

Volume 1 Number 2

ANA - NEW YORK NURSE

November 2016

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 4,200 New York nurses and schools of nursing through direct mail.





Changes

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

Hello colleagues and welcome to Autumn 2016. An exciting time of the year with many changes; cooler temperatures, school schedules and rich colorful leaves creating brilliant landscapes. Changes are in full array at ANA-New York.

I am humbled and honored to have been elected to serve as the second ANA-NY President for the 2016-2018 term. This would not have been possible without the superb leadership



Elisa (Lee) A. Mancuso

of our first Executive Director Karen Ballard and past President Betty Mahoney. They have been dynamic role models and mentors to nurses locally, nationally and internationally. I am grateful for their guidance, support and encouragement for this awesome and daunting leadership opportunity. Their passion and dedication to nursing facilitated the development and exponential growth of ANA-NY during three short but very busy years into a premier professional nursing organization of over 4,100 members strong! ANA-NY will forever be indebted to our founding leaders - Karen Ballard & Betty Mahoney.

Now it is time to "Pay It Forward" and facilitate ANA-NY's evolution by creatively addressing the focus of our strategic goals;

current resident or

- Health & Work Environment
- Quality & Safety

As ANA-NY ventures into the next phase of organizational growth it is imperative we personally invite and encourage all New York nurses to become engaged members. Membership has two distinct but interconnected components; professional accountability and personal growth. Each new member brings a unique perspective and diverse experiences that enhance our collective expertise and expand the resources and support offered to our membership.

ANA-NY Needs You: Change Agents and Risk Takers to be the leaders for our dynamic profession and the rapidly changing health care industry. We can no longer accept the standards of care as the status quo but we must use them as stepping stones towards excellence.

As your President I pledge to be your voice and address issues that impact our profession and our members including new graduates, our future nurse leaders to seasoned experts. Each nurse can inspire one another and together we can achieve goals that initially seem unattainable. Yes, there are many obstacles ahead; downsizing, units/hospitals closing, pending legislation, educational, employment and financial barriers to name a few. However, I believe we can embrace them as opportunities where each nurse is a spark that contributes to an inextinguishable flame lighting the way. Collectively our brilliance reflects passion, commitment and professionalism.

I encourage you to explore ANA-NY's diverse programs, committees and initiatives to identify which is the best match for your interest and talents. I look forward to meeting you and working together as we "Build a Community of Empowered Nurses" to

ANA-NEW YORK ANNOUNCES RESULTS

OF 2016 ELECTION

NEW YORK

AMERICAN NURSES ASSOCIATION

The American Nurses Association - New York, the state constituent of the national American Nurses Association, is pleased to announce the election of the following members to its Board of Directors:

PRESIDENT

Elisa Mancuso (Islip Terrace, New York)

TREASURER

Donna Florkiewicz (Glenville, NY)

DIRECTORS

Linda O'Brien (Center Moriches, NY) Nathan Sull (Getzville, NY)

These newly elected officers and board members will be sworn in Saturday, September 25th during the Annual Meeting of ANA-New York at the Doubletree by Hilton in Tarrytown, New York. Current President Elizabeth "Betty" Mahoney expressed that "ANA-NY is enriched by the dedication and leadership of its members and all those who are willing to participate in the election process."

- Leadership Development
- Membership
- Mutual Partnerships

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ANA - New York Nurse

FROM THE DESK OF THE **EXECUTIVE DIRECTOR**

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

It is indeed an honor and a privilege to serve as the Executive Director of ANA-New York. I am grateful for the confidence that the ANA-NY Board has placed in me to serve the nursing professionals of our state. As your new ED, I understand that there



Jeanine Santelli

are several things that must be done. I must first listen to what both members and non-members are saying about what ANA-NY does and does not have to offer. To do this I will be connecting with nurses around the state. I will have a very steep learning curve this year and will be covering a lot of ground. I look forward to meeting as many of our members and future members as possible. If you see me out and about, be sure to stop by and say hello.

