

Volume 2 Number 4

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

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

PRESIDENT'S MESSAGE



May 2018

"Think Outside the Box"

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

ANA has declared 2018 the Year of Advocacy and the National Nurses Week Theme is Nurses: Inspire, Innovate, Influence.

Advocacy is constantly promoted by every nurse throughout her career. Typically, it can be found in quiet, subtle 1:1 interactions, rapid responses, discharge planning or educating



legislators. So often, nurses do not recognize the profound impact of their profession and it must not be taken lightly. We are touching lives and making a difference every day.

One of my favorite bittersweet memories is introducing 3-year-old "Big Brother" Ryan to his terminally ill newborn baby sister Jasmine with Hydrops Fetalis. I carved out a quiet corner in our busy Level III NICU for the family. Ryan enthusiastically greeted Jasmine with a big smile and tender kiss. He then told his sister, "I'll hold your hand until you go to heaven." Everything froze until Jasmine passed quietly 40 minutes later still holding her brother's hand. He embraced her with every fiber of his being and created a life-long bond. That epitomizes compassion and advocacy.

How many of us have facilitated those powerful life changing moments and tucked them inside of our hearts? Whenever nurses gather together patient advocacy is revealed in these unique patient experiences. We; nurses, patients, family, friends and colleagues are all blessed in a myriad of ways.

Yet advocacy must begin with ourselves. Consider recent graduates entry into practice. It is a whirlwind of activity compressed into a very short time frame. It is consistently limited regarding orientation, assimilation into a new facility and less than optimal support due to

current resident or

insufficient available preceptors. There is hardly time to catch a breath during this all-consuming process. "Roughly 60% of new RNs quit their job within 6 months of being unsupported and/or bullied and one in three grads consider quitting nursing altogether because of abusive or humiliating encounters" Berry (2012). Thus this toxic environment demoralizes nurses and negatively impacts retention.

We have an obligation to support and inspire our new colleagues. This does not require a huge financial investment. Rather this is the essence of professionalism and inherently reflects the ANA Code of Ethics for Nurses (2015). Inspiration can be a simple act of kindness, expressing faith in others and supporting them emotionally. Inspiration can be found in sharing difficult professional challenges and acknowledging obstacles; patients, staff or institutions. Taking accountability and creating an action plan provides insight and encouragement for our unseasoned nurses. We must empower nurses to use their expertise to the fullest capacity while guiding the next generation. Initiating the process is difficult but even taking baby steps propels one forward.

Innovation can be liberating! A prime example of innovation is risk taking. This includes challenging ineffective and outdated policies with fresh ideas combined with cutting edge technology. Evidence based research can be exhilarating as it is the gold standard for validating and establishing innovative nursing practice and new paradigms of health care.

Nurses are the "Heart of the health team" and in an optimal position to influence a healthier and positive culture with increased patient participation and a focus on community/primary care. We can create a solid foundation of influence through authenticity, invaluable insight, our unique position with direct patient care, integrity, courage and perseverance.

Inspire, innovate and influence by creating a legacy defined by your vision and strategic plan. Develop a support system of eclectic interdisciplinary networks, utilize the diverse resources of ANA-NY and seize every available opportunity. Learn from the past and build for the future. Reflect on the differences you have made and what your next contribution will be.

Nurses; You have the power! Be bold, use it expeditiously but wisely and think outside the box.

dvocacy

ACTION

ANA-NY's 6th Annual Meeting and Conference



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ANA - New York Nurse



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

I hope that everyone is enjoying springtime! As I write this, it is still February, but I sent my husband out onto the deck last evening with a couple steaks to get some winter *grilling* in!

We're cooking here at the office, as well! Keep your eyes open and make sure that your current email address is in your My ANA account so that you don't miss any of our Member Action Items that will be coming out soon.



Jeanine Santelli

Things to watch for and participate in:

- The Annual Meeting and Conference Planning Committee is putting together a *sizzling* program, yet again. Keep watching for program updates and register to join us in Albany
- The Awards Committee will be sending out the call for nominations for three awards this year: Friend of Nursing (non-nurse recipient), Policy & Service, and Mentorship
- The Bylaws Committee will be notifying members of proposed Bylaws amendments (no worries, there will be much fewer this year compared to last year!)

- The Future Nurse Leader sub-committee of the Membership Committee will be traveling the state to help present the Future Nurse Leader Awards to nursing graduates
- The Legislative Committee spiced up everyone's life with the calls to action for the signing of the BS in 10 – thank you to the members who overwhelmed the governor with messages of support!
- The Membership Committee will be sending out a membership survey – How does ANA-NY add value to your life?
- The Nominations and Elections Committee will be sending out the call for nominations in mid-May, the ballot will be sent out in July along with campaign materials, in August you will be asked to exercise one of the greatest membership responsibilities: vote in the election of officers
- The Nursing Education Committee has been writing a series of QSEN articles for this newsletter and are working on some programming ideas

Huge thanks, as always, to the dedicated committee members and to Jamilynne who works so hard to keep me out of *hot water*!

Again, if you are not getting the ANA-NY eblasts, that means that you do not have the correct email attached to your My ANA account. Don't get left behind like the hidden Easter *egg* that no one found! You know how that turned out! Follow my blog - <u>https://</u><u>ananyexecutivedirector.wordpress.com/</u>.



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Article Submission

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

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

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Interested in attending courses at NYU Langone to obtain your CEUs? We have several courses to offer!	Spring 2018	
	Advances in Cardiovascular Risk Reduction: Improving Treatment for Patients with Diabetes	May 3
	Dietary and Lifestyle Strategies for Cardiovascular Risk Reduction	May 4
Visit our website at nyulmc.org/cme for more information!	Optimizing Outcomes for Cancer Survivorship	May 4
For inquiries please contact us at 212-263-5295 or via email cme@nyumc.org	Cerebral Palsy Conference Updates	May 17-18

May 2018

ANA-NY Attended the Nursing Student Association of New York State 66th Annual Convention -New York City

On February 24, 2018, ANA-NY was a major sponsor and exhibitor at the annual convention of the Nursing Student Association of New York State (NSANYS) in New York City. Our President and Vice-President welcomed over 300 nursing students in attendance and distributed fun giveaways from ANA-NY.

The students were very enthusiastic and asked many questions about nursing issues that influence their nursing practice both before and after graduation. President Mancuso and VP Lapidus-Graham educated them about the multitude of resources available to them through ANA.

President Mancuso and VP Lapidus-Graham also reinforced the history of ANA, the Code of Ethics, and the importance of their current membership in the NSNA/NSANYS as a pivotal first step towards becoming an ANA member after graduation. The student nurses at the convention attended several educational events related to nursing practice and had their annual business meeting, elections, and awards at this convention. All these events helped to reinforce the importance of membership and leadership within the nursing profession.

We look forward to these future nurse members and leaders in ANA!



