patient long-term wellbeing. There is a connection between healthy eating and BP. This tool can improve attitudes, nutrition knowledge, healthcare quality, and potentially decrease future healthcare costs per patient (Olfert et al., 2020).

The study design incorporates all clinic staff, whether they provide direct care to patients or not, to be included in culinary education. The culinary education students will gain new practical skills and knowledge to implement in their lifestyle and educate their patients. An additional benefit is that staff learn to make healthy lifestyle changes, which will, in turn, make them healthier and happier in their personal and professional lives. Moreover, the work culture can result in less absenteeism, stress, burnout, and attrition. Staff will be more satisfied, and retention will be improved. If the project plan successfully improves HCPs' knowledge and ability to educate patients about lifestyle changes and reduces patient HTN rates, it can be replicated in other clinics.

Recommendations and Conclusions

The initial project targeted cardiology patients to decrease HTN. However, there is broader application in teaching staff and patients to become proactive in their health and wellbeing. One example would be implementing CM in nursing school curricula. In reviewing literature for this project, there is a dearth of research relating to CM in nursing school education. Another example on a large scale would be the implementation project and training initiative recently announced by New York City Mayor Eric Adams (Office of the Mayor, 2022). This partnership with the American College of Lifestyle Medicine (ACLM) and the NYC Health and Human Services Department will train HCPs citywide and individuals with lifestyle-related chronic diseases who seek their care. An indirect goal is anticipated by reducing this significant burden of preventable diseases and their economic impact through lifestyle behavioral changes.

The original project resulted in a more positive work culture with happier, healthier staff and greater retention. This proposed CM project can be easily implemented and replicated in the community and lower medical costs for patients as well as operating costs due to a healthier staff. Implementing an improvement project such as a CM program equips HCPs with information to implement lifestyle changes for themselves as well as empower their patients.

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Substance Use Disorders and Drug Diversion Among Nurses: What You Need to Know

Drug diversion occurs when a healthcare clinician diverts a drug intended for a patient for their own purposes. Clinicians steal drugs to sell or use themselves because they are suffering from substance use disorder (SUD).

As clinicians, nurses aren't immune to SUD or drug diversion. Statistics from the U.S. Substance Abuse and Mental Health Services Administration and American Nurses Association suggest that about 10 percent of healthcare workers abuse drugs. And the 2021 Diversion Digest Report from Protenus, a healthcare compliance analytics platform, found that nurses were responsible for 31 percent of publicly reported drug diversion incidents in 2020. Both SUD and drug diversion have significant professional implications that nurses need to understand.

SUD and drug diversion

Unfortunately, incidences of SUD and drug diversion have risen in recent years. And drug diversion is likely underreported because a significant number of diverters go undetected despite warning signs. The Diversion Digest Report notes that the COVID-19 pandemic also has likely contributed to underreporting.

According to the Drug Enforcement Administration (DEA), the most common classes of drug that are abused are opioids, depressants, hallucinogens, stimulants, and anabolic steroids. Opioids are the most common class of diverted drugs, with oxycodone, fentanyl, and hydrocodone leading the way, according to the Diversion Digest Report.

Methods for diverting drugs include obtaining drugs by not "wasting" them in situations where they would normally be disposed of (for example, drawing up too much medication), not administering drugs to patients, and administering a substitute substance such as water or saline.

Consequences of SUD and drug diversion

The consequences of drug diversion are many, including criminal and civil legal action against the diverter. Not only can nurses be charged with a felony, but they also can be sued by patients who experience inadequate pain relief or infection as a result of tampering. (When clinicians with hepatitis C virus or another bloodborne infection tamper with an injectable drug, they can contaminate equipment, resulting in subsequent infection.) In addition, nurses with a SUD may make errors that cause patient harm and subsequent legal action. And, of course, these nurses experience significant physical and psychological harm to themselves.

Drug diversion and suboptimal practice due to SUD also can prompt colleagues or patients to file reports with the state board of nursing, which can result in loss of license—and a career.

SUD and drug diversion also violate multiple provisions in the *Code of Ethics for Nurses with Interpretive Statements*. For example, provision 2 states "the nurse's primary commitment is to the patient…" and drug diversion puts the nurse's interests over the patient's. Provision 3 requires nurses to promote, advocate for, and protect the rights, health, and safety (emphasis added) of the patient. And provision 5 states the nurse "owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity…" SUD does not promote self-care, and those who divert drugs do not act with integrity.

Identifying and reporting

To protect patients, nurses should report those they suspect of diversion (see sidebar: Signs of drug diversion) to their supervisor; the organization then has the responsibility to investigate the claim. If action is not taken, Healthcare Diversion Network suggests reporting the incident on its website, filing a report with the state board of nursing, or, in the case of theft of controlled substances, submitting Form DEA-106, available at: www.deadiversion.usdoj.gov/Reporting.html.

Preventing drug diversion

The following strategies reduce the risk of drug diversion:

- Use controlled substances in dose sizes that minimize waste.
- Avoid range orders for controlled substances because they promote waste.
- Only remove controlled substances from automated dispensing cabinets right before they are to be administered.
- Waste immediately; delays can increase the risk of diversion.
- Know your organization's wasting policies.
- Understand the symptoms of substance use disorder and what to do when you see it.
- Dispose of drugs safely per EPA requirements.
- Speak up when you suspect diversion.

In cases where SUD is suspected as the cause of the diversion, reporting ensures nurses receive the help they need. As the 2019 Quick Safety on drug diversion from The Joint Commission notes, "see something, say something."

Nurses also have an ethical responsibility to report suspected SUD. Within provision 3 of the Code of Ethics is an entire section related to impaired practice and the need to act to "protect patients and ensure that the impaired individual receives assistance." The code further notes that nurses must take "appropriate action" when "incompetent, unethical, illegal, impaired practice or actions" put the best interests of the patient "in jeopardy". They are to report concerns to their manager or the appropriate higher authority in the organization.

Nurses concerned about the negative consequences that the nurse they are reporting may face can take comfort in knowing that SUD is now widely acknowledged as a disease, with punitive actions replaced with treatment geared toward addressing the issue and enabling the nurse to safely return to work. For example, many state boards of nursing now have voluntary alternative-to-discipline programs in place that emphasize treatment. Nurses typically don't practice while undergoing treatment, but they retain their license and ultimately return to work, although initially, there may be some restrictions such as limits on hours worked and not administering narcotics. Monitoring continues, and restrictions are gradually lifted. These programs have been successful in keeping nurses in the profession, so their expertise is not loss.

Nurses also should keep in mind that failing to report a colleague who is diverting drugs has ethical and professional consequences. The Code of Ethics states that if the reported practice is not corrected and continues to jeopardize patients, nurses "must report the problem to the appropriate external authorities" such as licensing boards and regulatory agencies. According to the Code of Federal Regulations Title 21, the DEA's "position" is that employees who know about drug diversion must report it to the appropriate person in the organization. Failure to report "will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area." In other words, it may affect your own employment. The organization needs to maintain confidentiality of those reporting.

Protecting patients, helping colleagues

SUD and drug diversion can cause serious consequences for patients and the nurse diverting. Nurses can strive to prevent drug diversion (see sidebar: *Preventing drug diversion*) and report those diverting drugs to protect patients and help those with SUD obtain needed assistance.