I am humbled to be following in the footsteps of my dear friend, Karen Ballard. She, and our staff, created a phenomenal first edition of this newsletter. We hope that you enjoy this issue and find it both informative and interesting.



ANA-NY: A Living History and Future!

Elizabeth "Betty" Anne Mahoney, EdD, MS, RN

What an honor and privilege to be the first elected president of the American Nurses Association - New York! Thank you for placing your trust in me and the other elected Board Members during the last three years to lead this remarkable, critically needed, professional nursing organization. Key components of any major work are vision, professional commitment, leadership, sustainability, and caring.

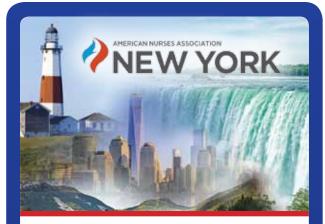
Elizabeth "Betty" Anne Mahoney

Professional Commitment: We were found by a core group of dedicated professional nurses who were committed to having an ANA presence in NY after a void was created. They worked tirelessly to create a professional nursing organization in which all nurses could participate at all levels. Within a year we were incorporated in November 2012 in Washington, DC, and accepted by ANA as its NY State affiliate on December 3, 2012. The Interim Board and Executive Director established the purposes, foundation, Bylaws, and goals for the immediate future.

The elected Boards have met at least 10 times each year by conference call and in person, giving their time, effort, and talent to build on the foundation; develop policies to govern our practices; form partnerships with other groups (Coalition for the Advancement of Nursing Education [CANE], New York Organization if Nurse Executives and Leaders [NYONEL], and organization to share and strengthen resources.

and associations. They actively led, participated, and collaborated in developing the framework and investment in a dynamic organization that would unite and stimulate nurses to strive and succeed in promoting the development of the advancement of nurses and nursing through education, the adherence to standards of practice, and the welfare of nurses and improved health care. Our elected Boards have eclectic memberships with varied experiences, strengths, and creativity that greatly enhance their continuance of ANA-NY's work and development of new venues. They also evidence their commitment, vision, dedication, and growth of other members A system is in place to of changing some committee members each year to allow for differing input and development of our members.

Sustainability: Our membership continues to grow. Recruiting new members and Organizational Affiliates is ongoing. Future Nurse Leader awards were established three years ago to actively introduce associate and baccalaureate degree nursing students to ANA-NY. Board and other members present the awards at the recipients' college activities. Nursing Student Nurse Association NYS leaders will hold their Annual Meeting to coincide with ours and join us on Saturday to network and share our meeting. Publication of our first newspaper, ANA-New York Nurse, will also enhance our visibility. Eight organizational affiliates joined us during the past two years. Everyone's help is needed in these ventures. The Board closely monitors the financial status of ANA-NY, a major responsibility. We had some major expenses this year: new staff and benefit packages, the Executive Director (ED) search, overlap in the orientation of our new ED, legal fees associated with updating our Bylaws to comply with revised NYS guidelines, new technology and upgrades,



ANA-NY Board of Directors

Officers: Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C President Susan Read, MS, RN Vice President Larry Slater PhD, RN-BC, CNE Secretary Donna Florkiewicz Treasurer

Directors:

Bill Donovan, MA, RN Donna Florkiewicz BSN, RN, CCRN – CMC, CSC Ann Fronczek, PhD, RN Joanne Lapidus-Graham, EdD, RN, CPNP, CNE Mary Lee Pollard, PhD, RN, CNE

Article Submission

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

inquiries regarding the ANA-New York Nurse please email: programassociate@anany.org

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www.ana-newyork.org

Leadership: The founding group were volunteers who had a vision of professional nursing and varied experiences as leaders and followers in various settings

etc. Budget preparations for 2017 will begin shortly and will be closely reviewed to maintain our sound fiscal status.