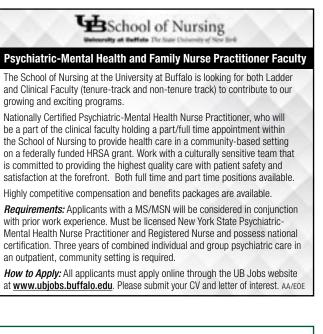
Larry Slater (ANA consultant to NYANYS) and Elisa Mancuso (President, ANA-NY)



Joanne Lapidus-Graham (Vice President, ANA-NY) and Elisa Mancuso (President, ANA-NY)



ANA members who are RN students, Faculty advisors to NSANYS students, former Future Nurse Leader awardees





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ANA-NY's 6th Annual Meeting and Conference

October 18-20, 2018 Albany Capital Center 55 Eagle Street, Albany NY 12207

Dear ANA-NY Member,

We are pleased to announce ANA-NY will be holding its 6th Annual Meeting and Conference at the Albany Capital Center on Friday, October 19, 2018 and Saturday on October 20, 2018. We will also be having a preconference (free to ANA-NY members) in the afternoon on Thursday, October 18, 2018 on the Opioid Crisis.

Early bird registration is open at: <u>https://goo.gl/WYb29p</u>, If you need to register by mail or encounter any difficulties registering, call and leave a message at 1-877-810-5972, ext. 702 or <u>membership@anany.org</u>. Reduced registration fees are available through September 20, 2018.

Hotel Accommodations

Renaissance Hotel 144 State Street, Albany, NY 12207 Room Reservations Online Registration at: https://goo.gl/kVmboq

More details to follow, check Facebook, Twitter, Email, and Website for more information!



Meet our 2018 Annual Meeting National Speakers Keynote Speaker Endnote Speaker



Sandy Summers, RN, MSN, MPH Founder and Executive Director

Sandy Summers is the Executive Director of *The Truth About Nursing*. Since 2001, she has led the effort to change how the world views nursing by challenging damaging media depictions of nurses.

Ms. Summers is the co-author of *Saving Lives: Why the Media's*

<u>Portrayal of Nursing Puts Us All at Risk</u>. Her media advocacy work began when she and fellow Johns Hopkins graduate students began the movement in April 2001.

She speaks frequently on nursing's image and empowering nurses to change how they are perceived.

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

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

Ms. Summers is a member of *Sigma Theta Tau*, the international nursing honor society, and *Delta Omega*, the public health honor society.

Ms. Summers lives in Baltimore, Maryland with her husband and two children. She spent her childhood in Vernon-Rockville, Connecticut.

To learn more about Sandy Summer, visit her Website at <u>http://www.truthaboutnursing.org</u>.

Hear what our participants have said about the 2017 annual meeting and conference

"Wonderful information and conference, glad I came" "Very balanced presentations, the speakers were inspiring" "Excellent" "Excellent – included humor & activity" "All the speakers were top notch and the comedian was a wonderful idea" "Leaving on a great feeling!"



Joel Weintraub, M.Ed., B.S

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

Temple University, Joel has entertained and educated audiences as diverse as Nursing Associations, Health Care Associations, Hospice and Palliative Care Organizations, Assisted Living and Home Care Associations, Therapeutic Recreation Association's, Firefighters, Physicians, Attorneys, HR Professionals, Fortune 500 Companies, Accountants, Teachers, the PTA and even Burglar Alarm Installers. From the "World Bank" to Dangerfield's Comedy Club to major radio stations, the local news and the Food Channel ... they have all laughed and learned with "Humor for the Health of it."

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

You can view Joel's seminars on his website at <u>www.</u> <u>healthhumor.com</u>.

CONTINUING EDUCATION STATEMENT:

The continuing education program is approved for 15.3 contact hours.

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2018 Annual Meeting Agenda

Advocacy in Action

Thursday 10/18/18

12:30 pm – 1:00 pm	Preconference registration
1:00 pm - 4:00 pm	Opioid Crisis (Yvonne Johnston, DrPH, MPH, MS, FNP)
7:00 pm – 8:00 pm	Legislative Forum (Legislation Committee)
Friday 10/19/18	
7:30 am – 8:00 am	Vendor Registration
8:00 am- 9:00 am	Continental Breakfast/Exhibits/Committee Open House
9:00 am – 9:15 am	Welcome
9:15 am - 10:15 am	Advocacy (Deb Elliott, RN, BSN, MBA)
10:15 am – 10:35 am	Break/Ten Minute Tune-up/Exhibits
10:35 am – 11:35 am	Armchair Advocacy (Janet Haebler, MSN, RN)
11:35 am – 12:30 pm	Member Dialogue Fora: What adds value to your membership?
12:30 pm – 1:30 pm	Lunch/Exhibits
1:30 pm - 2:30 pm	Keynote: The Truth About Nursing (Sandy Summers, RN, MSN, MPH)
2:30 pm -3:40 pm	Governing Assembly Session 1
3:40 pm – 4:00 pm	Break/Ten Minute Tune-up/Exhibits
4:00 pm - 5:00 pm	Evidence-based Fall Reduction/Prevention Safety Program (Lauraine Spano-
4.00 pm - 5.00 pm	Szekely, DNP, MBA, BSN, RN)
5:00 pm – 6:30 pm	
	Szekely, DNP, MBA, BSN, RN)
5:00 pm – 6:30 pm	Szekely, DNP, MBA, BSN, RN)
5:00 pm – 6:30 pm Saturday 10/20/18	Szekely, DNP, MBA, BSN, RN) Awards Reception/Poster Session
5:00 pm – 6:30 pm Saturday 10/20/18 7:30 am - 8:00 am	Szekely, DNP, MBA, BSN, RN) Awards Reception/Poster Session Nurses' House Healthy Nurse Walk Exhibits/Registration NSO sponsored Breakfast CE – Errors Happen! Malpractice Case Studies (David
5:00 pm – 6:30 pm Saturday 10/20/18 7:30 am - 8:00 am 8:00 am – 8:30 am 8:30 am - 9:30 am	Szekely, DNP, MBA, BSN, RN) Awards Reception/Poster Session Nurses' House Healthy Nurse Walk Exhibits/Registration NSO sponsored Breakfast CE – Errors Happen! Malpractice Case Studies (David Griffiths, MBA)
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5:00 pm – 6:30 pm Saturday 10/20/18 7:30 am - 8:00 am 8:00 am – 8:30 am 8:30 am - 9:30 am 9:30 am – 10:30 am 10:30 am – 10:50 am 10:50 am - 1:00 pm 1:00 pm – 2:00 pm	Szekely, DNP, MBA, BSN, RN) Awards Reception/Poster Session Nurses' House Healthy Nurse Walk Exhibits/Registration NSO sponsored Breakfast CE – Errors Happen! Malpractice Case Studies (David Griffiths, MBA) Disaster Preparedness (Laura Terriquez-Kasey, DNP, MS, RN, CEN) Break/Ten Minute Tune-up/Exhibits Governing Assembly Session 2 Lunch/Exhibits

4.5 hours of Exhibit time, 15.3 hours of Continuing Education time including pre-conference

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May 2018





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May 2018

In the Spttlight -**Future Nurse Leader**

Lindsey Michaud

My name is Lindsey Michaud and I am a recent graduate of the Wegmans School of Nursing at St. John Fisher College. I am now a Registered Nurse (RN) working at the University of Rochester Medical Center at the Wil<mark>mot Cancer Institute</mark> (WCI). At W<mark>CI I work on the</mark> Blood and Marrow Transplant Unit, where both adult and pediatric patients with blood cancers such as leukemia, lymphoma, come to get bone marrow or stem cell transplants.