Signs of drug diversion

Nurses and organizations should be alert to the signs of drug diversion to protect patients and ensure diverters receive help. Here are examples of behaviors that may indicate a SUD and/or diversion, however, keep in mind that anyone can be affected by SUD and the signs can be subtle.

- Patients stating they didn't receive medications that have been documented as having been administered
- Atypical drug wasting patterns such as
  - heavy wasting
  - lack of documentation related to wasting
  - frequent wasting of drugs that never reach the patient (for example, patient refusal, discontinued orders)
  - holding waste until the end of the shift
  - frequent requests for colleagues to sign off on wasting they did not witness
- Reviewing medication orders of patients not assigned to them, helping colleagues medicate their patients, or volunteering to administer narcotics to patients.
- Frequently asking for supplemental orders for controlled substances
- Altering telephone or verbal medication orders
- Changes in job performance
- Recurrent mistakes, poor judgment, variable work performance, blaming others or the environment for errors
- Forgetfulness, drowsiness, malaise, euphoria, anxiety, depression, insomnia, paranoia
- Deteriorating personal relationships, frequent personal crises, isolation, volatility, or sullenness
- Taking many sick days, arriving late to work, or frequent no-shows
- Extended or frequent breaks and disappearances during shift
- Volunteering for overtime or coming to work on days off
- Arriving late or leaving early
- Inappropriate verbal or emotional responses
- Diminished alertness, confusion, or memory lapses
- Physical signs of SUD, for example, opioid use disorder is associated with constricted pupils, sweating, chills, runny nose, anorexia, itching and scratching, vomiting, diarrhea, or needle tracks.

By: Cynthia Saver, MS, RN, is president of CLS Development, Inc., in Columbia, Md.

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Workarounds: How Nurse Leaders Can Minimize Their Risks

Nurses must contend with many competing demands during a typical shift (delivering care to patients, educating families, communicating with other members of the healthcare team, to name just a few), often causing them to seek ways to compress everything they must do into a short time frame.

In these situations, it can be tempting to engage in "workarounds", subverting policies, procedures, and even standards of care to pick up precious minutes. The goal is a worthy one — more time with patients. But workarounds are potentially dangerous to patients and nurses, with some leading to serious consequences such as harm to patients and subsequent legal actions against nurses — and the organizations that employ them.

Nurse leaders and healthcare administrators can protect nurses, themselves, and their organizations from legal jeopardy by understanding the nature of workarounds and creating an environment that minimizes them.

Causes of workarounds

Debono and colleagues provide this useful definition of workarounds: "Observed or described behaviors that may differ from organizationally prescribed or intended procedures in which workers 'circumvent' or temporarily 'fix' an evident or perceived workflow hindrance to meet a goal or to achieve it more readily." In essence, a workaround occurs when a nurse takes action that deviates from established policies and procedures to accomplish the work they need to do — delivering patient care.

Nurses may engage in workarounds when they encounter barriers to their ability to deliver care. Time is a frequently cited barrier, but many causes lie behind this one word. In a scoping review, Debono and colleagues categorized factors contributing to workarounds as organizational (such as insufficient staffing, productivity pressures), work process (such as new technology not matching workflow), patient-related (such as the need to ensure patients receive timely care, or policies not in the best interest of the patient), individual clinician (such as fatigue), and social and professional (such as poor communication between clinicians). A key factor to remember is that in most cases, nurses engage in the behavior because they feel it is important to overcome obstacles and deliver needed care to patients.

Workarounds can be viewed on a continuum. For example, they can be innovative when, perhaps, a more efficient workflow is identified. On the other hand, they can be harmful, resulting in patient morbidity and mortality. (Deutsch notes that in addition to immediate danger to patients, workarounds make it less likely that an underlying problem will be identified and addressed.) Certainly, some workarounds pose less potential harm to patients than others, but in general, workarounds are something to be avoided because of patient safety risks.

Avoiding workarounds

Nursing and other organizational leaders can take several steps to reduce workarounds (see sidebar).

Engage in dialogue. Leaders and staff should collaborate when implementing new technology or practices to ensure they fit into nurses' workflow. A systematic review found that workarounds most frequently occurred when new technology was implemented and when medications were administered.

Leaders also should regularly ask staff about problems in workflows and to share any workarounds they have engaged in. It can be helpful to observe care directly, since nurses may not be conscious of workarounds they use. Be aware of situations particularly vulnerable to workarounds, such as when a new process is implemented. In addition to considering the reason for the workaround, those that do not put patients in harm's way should be evaluated to see if they could result in positive practice changes.

Promote a culture of safety. Leaders need to communicate to staff that the primary goal of the organization is to deliver safe, quality patient care. While that may be stating the obvious, too often nurses perceive that the goal is to complete all the work in the allotted time; this message is reinforced when organizations don't provide needed support such as adequate staffing.

Reducing workarounds

It may not be possible to eliminate workarounds, but the following strategies can reduce them.

- Engage in dialogue before implementing new technology and practices to determine how they fit into current workflow.
- Ask staff to share workarounds and the reasons for them.
- Promote a culture of safety and a just culture.
- Ensure adequate staffing and supplies.
- Provide sufficient equipment and a user-friendly EHR.
- Educate staff about workarounds, including normalization of deviance.

Another component of a safety culture is a *just culture*, where there is open communication and a blame-free environment. Errors should be investigated with the goal of identifying root causes, rather than assigning blame. Steven Spear, a senior fellow at the Institute for Healthcare Improvement, suggests that when an error occurs because of a workaround, helpful questions include: What went wrong? What got in my way? Why did it get in my way? What can I — what can we — do differently going forward that will address the causal factors and remove the bad experience?

Hold staff accountable. A just culture does not preclude holding staff accountable for their actions. Nurses who engage in reckless behaviors should be counseled and disciplined. A behavior is considered reckless when the person consciously engages in it while knowing that there is substantial and unjustifiable risk. Leaders can work with human resources departments to establish procedures to follow in these situations.

Provide needed resources. Nurses will engage in workarounds when they don't have the resources they need to care for patients. These resources include adequate staff, equipment, and supplies. For example, a study found that understaffing during the COVID-19 pandemic led to greater use of safety workarounds.

Provide education. Education about the potential dangers of workarounds should include reasons for it and the importance of speaking up when the nurse feels a workaround is necessary. It also can be helpful to discuss normalization of deviance. When someone chooses to use a workaround and no negative consequences occur, there is the tendency to repeat the workaround and drift away from the standard of behavior, resulting in deviance that can result in harm.

Ensure a user-friendly electronic health record (EHR). Cumbersome EHRs are a frequent source of workarounds, which can lead to patient harm, including medication errors. For example, a study found that 46 percent to 64 percent of nurses used workarounds related to EHRs. Including staff when selecting an EHR and soliciting their input on a regular basis to detect ways the EHR can be made more user-friendly can help reduce workarounds.

Protecting patients, nurses, and organizations

While sometimes helpful in illuminating ways processes can be improved, workarounds more often result in an increased risk of patient harm. This harm can lead to legal action for caregivers, leaders, and organizations. By minimizing workarounds, nursing leaders can help keep patients safe and reduce the risk of liability.

By: Cynthia Saver, MS, RN, is president of CLS Development, Inc., in Columbia, Md.