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NYU School of Medicine	Spring 2017 Courses		
	4th Annual Concussion Across the Spectrum of Injury: Case Studies and the Latest for Diagnosis and Management	February 24	
Interested in attending courses at NYU Langone to obtain your CEUs? We have several courses to offer!	The Rusk Complex Case Series: Rehabilitation Medicine and Management of the Patient with Heart Failure	March 11	
	Invasive Cardiology Update for Practicing Health Care Professionals	April 14	
Visit our website at med.nyu.edu/cme/course for more information!	Asthma, Airways and the Environment	April 28	
	Wound Care 101: What a Practicing Clinician Should Know	May 5	
	Advances in Cardiovascular Risk Reduction	May 11	
For inquiries please contact us at 212-263-5295 or via email cme@nyumc.org	Diet and Lifestyle Strategies for Cardiovascular Risk Reduction	May 12	
	Optimizing Outcomes for Cancer Survivorship	May 13	
	Venous Thrombosis Update	May 19	



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PROGRAM ASSOCIATE/ NURSING INSIGHTS

Nurses and Social Media: How Social Media Improves the Profession

Wesley D. Willis, Psy.D, MSW, LCSW, BSN, RN-BC, CCM

There are many challenges in our healthcare system, some of which are getting progressively worse because the nation doesn't shift its focus fast enough to counterbalance those rising problems. In a hierarchical system that is dependent on the decisions made from top board members and institutions, little attention is provided to the personnel that take those decisions off paper and apply them to real life situations. Nurses are among those whose efforts and contributions to our healthcare system are usually overlooked and at times even undermined, despite the continuous contributions they make and have made to our society and history. When times change, professions must evolve to change along with them, but as it stands now, by the first quarter of the 21st century, our nation will be 500,000 nurses short of providing patients with the attention and care they need to recover.¹ There are many ways to increase awareness of this rising issue, but one of the best approaches for this to happen is for the public to understand just what the nursing field is and what are the expectations and challenges involved. Since technology is already a major part of our daily lives and structures - so much so that our attention is continuously directed to how it can hasten or improve daily tasks or provide us with the information we need to solve a problem. Nurses can use social media to share their knowledge, methods, and ideas about what this community of healers actually does for us.

Though they work hand-in-hand with other professionals in the field, nurses are limited to what they can and cannot do, despite their more hands-on experience with patients and their individual needs. The public hears very little about the struggles of this dwindling profession, primarily because there aren't many or any active nurse social media sites that the public can review, or have the opportunity for oneon-one conversations with a practicing nurse in order to learn more. Sharing information online about nursing and the challenges of their





everyday assignments shows that nurses are passionate about their work and about their patients. It's not about the number of people they help but rather how many lives they touch for the better. People come and go between hospital rooms and emergency centers, but nurses always remember their faces, their conditions, their needs, and even their dreams and wishes when they strike up a conversation—can the patients say the same about the nurses that cared for them?

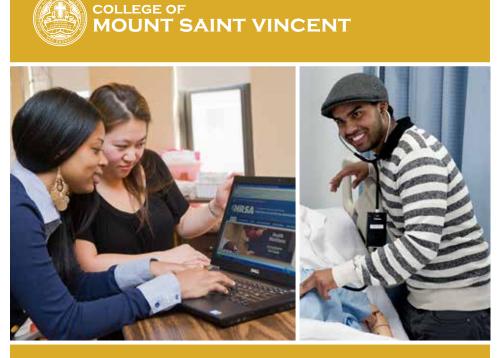
The ways that nurses were educated in the 20th century no longer applies to the drastic demands of the 21st century hospital settings and healthcare needs. Nurses are still trained to handle the most common health-related issues, and little time is given to educate them on health policies, teamwork and collaboration, leadership and other qualities that are necessary to deliver better care to patients and make critical decisions during emergency situations. The way that the field is set up today, nurses are forced to robotize their movements and care for the maximum number of patients available because of the limited number of nurses. There's a kind of empowerment and confidence that comes with being a healer, even if you remain anonymous in the eyes of those you helped, but the waning number allows nurses little time to connect with their patients. They say that laughing is the best medicine, but how do nurses get the opportunity to comfort the people they care for when the standards they are forced to follow limit their abilities? Publicizing their experiences online through social media, sharing the do's and don't's of the profession with potential nurses, or even taking comfort in the knowledge that they are not alone in the healthcare community when things go awry. This use of social media results in a more empathetic and supportive role from others and it also brings awareness of what a dramatic impact the nursing profession has on the average person.