Lindsey Michaud

Throughout the past six months as a new grad on my unit I have had the opportunity to become involved with many different committees on my unit and in the hospital. I am part of our Unit Council, in which a group of staff RN's have the opportunity to make change and initiate projects on our unit. I really enjoy being involved with this because during my time at St. John Fisher I was very involved in multiple different leadership roles and being a part of Unit Council allows me to continue to be a leader in my profession and on my unit. I am also on the Magnet Champion Council, in which a group of representatives from each unit in the hospital work together to keep the hospital's Magnet accreditation. This year we are soaring for 4 as we work towards having our 4th Magnet Accreditation visit this summer. I enjoy this committee as well because it gives me the opportunity to interact with other nurses outside of my unit. Also, I really enjoy coming back to my unit with information that I have learned and finding new and exciting ways to present these things to my peers. Lastly, I am involved in a Research Committee with the WCI CNO, in this group me and a few of my fellow RN's have the opportunity to learn more about nursing research and how we can implement research projects on our unit, specific to our patient population. This is an exciting opportunity because being at the bedside can bring a whole new perspective to research and gives us as nurses an opportunity to make change. I truly love my career as a nurse, there are so many opportunities to learn and grow in this profession. In the short six months that I have been working as an RN I have already had so many opportunities to be a leader. With the experiences I had at St. John Fisher and in the Wegmans School of Nursing I came out eager to be a leader in my new position and I truly have had the opportunity to do so. I am eager and motivated to continue to grow on my unit and in this career and I cannot wait to see what comes next!

FUTURE NURSE LEADER AWARD

The following schools of nursing have participated in ANA-NY's Future Nurse Leader Award. This award is provided to nurses with strong leadership skills that are vital to the future of the nursing profession and health care. As part of ANA-New York's (ANA-NY) commitment to encouraging new nurses to be professional, successful leaders, we have established an award program to recognize the leaders in the upcoming graduating class.

The ANA-New York Future Nurse Leader Award, sponsored by ANA-NY and the American Nurses Association (ANA), will recognize new graduates, who, as nursing students, displayed exceptional leadership abilities. We are looking for students who show initiative, make significant contributions and can inspire others with their vision. While ANA-NY is conferring this award, the selected winner is determined by the participating school of nursing.

Criteria for Student Nomination

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

- Demonstrates leadership:
- Prepares, motivates, and impacts other students as leaders
- Participates in community activities and gives back to others
- Mentors fellow students
- Promotes activity in nursing organizations
- Creates opportunities for engagement and involvement
- Makes a significant contribution to the overall excellence of the school
- Sets a healthy example and promotes a healthy lifestyle
- Creates a positive working environment
- Embodies the ethics and values of nursing
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- Verlia Brown to fill the Director-at-Large vacancy of Keith Hornbrook

ANA-NY 2018 Election -Coming May 2018

May 2018

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

President:

The President of ANA-NY shall serve as the official representative of the association and as its spokesperson on matters of association policy and positions; as the chair of the Governing Assembly, the Board of Directors, and the Executive Committee; as an ex officio member of all committees except the Nominating Committee; and as a representative to the Membership Assembly, as well as the voting representative of ANA-NY to the Leadership Council of the ANA.

Treasurer:

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

Directors-at-Large (2):

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

ANA-NY ORGANIZATIONAL AFFILIATE SPOTLIGHT

ISONG is honored to be a partner with ANA New York and we are delighted to introduce you to our organization!

The International Society of Nurses in Genetics (ISONG) is a global specialty nursing organization dedicated to genomic healthcare, education, research, and scholarship. ISONG is known globally for providing high quality educational symposia, presentations, and webinars that provide expert information for nurses using and integrating genomics into their practice, education and research. Our Annual Congress is an exceptional educational and networking opportunity and will take place this October 26 - 28, 2018 in Orlando, Florida. Additionally, ANA New York members are offered the discounted member rate for our webinars.

Since the completion of the Human Genome project in 2003, genetics and genomics have emerged as key drivers in changing the delivery of health care as we move towards more personalized approaches to care and implement precision therapies. Therefore, the

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OPWDD, a large NYS agency that provides habilitative services for mentally and developmentally disabled individuals in homelike settings throughout Central New York is recruiting nurses. Current vacancies in Onondaga and Oneida Counties with potential vacancies in Cayuga and Cortland Counties.

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challenge of preparing health professionals to work effectively in this genomic era has never been greater.

We believe that nurses are well-positioned to work with patients, families and communities to provide support, counselling and care related to genetic and genomic health. Indeed, we envision that Nursing can play a vital role in this evolving area of health.

We invite all members of ANA New York who are interested in genetics and genomics to help shape Nursing's role in the future delivery of genetic-genomic healthcare. Genetics touches every specialty and disease. Understanding how genomics relates to your nursing focus will enable you to provide better patient care.

To learn more about ISONG and our different activities, please follow us on Facebook, LinkedIn or visit the ISONG website isong.org.



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SOCIAL MEDIA IN NURSING: THE GOOD AND THE BAD



John A. Musacchio, Esq.

Social media has become a significant part of our modern culture. Many people use platforms such as Facebook, LinkedIn, Twitter, Snapchat, Instagram, and other websites to share everything from the meals they are eating to pictures of themselves and their families to political rants, and everything in between.

May 2018

Social media can be a wonderful tool for nurses in the professional arena, but it is important to remember the rules as to what should and should **not** be posted. This article will explore some of the good uses for social media, as well as some of the things that could get you into trouble if you don't use it properly.

Professional Collaboration

One of the best ways to increase your skill set is through collaboration with other

nurses. We can all learn from each other. Social media is just as it sounds – it is social. By reviewing other nurses' posts or communicating directly with other nurses about issues that affect the profession, social media can be an innovative instrument to help discover better practices, increase the level of patient care, and drive the profession forward.

Networking

In addition to expanding your skill set, collaboration on social media can also be a powerful networking tool in the modern world. As your fellow nurses, nurse managers, administrators and other professionals become familiar with you and your professional attributes, it can lead to a variety of benefits, such as professional recognition and job opportunities. The more good contacts you make, the larger your professional network will grow.