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Women Conquer ALZ

Women are at the epicenter of the Alzheimer's crisis. Not only are they more likely than men to be caregivers, women are also more likely to develop the disease.

"I spoke with a woman whose maternal grandmother developed Alzheimer's when she was just a small child. A few years after her grandmother passed, her mother was diagnosed and battled the disease for 14 years. And then the unthinkable news came that her older sister developed Alzheimer's too," said Elizabeth Smith-Boivin, executive director of the Alzheimer's Association Northeastern New York chapter. "The impact of Alzheimer's on the women in this family is clearly devastating, but, unfortunately, not uncommon."

Almost two-thirds of Americans with Alzheimer's are women.

The risk of Alzheimer's to women is real. Women in their 60s are about twice as likely to develop the disease as they are to develop breast cancer.

"It's unclear why this imbalance exists," said Smith-Boivin. "Age is certainly a strong risk factor for dementia and women live longer than men. But that doesn't explain everything and scientists continue to look at sex-specific differences. For example, factors including pregnancy, hormones and heart health can make women more susceptible to Alzheimer's. As we continue to gain a better understanding, the hope is that we'll be able to design interventions specific to women."

Due to their increased prevalence, women should be mindful of the 10 early warning signs of Alzheimer's, including memory loss that disrupts daily life, difficulty planning or solving problems, and trouble completing familiar tasks. Nurses are in a position to aid in this by identifying patients who may show signs and symptoms of dementia and encouraging families to have their loved one see either their PCP or a neurologist to complete a comprehensive evaluation. After all, an early and accurate diagnosis can improve the quality of care and quality of life and may reduce the financial impact of the disease.

More than 60% of Alzheimer's and dementia caregivers are women.

Nearly half of all caregivers who provide help to older adults do so for someone with Alzheimer's or another dementia. However, similar to prevalence, the burden on women outweighs that of men. In fact, over one-third of dementia caregivers are daughters, oftentimes part of the "sandwich generation" or those raising a family while caring for a parent.

Dementia caregiving can be extremely challenging and often has negative effects on one's health. Caregivers who are women may experience higher levels of depression and impaired health than men. They are also more likely than men to indicate a need for individual counseling, respite care and support groups. This makes it critical to refer them to local programs and support services available in their communities. We often say that the best thing a caregiver can do for the person they are caring for is to take care of themselves. Providing an array of support services and expanding the delivery of these valuable services to our most vulnerable neighbors whose access to quality care may be limited by barriers beyond their control is central to the Alzheimer's Association's mission.

Alzheimer's disease is a women's issue.

Luckily, the Alzheimer's Association recognizes the strength of women as a force to address and create change. To join the thousands of women rallying around this issue, consider starting your own Walk to End Alzheimer's team. Visit alz.org/walk to find a Walk in your community. Together, we can change the current narrative around women and Alzheimer's.

The Alzheimer's Association will continue to work aggressively to address the global Alzheimer's disease crisis by providing education and support to the millions who face dementia every day, while advancing critical research toward methods of treatment, prevention, and, ultimately, a cure.

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SIG No. 3	Nurses who want to learn more about policy and advocacy to discuss the details of the policy and political process and learn more about the ANA-NY Legislation Committee activities.
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Having Hope is Empowering

Phyllis S. Quinlan, PhD, RN, NPD-BC

There are days that the demands at work seem relentless. Everyone is working despite enormous challenges to take care of their patients, take care of their families, and to try to find the time, let alone the energy, to take care of themselves. When I speak with individuals almost every one of them shares that they are trying to keep a confident attitude by focusing on positive emotions such as humor and gratitude. Everyone is trying to find a way to hang on to ***Hope***.

Hope is a funny positive emotion. It is the only positive emotion that I am aware of that is triggered by something unwanted. It's triggered by the anticipation of change, a potential loss, uncertain future, or potentially catastrophic event. It is then that people want to search for and possess it. Sometimes we talk about hope interchangeably with faith, but they are very different. Faith is all about surrendering to the known (felt) but unseen. Faith takes belief and patience. Hope is about believing but there is nothing patient about it. Hope is about taking clear, purposeful action to influence an unwanted outcome or the future.

Hope is about empowerment. Hope suggests that the current situation does not need to be accepted or tolerated. It implies that by taking specific action-oriented steps, one can have some positive influence over future outcomes. Having hope means that we are not at the mercy of circumstances or fate. For a control freak like me, this is great news!

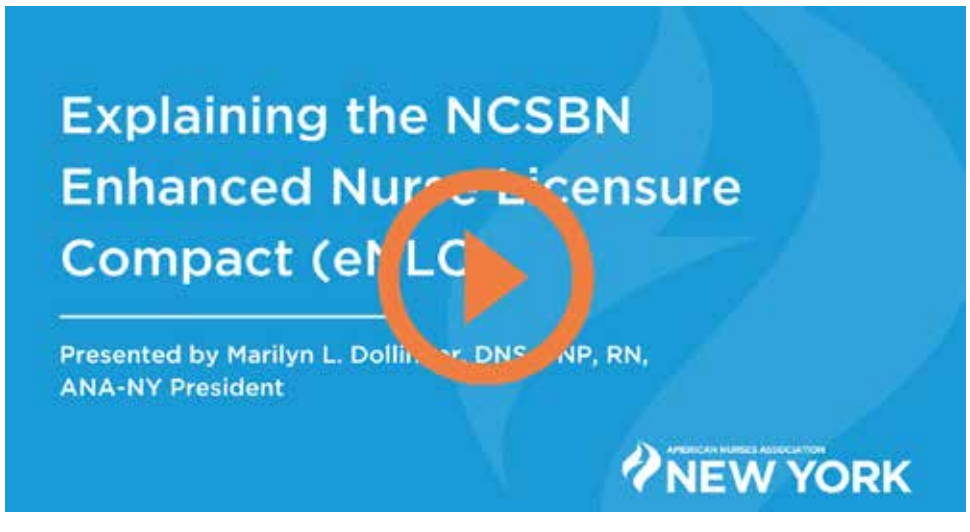
As healthcare professionals, we deal in hope every day. We are very busy influencing the future of others. Everything we do during our working hours builds hope for those we care for. From the minute we arrive to the minute we head home we are implementing compassion, empathy, and evidence-based actions to influence our patient's wellbeing and save lives. Sometimes the only action we can offer our patient's is a peaceful death. A peaceful death is everyone's last great ***Hope***. A peaceful death is never a defeat.

Keep feeding your ***Hope***:

- Eat well and rest or take breaks often. Exhaustion serves nothing and no one.
- Stay positive. Optimism is a natural outcome of staying hopeful.
- Find the little things in life to be grateful for and appreciate them fully. Gratitude creates momentum and feeds your hope.
- Change one habitual behavior that undermines your health and wellbeing.
- Pay attention to your self-talk. Instead of being your own self-critic, choose to be your own inner coach or cheerleader.
- Engage with others. It is time to re-enter the world and socialize.
- Stay away from those energy vampires (lives depend upon it)
- Decide upon a new goal that truly excites you.
- Keep leaning into your purpose as a member of the healthcare legion of lightworkers.