Nursing Groups

Many social media platforms allow people to belong to "groups" and there are a large variety of groups for nurses. There are groups that offer membership for



John A. Musacchio

nurses based upon the specific area of practice, the state or geographical region where you practice, the level of education that different nurses have obtained, and even groups for nursing students. Think of this as an easy way to access relevant articles, collaborate with other nurses, and grow your professional network.

Disclosure of Patient Information

As we all know (or at least should know), the privacy and protection of patients' information is absolutely essential for every worker in the healthcare environment. The patient privacy laws are governed by the Health Insurance Portability and Accountability Act (HIPAA). Without going into a detailed discussion of HIPAA, you should understand that it is a violation of HIPAA to wrongfully disclose virtually any information about a patient, even including the patient's name or the fact that the person is a patient, without the patient's consent. Even a completely accidental or unintended disclosure can constitute a HIPAA violation.

HIPAA violations can mean hefty fines to healthcare providers. They can also result in employment discipline, including termination, against the offending

DOs and DON'Ts:

Do:

- Think before you post!
- Review your employer's HIPAA policy
- Review your employer's policy regarding social media use
- If your employer does not have a social media policy, ask your supervisor for guidance
- If your employer does not have a social media policy, you can suggest that they create one

Don't:

- Post any identifying information about patients, even if a patient is one of your friends
- Post any pictures in the workplace which could contain patient information
- Post inappropriate content
- Use your social media accounts while you are on duty

rmination, against the orrending nurse or nurses, depending on the employer's discipline policy. For instance, there was a recent incident in which a hospital employee received workplace discipline after the employee posted a picture on a social media site which inadvertently depicted the name of a patient in the background of the photo.

HIPAA violations are also a basis for disciplinary charges being filed against the offending nurse by the New York State Education Department. As discussed in detail in my article entitled "Protect Your Nursing License" which was published in the August 2017 ANA-NY Nurse Newsletter, when a nurse is facing disciplinary action, that discipline can include a variety of penalties, including suspension or revocation of the nurse's license.



Natalie Passino

Nurse Manager Interventional Cardiology, Rochester General Hospital

C The EMBA program has given me more confidence in myself as a leader and has allowed me to grow leaps and bounds from when I started. The coursework has helped me to understand the business side of healthcare on a much deeper level.

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Use of Social Media During Work Hours

When you are on duty, you are supposed to be working. This might seem like a no-brainer, but many nurses and other healthcare professionals have been disciplined in a variety of ways for being distracted and failing to pay attention while they are supposed to be providing care to patients. The use of social media during work hours is not only distracting; there are also situations in which it could be used by your employer as a basis to discipline you and as evidence in a healthcare malpractice or negligence lawsuit. The best way to avoid those situations is to stay off social media during your work hours.

Controversial Posts

Everything we do in our personal lives can reflect on our employers. The good things we do should reflect well, and the negative things can reflect poorly. This is true of our social media posts, as well. If you post something controversial, even if it has absolutely nothing to do with your employment or the nursing profession, it could still be used as grounds for workplace discipline, including termination, or a disciplinary action which could affect your nursing license. For instance, a nurse was recently fired from her job at a hospital for posting inflammatory racial comments on a social media site. Just as we should think about the possible consequences before we <u>speak</u>, we should also think before we <u>post</u>.

Conclusion

Social media can be an incredibly useful way to enhance our professional lives, but it is important to be careful what you post and when you post it. By using social media responsibly, you should be able to gain professional benefits and keep yourself out of trouble. As always, should you find yourself facing some form of discipline, be sure to contact an experienced attorney as soon as possible to review your options and protect your rights.

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Biography

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

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

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

2018 ANA-NY Awards

Hurry time is running out!

Last chance to send in Nominations for 2018 ANA-NY Awards – due 5/15 To nominate someone for an ANA-NY award please complete the online form at: <u>https://form.jotform.com/80644963230153</u>

The three categories for 2018 awards are:

Mentorship:

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

Criteria:

- Demonstrated activity as a mentor through:
 - Documentation by at least two (2) mentees of the role played by the mentor in helping them to achieve their professional goals;
 - Collaborative publications and/or presentations with mentee as first author; and
 - Acknowledgement of mentor in published works (mentor not author) or awards supported by mentor (mentor not part of award).
- Protracted relationship between mentor and mentee (i.e., going beyond a work relationship). Examples: If a faculty member, working with a student beyond graduation from a program. If in a clinical role, meeting and working with mentee beyond work hours.

Policy and Service:

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

Criteria:

- Demonstrated activity in policy and/or service through a minimum of two (2):
- Political activity (i.e., development and support of legislation, campaign work, fund raising, or lobbying), which promotes the nursing profession in political and health care arenas
- Advancement of the knowledge of nurses, politicians, and policy makers concerning the contributions of nursing in the health care field
- Development of mechanisms to promote the effectiveness of nursing's role in the provision of health care services through political and/or legislative activities
- Promotion of the role of nursing as a scholarly discipline by using research findings as a foundation for legislative and regulatory initiatives that promote the role of nursing and the safety and quality of care of our patients
- Demonstrated activity in ANA-NYs policy, leadership, scholarship and/or educational agenda

Friend of Nursing:

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



Criteria:

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



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On March 1, 2018, the American Nurses Association – New York (ANA-NY), Northeast New York Organizational of Nurse Executives & Leaders (NENYONEL) and Northeast New York Professional Nurses Organization, Inc. (NNYPNO) held their first collaborative educational dinner meeting at the Schenectady County Community College. The event was a success!

Over 60 nurses gathered for this event. The evening was filled with networking, delicious food, and a presentation by David Griffiths. David Griffiths is the Senior Vice President for the Healthcare Division of AON Affinity, and a nursing liability expert. He presented on actual case studies. The title of the event was **Don't Become a Case Study: Protect Your Nursing License.**

Special **THANKS** to the students and professors of the Schenectady County Community College School of Hotel, Culinary Arts and Tourism; and to the members of the Joint Event Planning Committee, Jane Falvo (President, NNYPNO), Kathleen Hale (NENYONEL member), Gertrude Hutchinson (ANA-NY, NENYONEL, and NNYPNO member), Jamilynne Myers (Program Manager, ANA-NY), Ann Purchase (President, NENYONEL and member of ANA-NY), Jeanine Santelli (Executive Director, ANA-NY and member of NENYONEL and NNYPNO), and Debra Wolff (ANA-NY, NENYONEL, and NNYPNO member).

Please look for future events!



Joint Event Planning Committee

Front row (left to right) Jeanine Santelli (Executive Director, ANA-NY and member of NENYONEL and NNYPNO), and Gertrude Hutchinson (ANA-NY, NENYONEL, and NNYPNO member) Back row (left to right) Debra Wolff (ANA-NY, NENYONEL, and NNYPNO member), Jane Falvo (President, NNYPNO), Jamilynne Myers (Program Manager, ANA-NY), Ann Purchase (President, NENYONEL and member of ANA-NY), and Kathleen Hale (NENYONEL member)



Kathleen Hale, Jamilynne Myers, and Ann Purchase











Enjoying a wonderful time networking and getting ready for the presentation





Speaker, David Griffiths with Debra Wolff



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ANA-NY Membership Committee and Future Nurse Leader (FNL) Committee

Membership Committee



Cecilia Mulvev, RN, PhD

Chair. Cecilia Mulvey is a career long member of ANA and the New York State affiliate. It has been her pleasure to serve as an ANA Board Member, as President of the ANA Foundation and as president of ANCC. She was on the NYSNA Board of Directors and served as President of that organization. She served on the

initial board of ANA-NY and is a founding member of ANA NY. Over the years she has served on several local, state and national committees. Currently she serves as a Foundation of the New York State Nurses trustee. Public Health Nursing is her practice area and much of her career was in education and administration.



Edmund J. Y. Pajarillo, PhD, RN BC, CPHQ, NEA BC

Edmund has been a registered nurse for over 35 years, with extensive experience working with individuals across the lifespan and in different health care settings. He is currently an Associate Professor of the Department of Graduate Nursing Studies at Adelphi University

in Garden City, NY. His areas of expertise are in nursing



informatics, education, leadership and mentorship, teaching across various programs. He is a Founding Member of ANA-New York, active with Nurses House in various capacities, and is a Fellow of the New York Academy of Medicine. He serves in the Board of Nursing of New York State. He was likewise a member of the Content Expert Panels of both Nursing Informatics and Nurse Executive, Advanced Certification Programs of the American Nurse Credentialing Center. He is the Chair of the Health Informatics Workgroup of the New York Academy of Medicine.



Rachel Briggs RN

Rachel Briggs, of Oriskany NY. Graduate of St. Elizabeth College of Nursing class of 2014 and OMH BOCES LPN class of 2012. Held position as LPN in a LTC facility in Rome, RN Supervisor at Mohawk Valley Health Care Center in Ilion, presently as a per diem RN Supervisor, and RN at The House of The Good Shepherd RTF in

Utica as a Psychiatric Nurse.

Eileen Klupka

Educational: 1967 graduate of St. Mary's Hospital School of Nursing

1980 graduate of Russell Sage College (BS in Nursing)

1994 graduate of Russell Sage College (MS in Nursing)

The majority of my 50-year practice of nursing has been devoted to staff development and educational activities. I have been in the role of staff nurse, Head Nurse, and certified Clinical Nurse Specialist. Currently, I continue to work per diem as a nurse educator, having retired in June of 2014.

I am a member of the American Society for Pain Management Nursing. Many of the professional activities and educational programs I planned addressed pain management issues.

Jennifer Greenidge, AAS-RN, MA and BA in History

I've been a medical surgical nurse for ten years and a traveling nurse for six. Previously I was a teacher. Currently I'm working on a master's in nursing education. I love the freedom that I have as a traveling nurse and the opportunities I have to see the country. I'm single with

no children but a great cat mom to Tsuki and Gypsy Rose who travel with me. Hobbies are camping, gardening, reading, and needlework.





Savannah Woods

Savannah has been a registered nurse in New York City for 1.5 years and is currently attending SUNY Delhi University for her RN to BSN completion degree where she is projected to graduate this coming summer 2018 semester. Savannah completed her ADN/ RN from Durham Technical

in Durham, North Carolina, in May 2016. Her clinical hours and internships were rotated between UNC Hospital, Duke University Hospital, and Wake Med Raleigh and Cary Hospital. Savannah has recently accepted a position at Bellevue Hospital in NYC as an ICU nurse in the MICU. She looks forward to the new challenges, education, and adventures that Bellevue has to offer. Savannah hopes to encourage new nurses to join ANA-NY and to also help promote more community engagements, especially for new nurses who need assistance navigating the nursing field.

Not pictured Committee Members

- Laurel Algase, BSN, RN
- Marlene Ferguson, RN
- Nancy Salerno, RN
- Barbara Straub, RN

FNL Committee





Kimberly Velez, MSN, RN an Informatics Nurse, training and educating staff on the Electronic Medical Record (EMR) at the Northwell Health formerly, North Shore-LIJ Hospital System, has been a practicing Registered Nurse for almost 20 years, working at New York Hospital Queens as an

Assistant Nurse Manager, PACU, and Emergency Room Nurse. Kimberly has worked in a variety of settings over the course of her career, which included Inpatient, Emergency Room, PACU, Outpatient, Long-term, and Homecare. She credited the valuable trait of keen assessment skills as the foundation instilled at the start of her career as a Float Nurse at Coney Island Hospital in Brooklyn, NY.

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

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

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



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COMMITTEE SPOTLIGHT

May 2018

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

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

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



Proserfina Ventura, MSN/Ed, RN, NEA-BC

Nursing as a profession has been my passion. Enhancing my skills to improve my practice has helped me discover my leadership skills. With my leadership skills, I yearned to bring positive influence to my colleagues, to the staff that I work with, to my nursing students, and to my

patients.

I adopted the transformational type of leadership into my practice. Our utmost responsibility is to our patients. My team share the same aspiration, and each has a mutual understanding to raise each other to its standard to meet our vision. We strive to provide excellence in the delivery of our care and patient outcomes.

My educational background includes a BS in Nursing from Martinez Memorial College in the Philippines and a MS in Nursing specialized in Healthcare Education from University of Phoenix in Arizona. I have a total of seven years work experience as a Nurse Manager and an Adjunct Professor for nine years in Molloy College Nursing Division. I am currently working in a Medical/Surgical-Telemetry unit in St. Francis Hospital, Roslyn, NY. I practiced as a staff nurse for nine years in a medical/surgical unit, pediatrics unit, and in a skilled nursing facility.



Shannon McCarthy-Leone MS, RN

McCarthy-Leone Shannon currently works as an Assistant Professor of Nursing at Keuka College and has 26 years of experience in various nursing specialties which included perianesthesia nursing, critical care, women's health, urgent care, and public health. Mrs. McCarthy-Leone has received

the Keuka College Florence Nightingale Award and Janet Mance Award for Leadership and is currently participating in the American Nurse Advocacy Institute fellowship in healthcare policy. Completing her associates degree from St. Joseph's College of Nursing 1991, bachelor's degree in 2011, and master's in nursing education from Keuka College in 2013, fostered her interests in healthcare policy and organizational leadership. Currently pursuing her doctoral degree in Education and Executive Leadership from St. John Fisher College to be completed in March of 2018, Mrs. McCarthy-Leone hopes to continue working with professional organizations, policy makers and healthcare organizations to develop innovative programs to improve population health outcomes and mentor nurses at all levels to engage in advocacy for patients, communities, and the nursing profession.