Some Recommended Reading:

1. Learned Hopefulness by Dan Tomasulo
   a. Learned Hopefulness offers powerful exercises grounded in evidence-based positive psychology to help you identify your strengths; ditch the self-limiting beliefs that diminish your capacity for positivity; and increase feelings of motivation, resiliency, and wellness. You'll also learn to untangle yourself from rumination over past negative events, while shifting your perspective to the present moment and anticipating your future through a more positive lens.
2. Hope is a Verb by Emily Ehlers
   a. Through this creative guidebook, readers will work to live in alignment with their values, examine their relationships with the planet and their community, and be inspired to act, both in their personal life and collectively. Using her experience as a environmental activist, Ehlers offers ways for readers to change their perspective as a path to overcome challenges. A light in a dark place, a friend when you're feeling alone, a roadmap out of overwhelming situations, for those feeling less than secure and safe, Hope Is a Verb points to a world of opportunity and stability that's achievable and surprisingly simple.



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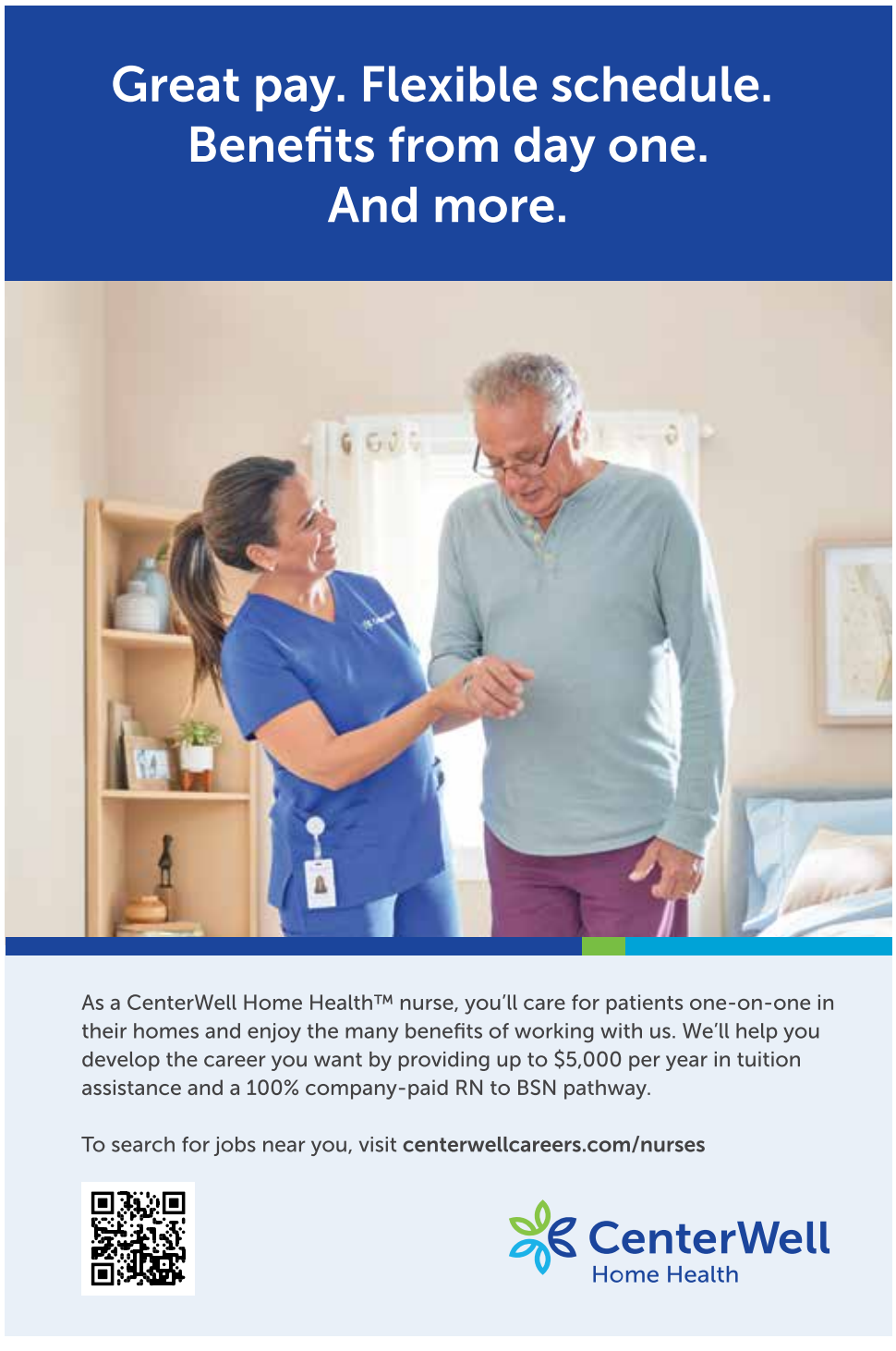
Announcing the Nurse Leader Fellowship

The ANA-NY Nurse Leader Fellowship Program is an opportunity for **ANA-NY members** who are **enrolled in an RN-to-BS program**. The call for fellows will be open for the month of August. Applicants for the fellowship will submit a proposal for a 1-year project that adds membership value for all ANA-NY members. The proposed project may be developed in conjunction with an academic program requirement (I.e., change project for a leadership course, advocacy project for a policy course, etc.). The ANA-NY Board of Directors will review the applications and select fellows based on: breadth of project impact to members, return on investment to members, relevance to the mission of ANA-NY, level of office team support needed for implementation, and sustainability of the project. Selected fellows will be announced at the Awards Gala during the Annual Conference. An ANA-NY member will be selected, based on project subject matter, to act as mentor and guide for each fellow during their year-long project. The 2023 Fellows selected will receive a $1500 stipend upon completion of the approved project which will include assessment of project efficacy and presentation of the project at the 2024 Annual Conference.



2023 ANA-NY Award Recipients

Celia McIntosh, DNP, RN, FNP-C, PMHNP-BC, SCRN, CNRN, CEN, CCRN

Dr. McIntosh is a Doctoral prepared Psychiatric Mental Health and Family Health Nurse Practitioner and currently works in the Neuroscience Department at Rochester General Hospital where she became a certified stroke and neuroscience nurse. She is a Career Coach and Owner of McIntosh Advocacy and Consulting, whose goal is to teach nurses how to survive and thrive in their toxic workplace culture, to improve their self-efficacy, become better self-advocates, and have more confidence at work. As an educator, she combines her medical training with her commitment to raising awareness about health disparities by developing educational programs for Health Care Professionals and translating that evidence into practice through clinical protocols and policies.

Dr. McIntosh has focused much of the training that she has developed and presented on the intersectionality between social injustice and human trafficking - advocating for policy and social change to reduce Black and Brown Americans' vulnerability to trafficking and to reduce healthcare and social disparities. She is currently the President of the Rochester Black Nurses Association and serves as the health policy and the black maternal health chair to help bring awareness to these issues and help bridge the gap between the social and political determinants of health. She also helped to develop and disseminate educational content for healthcare professionals and community members around gun violence, mental health, maternal mortality, police brutality, food insecurity, and human trafficking.

In recognition of her leadership and community work, Dr. McIntosh received the 2022 Dr. Constantino Fernandez Community Leadership and Advocacy Award, 2022 Fisher Nurse Impact Community Award, 2021 Daisy Award for Nurses Advancing Health Equity, 2019 Greece Regional Chamber Girlie Goodwin Citizen of the Year Award, and the Greater NYC Black Nurse Association Community Service Nurse of the Year Award.