Debra A. Wolff, RN, PCNP, DNS

Debra A. Wolff, is President/ CEO of NURSES-Ready for the Next Step, a business launched in 2013 to help prepare nurses for success in the next step of their education and career. She also teaches online at Empire State College. Her book, Advancing Your Nursing Degree: The Experienced Nurse's Guide to Returning to School was recently published by Springer. During her 38-year career in nursing, she has been a life-long learner.

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

Currently she is an active member of the American Nurses Association - New York (NY), the NY Organization of Nurse Executives and Leaders, the Capital District Nursing Research Alliance, the Northeast NY Professional Nurses Association, and the Albany Chapter of the American Statistical Association. From 2011 - 2013, Dr. Wolff was the Project Coordinator for the newly established Future of Nursing - NYS Action Coalition. In this capacity, she traveled throughout the state and interacted with nurses in all areas and levels of practice. She was the guest speaker at several nursing schools and professional organizations as well as the co-author and data analyst for the NYS Nursing Schools and Faculty Report: 2010-2011.

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

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Routine Replacement of Peripheral IVs No Longer Recommended

When I first started working as a clinical nurse, my employer required bedside nurses to routinely replace peripheral intravenous catheters (IVs) on a routine basis such as every 96 hours. The IV still had to be replaced even if it was in prime, working condition and not causing any pain or discomfort to the patient. Even though replacing an IV can be challenging especially for a new nurse, it was not my main concern. Explaining the policy to the patient was the most difficult part for me. Countless times, patients would ask, "why do you need to replace the IV if it still works?" I replied with words about hospital policy but was unable to give evidence that confirmed the benefits of routinely replacing the IV.

There are many problems with routinely replacing IVs. Webster, Osborne, Rickard, and New (2015), in their review "Clinically-indicated replacement versus routine replacement of peripheral venous catheters," acknowledged that IVs cause much stress and concern for many patients. I have seen this in my own practice. When I started orientation for my first nursing job, I practiced inserting IVs in the emergency and preoperative care department. One morning, a patient that was to undergo a simple, elective surgical procedure, had the surgery cancelled due to a systolic blood pressure over 200. Normally, the systolic blood pressure of the patient was in the 130s, and the patient stated she was more nervous about the insertion of the IV rather than the surgery.

In addition to increasing patient's stress, routinely replacing IVs could also delay or hinder care especially if obtaining IV access becomes difficult due to conditions such as edema. Replacing IVs according to a set number of days also consumes nurses' time. Many of us do not have enough time for a break and replacing IVs that function appropriately takes away from other care priorities. Finally, Webster and colleagues (2015) note that routinely replacing IVs uses additional resources and increases expenses of health care facilities. As health care transitions from a volume to a value-based system finding ways to decrease cost while maintaining or improving outcomes is vital.

Problems with routinely replacing IVs:

• Causes needless pain, discomfort, and stress

- Can delay and hinder care
- Consumes time of nurses
- Increases cost

You may have seen this or another issue and thought is there evidence to support what we do on a daily basis? In

the case of IVs, why do we still routinely replace IVs when the IV works and is not causing any pain or discomfort to the patient? In order to answer these questions, we must find the latest and best research in order to implement evidence-based practice. Evidence-based practice is characterized by efforts to combine the best available research with clinician expertise to deliver care that aligns with patient's preferences and values.

So where can we find the best available research to support our practice? Many health care facilities and schools provide access to online databases that contain the latest research. Current databases include the Cochrane Library, CINAHL, Ovid, MEDLINE, ProQuest, and PubMed. The Cochrane Library is unique in that it contains reviews of past research in order to provide a summary of high-quality existing evidence. Using basic terms, such as IV, catheter, and routine replacement, to search the Cochrane Library led to a meta-analysis by Webster and colleagues regarding routine replacement of peripheral intravenous catheters.

A meta-analysis quantitatively combines and analyzes related experiments to increase the power or chance of finding significant results demonstrating a relationship between the variables being studied. A meta-analysis is among the highest levels of evidence particularly when combining individual randomized controlled trials. When trying to implement new policy or a change to current policy, using the highest level of evidence helps to establish credibility with management and health care leaders.

Webster and colleagues (2015) reviewed studies from as early as 1998, and the study results did not demonstrate an existing correlation between increased dwell time of IVs and rates of phlebitis. Furthermore, they cited a study that showed a decreased rate of phlebitis for IVs that were left in place after three days (Webster et al.). In 2011 the Infusion Nurses Society started recommending that IVs be replaced based on nursing assessment instead of on a routine basis (Webster et al.). Also in 2011, the Centers for Disease Control and Prevention (CDC) changed their recommended IV dwell time of 72-96 hours to align with the Infusion Nurses Society (Webster et al.). Several years later, another study cited by Webster et al. estimated the cost savings of replacing IVs based on nursing assessment. The project estimated that the United States could save \$300 million as well as 1 million work hours over five years if IVs were replaced based on nursing assessment (Webster el al.).

The meta-analysis by Webster and colleagues comprised seven trials that included nearly 5,000 patients. The study included four primary outcome measures: catheter-related blood stream infections (CRBSIs), phlebitis, all-cause bloodstream infections, and cost. The primary outcomes were compared between IVs that were routinely replaced versus those that were replaced based on nursing assessment, which also means at the first sign of a complication. Complications of IVs include but are not limited to bruising around and/or coolness at the IV site, fever, infiltration, leaking, occlusion, phlebitis, and sluggish infusion (Webster et al., 2015).

Based on the results of the study, Webster and colleagues (2015) found no evidence to recommend the routine replacement of IVs. The authors also concluded that inserting less IVs increases the integrity of the skin and causes less harm to the patient. Findings related to the four primary outcomes demonstrated that:

- Rates of CRBSIs were nearly equal between the groups.
- Rates of phlebitis were nearly equal between the groups. Also, researchers concluded that phlebitis is not a forerunner of bloodstream infections.
- Rates of all-cause bloodstream infections were nearly equal.
- Replacing IVs based on nursing assessment showed considerable decreases in cost (Webster et al., 2015).

This meta-analysis includes grades of evidence for the primary outcomes. Each grade ranges from high quality to very low quality. High quality evidence means that future studies will unlikely change the results and lower grades mean that further research will more than likely impact and/or change the results. The grade of evidence is assigned to each individual outcome: CRBSIs, phlebitis, all-cause bloodstream infections, and cost. Outcomes assigned a very high level of evidence by Webster et al. (2015) include phlebitis, all-cause bloodstream infections, and cost. The CRBSI outcome has a moderate level of evidence meaning that further studies could impact the results (Webster et al.). However, the evidence for the entire meta-analysis was extremely high, and researchers concluded that replacing IVs should be based on nursing assessment rather than a routine number of days (Webster et al.).

Peripheral IV Replacement continued on page 19



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RESEARCH YOU CAN USE



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Center for Nursing Research • Then and Now

The Center for Nursing at the Foundation of New York State Nurses (FNYSN) houses three centers - the Center for Nursing History, the Center for Public Education and the Center for Nursing Research. The Center for Nursing Research has undergone many transformations as it adapts to changing needs in the health care arena.