Edwin-Nikko Roxas Kabigting, PhD, RN, NPD-BC

Dr. Kabigting is an Assistant Professor at Adelphi University in Garden City, NY. Before Adelphi, he served as a teaching assistant, adjunct, and instructor at Decker College of Nursing and Health Sciences at SUNY Binghamton, where he obtained his master's degree in 2016 while pursuing his Ph.D. in the same educational institution. His education and professional practice consist of a rich mosaic filled with robust and wide-ranging knowledge, skills, and values that he infuses in his pedagogical strategies. He has two baccalaureate degrees (Nursing and Philosophy), MS in Community Health Nursing, two certificates (adult forensic health and an advanced graduate certificate in nursing education) and a PhD in Nursing. He has worked in emergency, clinical decision, telemetry, stroke, gerontology, HIV/AIDS, and transitional care nursing. He is also board certified as a nurse professional development specialist.

He has been a Parse scholar for over four years and serves as the founding president of the New York State Parsesciencing Group which focuses on the qualitative mode of inquiry known as Parsesciencing, coming to know the meaning of universal humanuniverse living experiences. Furthermore, Dr. Kabigting has adapted the Humanbecoming model in the area of feeling overwhelmed, particularly relevant in our understanding of its dynamics and how it affects nurses and nursing students. He has published his research in academic journals and presented at local, regional, and international professional conferences.

He has been recognized with teaching awards from various organizations, e.g., Lise Perault Memorial Award, International Consortium of Parse Scholars, Caring Heart Recognition Award, and Humanbecoming Research Award. Dr. Kabigting is also a Fellow of the New York Academy of Medicine.

Sun Ja Kim, MSN, RN, ANP-BC

Ms. Kim has been a registered professional nurse in New York since 1987 when she started working at Elmhurst Hospital Medical Center as a staff nurse. As she aspired to become more autonomous and independent in her nursing practice, Ms. Kim became an Adult Nurse Practitioner obtaining her certification from Adelphi University in 1996.

She has made a significant impact on the vulnerable immigrant population in Queens and is known as a nurse who has extended her service selflessly and made herself available for those who need help in relation to health care and health-related information, such as limited English proficiency and other health related issues. The Queens Health Network recognized Ms. Kim's dedication and commitment as a nurse advocate and her outstanding performance as a nurse practitioner and presented her with the "Recognition Service Award" in 2001.

Ms. Kim is not limited to hospital-based care; she is also dedicated to serving her local Korean community. Ms. Kim advocated for countless number of Korean American nurses for employment opportunities. In addition, Ms. Kim volunteered after work for three years serving hospitalized Korean patients and assisted those who had no family members by helping with meals and serving as an interpreter.

Ms. Kim is also an active member of the New York Korean Nurses Association (NYKNA) and served as a former president of the association. NYKNA recognized Ms. Kim's dedication and countless hours of commitment to the association and presented her with an award for outstanding leadership and exceptional contributions in 2006 and 2007.

11th Annual ANA-NY Conference Speakers

Keynote Speaker: John Perricone

Mr. Perricone was a Health Educator and Psychology teacher in the Maine-Endwell School District in upstate N.Y. for thirty-one years. His love and passion for teaching have made him the recipient of local, state, and national “Excellence in Teaching” awards having most recently received SUNY Cortland’s Distinguished Educator award. He is a best-selling author and a nationally and internationally sought keynote speaker having been invited to speak in all fifty states and abroad. He has been lauded across the country for his work in inviting his audiences to reflect upon their personal philosophies of life and the role that that philosophy plays in shaping their work ethic and the profundity of their life’s calling. After forty-nine years of training, Mr. Perricone has received his 7th degree blackbelt -- the highest rank that his teacher, world renowned karate master Hidy Ochiai (Hy-dee O-chee-I) has ever awarded in his fifty-seven years of teaching. He sings with the Barbershop Harmony Society and has performed throughout the country in a quartet known as the Troubadours. The only thing that exceeds his zest for his profession and hobbies are the love of his wife Vicki and his daughters Loren and Hannah.

Endnote Speaker: Dallas M. Ducar, MSN, RN, PMHNP-BC, CNL, FAAN

Dallas Ducar, a visionary healthcare leader, serves as the Chief Executive Officer of Transhealth, a pioneering organization committed to transforming healthcare. As a faculty member at the University of Virginia School of Nursing, Columbia University, and the MGH Institute for Health Professions, Dallas brings a wealth of expertise to her role in shaping the future of healthcare. As a Fellow of the American Academy of Nursing, Dallas actively shapes health policy related to equity, ethics, and affirming care. She demonstrates her unwavering commitment as the Co-Chair of the Primary Care Alliance, a member of the LGBTQI Federal Policy Roundtable, and a fervent advocate for affirming care across the nation.

Dallas extends her impact by serving on the Board of Directors for GLBTQ Legal Advocates and Defenders (GLAD), Healing Our Community Collaborative (HOCC), the University of Virginia Inclusion, Diversity, Equity, Access (IDEA) Fund, and the Health Advisory Council for Western Governors University. Embracing her role as a public servant, Dallas is a vital member of the Northampton Board of Health and has proudly served on the Official Transition Team for Attorney General Andrea Campbell.

Dallas has helped advise local, regional, and national elected leaders in best practices and policies for gender-affirming health care, including advocating for protections for providers, and continues to push the needle of justice forward daily.

Dallas finds meaning and passion in her life by spending time hiking with her dogs, exploring the outdoors, and spending time with her loving family and friends. She is actively working to create affirming healthcare by fostering freedom, empowering patients, creating more ethical systems, and restoring a community focus back to clinical care.

2023 Annual Conference Agenda – Nurses: Lighting the Way

Concurrent coaching sessions (Atrium Alcove) and scheduled escape room experiences available by appointment during the conference. Virtual sessions available through the conference app: Nurse Licensure Compact – Dr. Marilyn Dollinger and *The NURSLITT Study: Nurses' Understanding Regarding Search Limits Informing Their Topics* – Eleanor Shanklin Truex, MLIS, BSN, RN; Jean Hillyer, MLS, AHIP; Susan Vonderheid, PhD, RN; Emily Spinner, MSIS, MA

Thursday, November 9, 2023 – Turning on the Lights (4.0 CE)

1:00 pm – 4:30 pm	(3.5 CE) Poster Blitz (Cypress AB)
4:30 pm – 5:00 pm	(0.5 CE) *Sweeping IBD under the rug: The Observant Jewish experience of duality living with chronic illness* – Toby Bressler, PhD, RN, OCN, FAAN (Cypress AB)
5:00 pm - 7:00 pm	Optional Committee Dinner Meetings (we will reimburse travel, dinner, and one-night accommodation out of committee budget line)

Friday, November 10, 2023 - Keeping the Light On: Supportive Work Environments (8.75 CE)