The FNYSN Planning Committee predates the integration of the NYSNA Research Council with the FNYSN Center for Nursing Research. Originally, as members were appointed to the FNYSN Planning Committee, they functioned as a 'think tank' for the FNYSN Board of Trustees and staff. As questions arose, members were called, and a discussion would take place. The process was ad hoc in nature.

In the late 1980's, the major focus for nursing research was on the development of a statewide nursing research agenda which was a collaborative FNYSN-NYSNA document. When the integration took place, a more formal organization resulted. Rona Levin, Denise Cote-Arsenault, Priscilla Worral and Gale Spencer were FNYSN designated representatives to the new Planning Committee.

In February 2005, NYSNA reorganized its programs to place research functions within the Nursing Advocacy and Information Program. They contracted with FNYSN to staff the Council on Nursing Research.

One year later, February 2006, FNYSN and NYSNA began the transition to a unified nursing research structure. That process placed NYSNA's research-related efforts within the FNYSN Center for Nursing Research Planning Committee. NYSNA continued to fund Association Board of Director's appointed members to comprise a portion of that Committee and supported the research activities through a shared services agreement and a grant to the FNYSN from NYSNA. The name remined the same, the Planning Committee. The shared services agreement remained in effect until 2013.

In 2010 during strategic planning by the Planning Committee, a recommendation was made to the FNYSN Board of Trustees that the Center for Nursing Research be renamed the Cathryne A. Welch Center for Nursing Research. This was to recognize the years of service of Cathryne A. Welch to the nursing community. The recommendation was overwhelmingly approved. They also recommended that the Planning Committee change its name to the Steering Committee. The final transition came in 2014 when the Steering Committee

reorganized the structure of the Center for Nursing Research. Now it is guided by a Leadership Team of many members representing diverse nursing groups. Membership in the Center for Nursing Research is open to any person who has expertise or interest in nursing research and EBP.

Since its inception, the Center for Nursing Research has transitioned many times to meet the needs of the nursing community as they relate to nursing research. As Evidence-based Practice (EBP) became the standard, they have moved into this area and now sponsor two awards based on the use of EBP in the academic and clinical area. The Evidence-based practice award is given biennially to an individual or group using research-based evidence to make a practice change that results in demonstrated improvement in outcomes for the patient and family, staff, community, or organization. The Clinical Practice Improvement award is also given biennially to a clinical team using an evidence-based approach to make an identified practice change that results in demonstrated improvement in outcomes for the patient and family, staff, community, or organization. In addition to the awards, 2018 will be the second year that a workshop will be presented by EBP experts to help other nurses improve their skills in identifying a problem, developing a plan and implementing a sustainable plan to address change.

The Center for Nursing Research also recognizes those nurses in New York State who have made outstanding contributions to nursing research. Since 1980, the Center has recognized a New York State Distinguished Nurse Researcher. These award winners exemplify the best in nursing research in dissemination of findings through publication and lecture and leadership in their area of expertise. In 2008, a Rising Nurse Researcher award was added to recognize those who were beginning their journey. Another group of aspiring nurse researchers are the Research Fellows. Sponsored by ANA-New York, these nurses apply for a voluntary fellowship which lasts two years. During that time, they are coached by a member of the Center for Nursing Research. They are to work on a project of their choosing which will improve a problem noted in their clinical practice.

What changes will come in the future? That question will remain to be answered. What is known is that the Center for Nursing Research will continue to evolve to meet the nursing research and EBP needs of nurses in New York State. For more information, visit <u>www.fnysn.org</u>.

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FROM THE DESK OF NURSING HISTORY

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

Welcome to May – a month of great possibilities springing forth and the month when nurses are honored all over the world during Nurses Week May 6 - 12, 2018. However, as I sit here at my desk penning this article, it is March and I remember a significant day in my professional life. I graduated March 4, 1971 from United Hospital SON, New Brighton, PA and started my great and rewarding adventure as a professional registered nurse.

As I think back on that day with its traditions and ceremonies, my mind ponders

the rituals of our profession. In the next several issues, I am going to discuss some of these rituals: how they came about, why they are kept, or why they changed, or what do they teach us about being providers and receivers of nursing care. Capping and Pinning with Graduation will be the focus for this column. In the next issue, the topics of caring rituals and therapeutic touch among others will be discussed. The final issue of 2018 will discuss rituals of professional recognition such as inductions to honor societies, Halls of Fame, and others. So, let's get to it!



Capping

As a probationer student, the capping ceremony served as recognition of reaching and surpassing their milestone on their educational path. Once the cap was placed on a female student's head (or later as a capping patch was placed on the male student's left upper uniform arm), that student, the entire school, and the affiliated hospitals knew they were dealing with first year nursing students. Traditionally, students had a "big sister" assigned to help a "little sister" through the trials of the probationary period and first year acclimation.

During a discussion with first-year baccalaureate students about capping, one student asked me, "So what's the big deal about the cap? It's just a cap." I shuddered (visibly) and she asked me, "What's wrong?" I replied, "Nothing. It's body memory. My body remembers what it felt like to have my cap placed on my head for the first time. It gave me chills and still does." The cap was part of the student and graduate uniform, yes, but it was more than that. It signified that you belonged to a profession bigger than yourself - one where you would need to use all your intelligence, ethics, critical thinking, and scientific knowledge to bring comfort, empathy, quick action, and calmness to people who were hurting. At my capping ceremony, we sang the Nightingale Pledge from memory. Learning those words instilled in me the enormity of the responsibility that came with that cap and with the title of student nurse. In Zane Robinson Wolf's book, Exploring Rituals in Nursing (2014) she discusses this ritual and many others. She also noted that the words of the Nightingale Pledge had been modernized to reflect the scope of practice of nurses today.



St. Luke's Hospital SON (NYC) "sisters'



Graduate Capping and Pinning Ceremony, Bellevue SON, 1963

Original Nightingale Pledge Nightingale Pledge Revised

Written by Lystra E. Gretter, 1893



I solemnly promise before God and all present to live my life honorably and morally and to practice my nursing profession faithfully. I will never intentionally harm anyone in my care and work determinedly to practice nursing safely. I will never take or knowingly administer any harmful drug or therapy. I will do all in my powers to maintain and elevate the standard of my profession active engagement, a bv commitment to caring, continuing education, and mentorship of new nurses and nursing students. I will keep all health and personal information of patients and

families confidential as I practice my calling. I will work collaboratively and respectfully with all health care providers and devote myself to the welfare of those committed to my care.

Source: Nursing Programs, La Salle University as cited in Exploring Rituals in Nursing: Joining Art and Science (2014).