7:30 am – 8:00 am	Breakfast with exhibitors (Event Center Atrium Cypress)
8:00 am – 8:15 am	Welcome with Land and Labor Acknowledgement (Cypress)
8:15 am – 9:45 am	(1.5 CE) *Developing a Philosophical Identity* - John Perricone, MS (Cypress)
9:45 am - 11:00 am	(1.25 CE) – *Don't Let Your Light Go Out* panel discussion – Lisa Alteri, RN (facilitator); Quoida Lauzon, RN; Kenya Beard, EdD, RN, AGACNP-BC, FAAN (Cypress)
11:00 am – 11:30 am	Exhibit and Snack Break (Cypress Foyer)
11:30 am – 12:00 pm	(0.5 CE) – *The 124 Hour Interview: An Innovative Preceptorship Program* – Susan Chin, PhD, RN, NEA-BC, NNP-BC (Cypress)
12:00 pm – 12:30 pm	(0.5 CE) - *Lateral Violence as Experienced by Registered Nurses Working in New York State Magnet-Designated Hospitals* – Simone Bovell, PhD, RN (Cypress)
12:30 pm – 12:45 pm	Group Photo (Flower Wall)
12:45 pm – 2:00 pm	Lunch/ Exhibits (Event Center Atrium Cypress with BOD table)
1:00 pm – 2:00 pm	(1.0 CE) Tabletop Escape Room I: *Virtual Escape Rooms: A Remote Learning Adventure* – John Erman Obidos, RN (numbers limited) (Meadow)
1:00 pm – 2:00 pm	(1.0 CE) OA networking (Cypress)
1:00 pm – 2:00 pm	(1.0 CE) SIG networking (Seneca)
2:00 pm - 3:00 pm	(1.0 CE) Poster Session (20 posters) (Cypress Foyer and Atrium)
2:00 pm – 3:00 pm	(1.0 CE) Tabletop Escape Room II: *Escaping is Just the Beginning* – Connie Perkins, PhD, RN, CNE (max 5 attendees) (Meadow)
3:00 pm -3:30 pm	Exhibit and Snack Break (Cypress Foyer)
3:30 pm – 6:00 pm	(2.5 CE) *Governing Assembly* (Cypress)
6:00 pm – 6:30 pm	(0.5 CE) *Nurse Licensure Compact* dialogue forum (Cypress)
7:00 pm –9:00 pm	Ticketed Awards Dinner (cocktails, dinner, presentations, dancing) (Cypress DE)

Saturday, November 11, 2023 – Shine the Light for All: Health Diversity, Equity, Inclusion, and Belonging (3.75 CE)

7:00 am – 8:00 am	Nurses House Walk
8:00 am – 8:30 am	Breakfast with exhibitors (Event Center Atrium Cypress)
8:30 am – 9:30 am	(1.0 CE) – **Albany 411** – Amy Kellogg, JD, Esq. (Cypress)
9:30 am – 10:00 am	PAC presentation – Amy Kellogg (Cypress)
10:00 am – 10:30 am	Exhibit and Snack Break (Cypress Foyer)
10:30 am – 11:00 am	(0.5 CE) *Venous Access Equitability* – Elizabeth Conderman, RN (Cypress)
11:00 am – 11:30 am	(0.5 CE) *The Long Road: The Journey to Becoming a Certified Wound Care Nurse* – Michelle Dunn, MSN, RN (Cypress)
11:30 am – 11:45 am	Stretch Break
11:45 am - 12:15 pm	(0.5 CE) *Genesee Valley Nurses Association and the Coalition of Regional Nursing Organizations* – Nancy Iafrati, MS, RN, FNP-BC (Cypress)
12:15 pm – 1:30 pm	(1.25 CE) Fireside Chat *Leading with Purpose: Lighting the Way with Affirming Care During Dark Times* – Dallas Ducar, MS, RN, NP, CNL, FAAN (Cypress)
1:30 pm – 1:45 pm	Closing and Grab and Go box lunches (Cypress Foyer)

18.5 hours of Continuing Education time

This activity has been submitted to American Nurses Association Massachusetts for approval to award contact hours. American Nurses Association Massachusetts is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

2023 Future Nurse Leader Awardees

Carrie Badjie – Fulton Montgomery Community College
Chelsea Uzibor – Russell Sage College
Dani Martuscello – Ellis Medicine, The Belanger School of Nursing
Deanna Clark – St. John Fisher University
Emma Carbin – Siena College
Gloria Pinzon – New York Institute of Technology
Grace Wells – Alliance University
Hannah Lum – Roberts Wesleyan University
Jaclyn Jahn – Stony Brook University School of Nursing
Jessica Heredia Siguenza – Mercy College
Laura Knecht – Pace University
Lo-Ruchama Hilaire – Long Island University-Brooklyn
Lynne DelVecchio-Finn – Maria College
Melody Yeung – Adelphi University College of Nursing and Public Health
Peter Gee – New York University Rory Meyers College of Nursing
Robertini Regis – St. Peter's Hospital College of Nursing
Rochele Collins – Pomeroy College of Nursing at Crouse Hospital


Carrie Badjie


Chelsea Uzibor


Dani Martuscello


Emma Carbin


Gloria Pinzon


Grace Wells


Jaclyn Jahn


Laura Knecht


Lo-Ruchama Hilaire


Lynne DelVecchio-Finn


Melody Yeung


Peter Gee


Robertini Regis


Rochele Collins

2023 Governing Assembly Business Meeting Agenda

Friday, November 10

<u>Governing Assembly Business Meeting</u>

3:30 pm **Opening, Welcome, and Introductions – M. Dollinger**
Pledge of Allegiance – TBD
National Anthem – TBD
Nightingale Tribute – Central New York/Syracuse Nurse Honor Guard
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. Miner
K. Velez
Introduction of team:
Executive Director – J. Santelli
Program Manager – D. Spass
Member Engagement Associate – K. Blanchard
Communications Coordinator – B. Lawton

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 ***ACTION ITEM***
Acceptance of Standing Rules ***ACTION ITEM***

Special Guests:
NYSED – S. Sullivan
Foundation of New York State Nurses, Nurses House, and NYSAC– D. Elliott
NYONEL – A. Harrington

Reports
President's Report – M. Dollinger
Secretary's Report – G. Hutchinson
Sponsors
Acceptance of 2022 GA Minutes ***ACTION ITEM***
Treasurer's Report – P. Yezzo
Executive Director's Report – J. Santelli

Standing Committees:
Audit: Chair – A. Bivona-Carmignani
Bylaws: Chair – C. Finlayson
Finance: Chair – P. Yezzo
Legislation: Chair – J. Varghese
Approval of 2023 Legislative Priorities ***ACTION ITEM***
Nominations and Elections – K. Richards
Announcement of Election Results

Other Committees:
Awards: Chair – V. Brown
Nursing Education: Chair – J. Lapidus-Graham
Program: Chair – S. Lewis

Other Business

New Business
Approval of 2024 – 2027 Strategic Plan ***ACTION ITEM***
Swearing in of New Officers

Closing Remarks – M. Dollinger
President's Awards
Recognition of Outgoing Board Members
Recognition of Organizational Affiliates

Adjournment ***ACTION ITEM***

Join an ANA-NY Committee!