Lincoln School of Nursing students after capping



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Graduation & Pinning

Graduation is the final rite of passage into the nursing profession as a graduate nurse having completed all the requisite courses and clinical experiences. Many graduations were held in churches, synagogues, or cathedrals. Some were held in stadiums or auditoriums. In some schools in the mid-20th Century, it was the tradition for the Alumnae or Alumni Associations to give the graduates a corsage or boutonniere to wear during the processional and ceremony. "Pinnings" became tradition at the

graduations themselves or in a brief ceremony just before the graduation processional. Each pin represented the uniqueness of the school and its theme. For Bellevue, it was "Ever Vigilant" signified by the Sentinel Crane. For both Samaritan Hospital (Troy) and Good Samaritan Hospital (West Islip) Schools of Nursing, it was the parable of the Good Samaritan depicted on their respective pins. Each graduate wore the same style of uniform and for many graduates, they received their graduate cap and pin at the graduation ceremony itself. An example of this is illustrated by the 1963 photograph of the Bellevue graduation.



Images come from the private collection of the author, collections at the Bellevue Alumnae Center for Nursing Archives at the Center for Nursing, Guilderland, NY or from Pinterest.

Graduate pin of Mt. Sinai SON, NYC



Graduate pin of **Bellevue SON, NYC**



Good Samaritan Hospital, West Islip, NY



Samaritan Hospital SON, Troy, NY



Evidence-based Practice

Jennifer Bryer Ph.D, RN, CNE, Professor, Farmingdale State College Joanne Lapidus-Graham Ed.D, RN, CPNP, CNE, Professor, Farmingdale State College

Improvement of patient safety and health outcomes is vital to nurses, healthcare professionals and health systems. Safe, effective delivery of patient care requires the use of nursing practice consistent with the best available knowledge (QSEN, 2012). Implementing evidence-based best practices requires knowledge, skills and attitudes to integrate best current practices with clinical expertise and patient/family preferences and values for delivery of optimal health care. As new information and evidence becomes available best practices must change and progress. For evidencebased practice to be successfully adopted and sustained, it must be embraced by nurses as individual care providers, the microsystem and system leaders, as well as by policymakers (Stevens, 2013).

Nurses must participate in activities in both the clinical and in the educational settings so that the principles of evidence-based practice are learned and further reinforced in the delivery of effective patient care. Nurses also must begin to question the rationales used for routine practice, particularly when they are not evidence-based or when they conflict with current evidence in the literature (Dolansky and Moore, 2013). The reality today is that it can take many years to get scientific findings into practice, so nurses must be knowledgeable about how to find the best evidence and be vigilant in seeking the best evidence from reliable sources. Both healthcare institutions and educational settings also need to place greater value on the development of search skills needed for locating evidence for best practice.

The Internet can provide clinical nurses with a multitude of synthesized sources of knowledge including National Guidelines Clearing House, Sigma Theta Tau International, the American Nurses Association, The Johanna Briggs Institute, and the Cochrane Collaborative. Comparing best evidence from the research literature with actual practice at health care institutions may lead to the development and implementation of a practice change resulting in improved patient outcomes.

Not only do clinical nurses have to consider current best evidence, they must use clinical skills and past experience to rapidly identify each patient's unique

everyday

Evidence-based Practice continued on page 19



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If you or your group is interested in participating in the Dolphins for Nurses fundraising campaign during Nurses Week or the month leading up to it, simply contact Stephanie Dague, Director of Development, at sdague@nurseshouse.org or (518) 456-7858 x127 for an informational packet. Nurses House will provide all the necessary materials to host an exciting and successful fundraiser for your colleagues in need.

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ANA - New York Nurse

Peripheral IV Replacement continued from page 14

Webster and colleagues (2015) noted that IV placement is the most common invasive procedure that hospital patients experience, and more than 75% of patients undergo the placement of two IVs on average. Unfortunately, the routine replacement of IVs is still a present-day policy for many hospitals and other health care facilities. If evidence exists, why does the health care system fail to change outdated policies as researchers discover new evidence? It is well known that evidence can take more than 20 years before accepted into practice. For this reason, nurses must take the initiative to search for the latest evidence and integrate best practice rather than just relying on policy. Webster and colleagues (2015) suggest that future research which includes the study of pain and satisfaction of patients regarding IV replacement would provide further insight to the impact of this practice change.

Replacing IVs based on the nursing assessment

benefits . . .

- Patients
- Nurses
- Health care facilities

Since health care is moving towards a value-based system, management and health care leaders are seeking ways to increase patient outcomes, standardize care, and distribute resources more effectively. The research presented by Webster and colleagues provides a way for nurses to take an active role in changing policies that improve care. Let us remember that replacing IVs based on nursing assessment benefits everyone: patients, nurses, and health care facilities. Patients experience less pain and stress, nurses spend less time replacing IVs that function appropriately, and health care economizes!

Reference

Webster, J., Osborne, S., Rickard, C. M., & New, K. (2015). Clinically-indicated replacement versus routine replacement of peripheral venous catheters (review). Cochrane Library, (8), 1-43. doi:10.1002/14651858. CD007798.pub4

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health state and diagnosis, their individual risks and benefits of potential interventions, and their personal values and expectations (Sackett et al, 2000). In addition, evidence-based practice considers the unique preferences, concerns and expectations each patient brings to a healthcare encounter and which must be integrated into clinical decisions if they are to serve the patient (Sackett et al, 2000).

Before incorporating research into clinical practice, nurses must be able to evaluate not only sources of information, but the quality of evidence used as a basis for decision making.

Analysis of current research studies requires nurses to understand the various levels of evidence which is based on ranking the strength and reliability of study findings. Resources to help nurses evaluate evidence are located on trusted website such as https:// sites.google.com/site/ebmlibrarian/appraising-theevidence. By embracing the QSEN competency of evidence-based practice, nurses are challenged to examine current practice to identify problems and formulate questions to investigate in the research literature. This may result in piloting a change in practice, an evaluation of the change, and ultimately the determination of whether the results warrant adoption of the practice change.

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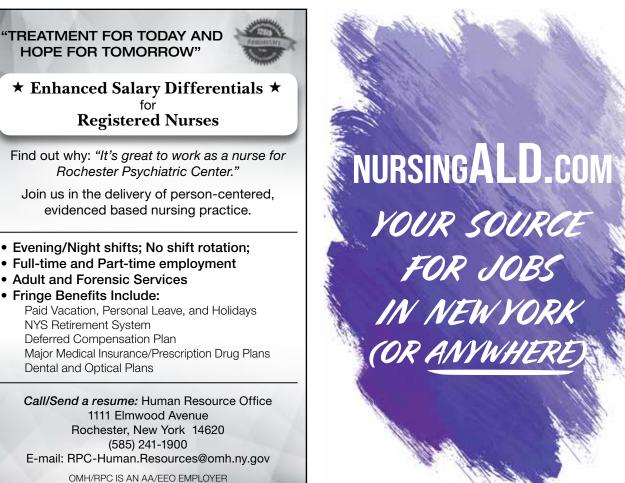
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May 2018

Gender: Male/Female

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