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

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- Bylaws Committee
- Finance Committee
- Legislation Committee
- Awards Committee
- Nursing Education Committee
- Programs Committee

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ANA-NY/ANA Membership Activation Form

AMERICAN NURSES ASSOCIATION NEW YORK ANA AMERICAN NURSES ASSOCIATION

Essential Information

First Name/MI/Last Name

Date of Birth Gender: Male/Female

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone Number *Check preference:* ☐ Home ☐ Work

City/State/Zip

Email address

County

Professional Information

Employer

Current Employment Status: (eg: full-time nurse)

Type of Work Setting: (eg: hospital)

Current Position Title: (eg: staff nurse)

Practice Area: (eg: pediatrics)

Required: What is your primary role in nursing (position description)?

☐ Clinical Nurse/Staff Nurse
☐ Nurse Manager/Nurse Executive (including Director/CNO)
☐ Nurse Educator or Professor
☐ Not currently working in nursing
☐ Advanced Practice Registered Nurse (NP, CNS, CRNA)
☐ Other nursing position

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CLIMATE CONVERSATIONS

Climate Change and Cardiovascular Disease

Reprinted with permission from Alliance of Nurses for Healthy Environments

Ethan Katznelson, MD and Dhruv S. Kazi, MD, MSc

Climate change is no longer a problem for future generations—it is already affecting our patients today. The repercussions of a changing climate – including increasingly frequent heat waves, worsening air quality, prolonged droughts, and severe hurricanes – profoundly impact all patients but have particularly devastating consequences on patients with heart disease.

Why is the planet warming? Unprecedented concentrations of greenhouse gasses in Earth's atmosphere—byproducts of unchecked fossil fuel production and combustion— are trapping heat near the Earth's surface. As a result, the Earth is 1.2ºC (2.1ºF) warmer than in the late nineteenth century, with 19 of the 20 warmest years on record occurring since 2001.

Beyond a warming planet, climate change induces more severe and frequent extreme weather and rising sea levels. While still nascent, exploration at the intersection of climate and cardiology reveals myriad impacts on cardiovascular health and care delivery.

Patients with underlying cardiovascular and cerebrovascular disease are particularly vulnerable. First, physiologic changes associated with extreme temperatures increase the frequency of adverse cardio- and cerebrovascular events like heart attack, heart failure, arrhythmia, and stroke. Prolonged exposure to extreme heat, as would occur during heat waves, also worsens outcomes. While access to air conditioners and local cooling centers is protective, many lower income populations lack access and remain at significant risk.

Second, inhaled particulate air pollution is associated with increased cardiovascular morbidity and mortality, likely because these particles trigger local and systemic inflammation.

Living near highways, highly trafficked areas, and factories increases air pollution exposure and can worsen health outcomes. Gaseous pollutants are also concerning, such as ground level ozone which forms when sunlight interacts with vehicular exhaust, a process which intensifies on extreme heat days. When inhaled, ozone can increase the risk of adverse cardiovascular events in vulnerable individuals. Some communities respond with policy advocacy to increase green spaces, electrify public transport, and block development of local power plants or factories. However, most at-risk communities lack the agency or organizing power to protect their locality and remain susceptible to these environmental risks.

Rising temperatures, changing rainfall patterns, and prolonged droughts have increased the frequency and intensity of wildfires. Wildfire smoke inhalation is associated with increased cardiovascular morbidity and mortality, which, according to numerous studies, peaks during the first three days of smoke exposure, but can extend up to a week after the smoke exposure ends. Wind can carry smoke over long distances, adversely affecting cardiovascular health in populations living hundreds of miles downwind. In the 2018 Camp Fire in Northern California, researchers discovered smoke containing toxic metals over 150 miles from the source and saw smoke from the fire thousands of miles away in New York City.

In addition to these direct physical effects, climate change-related environmental stressors can also affect mental health, leading to increased stress, anxiety, and depression, which further intensifies cardiovascular risk. For example, risk of hospitalization or death from cardiovascular disease increased for individuals who developed PTSD after Hurricane Katrina.

Finally, climate change disrupts our ability to care for cardiovascular patients. When extreme weather events—hurricanes, dust storms, mudslides, floods—damage healthcare infrastructure or transportation, adverse health effects long outlast the acute state of emergency.

Cardiovascular hospitalizations in New York remained elevated for over 12 months after Hurricane Sandy made landfall in 2012. Similarly, Hurricane Maria's destruction of critical intravenous fluid supply chains in Puerto Rico led to protracted nationwide shortages, affecting patients for thousands of miles. Power outages may be particularly problematic for individuals who rely on power for medical devices or medications requiring refrigeration.

One thing is increasingly clear: climate change will affect all of us, but not equally. The field of environmental justice identifies the ways by which climate change is a regressive disaster, disproportionately affecting the most vulnerable and least culpable.

Redlining—century-long racist housing policies—limited housing mobility for people of color, resulting in these populations today living closest to highways, factory farms, heavy industry, and other environmental stressors. Often, de jure racism still limits access to healthcare and trust in the medical system, compounding susceptibility to negative climate health effects.

Additionally, lower income individuals lack access to expensive adaptations, like air conditioners or air purifiers, crucial to mitigating dangerous effects of a changing climate.

How should we respond to this threat? Healthcare professionals must carefully consider impacts of climate change on cardiovascular health and integrate this knowledge into practice.

Patients with increased risk, such as the elderly, those lacking access to air conditioners or air purifiers, those living near heavy industry, or those with underlying cardiovascular disease should be screened and provided with information on exposure reduction and contingency plans. Exposure reduction strategies include policies improving access to cooling technologies for lower income patients, staying indoors, or using high-efficiency air filters during periods of high air pollution or wildfire-smoke levels. Some traditional cardiovascular risk-reduction strategies are a win-win for planetary and cardiovascular health, such as advancing plant-based diets and replacing driving with walking or cycling whenever possible. Nurses, as trusted community members, can effectively advocate for climate change adaptation, mitigation, and improved air quality, unlocking immediate benefits for cardiovascular health.

Beyond our individual practices, the systems in which we work as healthcare professionals contribute significantly to the climate chaos that ills our patient populations.

Healthcare industries in high-income countries are major greenhouse gas emitters and contribute 4.6% of all greenhouse gas emissions globally. Reducing our contribution to global emissions requires transitioning from fossil fuel energy to renewable sources of energy, reducing the consumption and waste associated with hospitals, and divesting financial portfolios away from carbon-intensive industries. Healthcare systems of the next century must be both climate-resilient and climate-responsible to continue providing high quality and equitable care.

Exposure to climate change-related environmental stressors increases morbidity and mortality from cardiovascular diseases. We need urgent action to identify high-risk populations, implement evidence-based interventions, and reduce greenhouse gas emissions to protect our patients—now and for generations to come.

The Nurse Scientist Helping Farm Workers Stay Cool Amid Climate Change

Reprinted with permission from Johnson & Johnson
https://nursing.jnj.com/nursing-news-events/nurses-leading-innovation/the-nurse-scientist-helping-farm-workers-stay-cool-amid-climate-change

In honor of Earth Day & Minority Health Month, meet a nurse scientist working at the intersection of climate change, health equity, and innovative nursing research. Roxana Chicas, PhD, RN, represents the power of nurses to solve urgent public health challenges and improve human health for entire populations.

According to the United Nations, climate change is the single biggest health threat facing humanity. In their role on the frontlines of public health, nurses are witnessing firsthand the impact of a changing climate on human health, and as a result are intently working to build a more sustainable healthcare system better positioned to respond to climate change and ensure a healthy future for everyone.

One of these nurses is nurse scientist Roxana Chicas, PhD, RN, assistant professor in the tenure track at Emory's School of Nursing, who conducted the first field-based intervention study examining methods to reduce core body temperature and improve health among farmworkers in the US, using real-time biomonitoring equipment.

As a bilingual, bicultural investigator with research experience in occupational health, environmental health and nephrology, Chicas embodies how diverse nurses can bring unique strengths and skills to solving public health challenges in a way that actionably improves human health.

Chicas' path to nursing wasn't a straight one. Rather, it came to life through a village of mentors and supporters. Her story begins in El Salvador, where she left with her mother as a child to immigrate to the United States. She was undocumented before receiving temporary protected status that allowed her to work in the U.S., which she did in lieu of graduating high school.

"I came from a family that knew education was important, but didn't really know how to guide me to go to college. It was just, get a good job, do good work, so that you always have a job. So that's what I did."

She began working in a pediatric office as a billing administrator, and became an unofficial interpreter for patients and families, which gave her an initial taste of working in the healthcare field. It was also where she first considered nursing, on the advice of Dr. Gerald Reisman, a pediatrician with whom she worked.

"I'd never thought of myself as a professional or going to college," she said, but Reisman's belief that she had what it takes to become a nurse gave her the confidence to apply to Perimeter College at Georgia State University. However, she ran into issues related to her temporary protected status. That's when an attorney in Georgia, Charles Kuck, took on her case pro bono, successfully advocating for her immigration status and program eligibility.

"Mentors have been able to see something in me that I didn't see in myself," she says. "There are people who want to guide you, out of just genuine care and seeing something in you and wanting to see you succeed."

With supporters behind her, Chicas enrolled in an associate degree nursing program, where she learned about a new partnership between her school and Emory University to enroll more nursing students from diverse backgrounds in BSN and PhD programs.

"I didn't know nurses could get a PhD, I didn't even know what a PhD was," she said. With continued support of mentors and faculty, she applied, eventually enrolling in a PhD program at the Emory University School of Nursing. The school's dean, Linda McCauley, PhD, RN, FAAN, FRCN, became her advisor, and introduced her to existing research on farm workers and the Latino community.

The farming community faces particular risk from increasing temperatures due to climate change, making the environment a key component of equity efforts. Survey studies had found farm workers were experiencing heat related illness symptoms like headaches, nausea, and cramping, but the impact hadn't been measured in an objective way.

Chicas had an immediate connection to the work. "About 50% to 70% of farm workers here in the United States are undocumented, and my parents worked in agricultural fields in El Salvador, she said. "I thought that it would be great for a Latina nurse to go and do research, to be down there in the field with them, and provide health education in their native language. I shared a lot of my background with them."

Her first project, called The Girasoles (Sunflower) Study, was one of the first to objectively track, monitor, and document the factors that lead to increased heat-related morbidity and mortality among farmworker

The Nurse Scientist Helping Farm...continued on page 26

CLIMATE CONVERSATIONS

Environmental Sustainability for Hospital Accreditation Programs

By Milagros Elia, MA, APRN, ANP-BC

In March of this year, The Joint Commission (TJC) announced that they were developing new requirements to address environmental sustainability for hospital accreditation programs, stating: "Hospitals need to take action to minimize their carbon footprints as they care for patients. Hospitals can begin decarbonization activities by measuring and reducing their greenhouse gas emissions." Following this in late March, TJC requested public feedback on a draft accreditation standard to facilitate health care decarbonization. This draft included four key action points: 1) appoint a person to oversee emission reduction activities, 2) measure three (or more) of six high-emission or waste-focused hospital activities, 3) develop action plans to reduce emissions from the measured activities, and 4) analyze the data resulting from the action plans and revise to meet goals. (https://www.healthaffairs.org/content/forefront/us-healthcare-sector-can-decarbonize-reduce-waste-and-improve-public-health-thoughtful)

However, unexpectedly on April 27th, The Joint Commission's President & CEO announced that they would not implement the draft sustainability requirements due to the strong, immediate, negative feedback they received. Instead, they announced they would simply promote these measures through a voluntary, "extra credit" approach.

As co-chair to ANA-NY's Climate and Health SIG (Special Interest Group) I wanted to address these recent developments and plant seeds of inspiration to the question: So, what can nurses do now? The answer is a lot can still be done regardless of the TJC change. For example, every unit or clinic has their own supplies that allow for the continuity of safe patient care, and included in these are an abundance of single use items. It is important to understand that single-use products are a main contributor to hospital waste.

Nurses can play a crucial role in making meaningful progress on this area of waste reduction by re-examining the use of single use items on their unit, in the context of infection control and through the lens of sustainability. With some product research, nurses can educate themselves, each other, and their institutions on procurement choices that may offer innovative, evidence-based solutions to address this problem.

Similarly, nurses can look for opportunities within their institution to "be at the table" with leadership and vocalize their support of transitioning to vendor contracts that provide more environmentally friendly services. This may be within their respective departments or on a larger institutional scale through things like food services by asking for a shift towards a more plant-based diet to be offered rather than meats which have a higher carbon footprint. (Shared by Alliance of Nurses for Healthy Environments : resource provided by https://us.nursesclimatechallenge.org/)

And lastly, through various avenues of advocacy we can choose to stand together united and continue to strongly encourage The Joint Commission to reconsider its decision to make the new environmental sustainability standards voluntary.

In summary, as nurses we understand that health is not just the absence of illness, but the presence of well-being and a safe and healthy environment is essential to every individual and to the population's health as a whole. We understand that the evidence is clear on this in multiple ways from knowing that each year an estimated 10 million deaths are attributed to air pollution alone, to the impact of climate change being felt on human health through premature births, malnutrition, and worsening droughts, floods, and so much more. (https://www.healthaffairs.org/content/forefront/us-healthcare-sector-can-decarbonize-reduce-waste-and-improve-public-health-thoughtful)

So, until which time the Joint Commission reconsiders its decision, we can still decide to come together within our professional organization ANA-NY Climate and Health SIG and endeavor to create new opportunities to educate and inspire greater numbers of nurses in New York State to become influential leaders at the forefront of healthcare sustainability and climate change mitigation.

The Nurse Scientist Helping Farm...continued from page 25

populations. Using biomonitoring data, Roxana and her team measured the physiologic responses of heat stress and the prevalence of heat-related illness among farmworkers in Central Florida.

Roxana's team gave the agricultural workers a sensor to swallow, which would record their core body temperature every 30 seconds. Workers also wore a chest strap that monitored their heart rate and physical activity. The study found that 10 percent of farmworkers experienced a fever due to heat-related stress, while others experienced acute kidney injury.

Her dissertation focused on interventions, like wearing a simple bandana, a cooling vest, or both, as well as hydration interventions like drinking electrolyte water, to determine how to best protect workers from rising core body temperatures, dehydration and kidney injury.

Currently, Chicas is working to receive an expanded grant to conduct these studies on a larger scale and develop evidence-based solutions that improve working conditions through federal policies and protective standards.

This is one of the things Chicas likes best about research – "If you do really good research, you can affect an entire population."

It's also why diversity in nursing is so important – nurses like Chicas bring powerful cultural insights and experiences to the work of improving human health at every scale.

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