1 "Nurses Needed." PBS. October 16, 2009. http://www.pbs.org/now/shows/442/index.html



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ALL DREAMS WELCOME

NURSES HOUSE COLUMN



Nurses House, Inc. - Holidays Past and Present

Stephanie Dague Director of Development, Nurses House



The season of giving is upon us and there is no better way to give back to the nursing community this time of year than to make a charitable donation to Nurses House, Inc. Nurses House is the only organization helping RNs in need all over the country with funds to cover basic living expenses when unable to work. The Nurses House service program provides over \$200,000 annually in short-term grants to help RNs facing serious illness, injury or other dire circumstances. However, many don't know that it wasn't always this way. The organization's rich history goes back almost a century, when the original Nurses House opened its doors.

Nurses House was first established in 1922 under the name Cobble Court, Inc., thanks to a large bequest left by Emily Bourne. She was not a nurse herself, but had a high admiration for nurses and, being that she had acquired a significant amount of wealth in her lifetime, she bequeathed \$300,000 in her will, requesting the funds be used to establish and maintain a country place where nurses "could obtain needed rest or stay while convalescent."

With the help of various charitable organizations a beachfront home was purchased and renovated in Babylon, Long Island. A board of directors was established to run the home and modest fees were charged to guests according to income. Many nurses who had no income at all stayed for free for weeks at a time and some simply visited for a day to enjoy the company of their peers. The majority of nurses who stayed at Nurses House were from NY and NJ, but nurses from throughout the United States and foreign countries also became guests.

With the help of contributions from the New York State Nurses Association, the American Red Cross, several nursing alumnae/alumni associations, public health organizations, hospitals, and individual donations from nurses, nursing students and friends of nurses, Nurses House and its property grew and flourished for three decades. Hundreds of nurses came to visit and enjoy the grounds and the many festive parties held there. The summer months were often busy as the home boasted sprawling gardens and the ocean with a beautiful beach was just a stroll away. The holidays were also an especially joyful time at Nurses House. Each room in the house was decorated and nurses came in great numbers to celebrate with their peers at Nurses House annual holiday parties. Gifts were shared amongst friends as well as many stories, laughs and memories.

Unfortunately by the mid-century Nurses House guests began to decline and its resources could no longer sustain the costs associated with maintenance. In 1960 the house was sold, but the funds were used create a service program that would provide short-term financial grants to RNs to help them meet basic living expenses. This new program provided grants to pay for food, rent, utilities and medical expenses to those who could demonstrate a need. Nurses House opened an office in New York City and, in addition to funds, volunteers began providing information and referrals to registered nurses who were out of work due to illness or injury. Nurses House continued to seek donations to fulfill its mission and were able to assist hundreds of nurses in New York City and surrounding areas who were unable to work due to their health.

In 1996, Nurses House headquarters moved to the Veronica M. Driscoll Center for Nursing in Guilderland, NY and, with help from the internet and larger nursing organizations, its visibility began to spread throughout the country. Today, Nurses House receives dozens of requests per year from nurses all over the country who are unable to afford their basic needs due a sudden catastrophe. Nurses House offers short term assistance to those who qualify of varying amounts, based on current resources. Whenever possible, Nurses House also offers referrals to help guests find additional forms of assistance.

Funds still come almost exclusively from individual donations from nurses and others who care all over the country as well as numerous nursing organizations, associations, hospitals, and other nursing groups. Nurses House is still administered by a volunteer board of directors, made up of RNs and each nurse who applies is still referred to as a "guest" in honor of the original Nurses House. Although the mission of Nurses House has changed over the years, it has kept with Emily Bourne's original intent of helping registered nurses who are unable to work and facing serious health issues.

Since the holiday season was one of the most celebrated times of the year at Nurses House, we have

kept with the tradition of celebrating the holidays by offering small grants to families in need each December. These extra special gifts are provided to families who have already received help throughout the year and who might otherwise not be able to afford the costs associated with the holiday season. We know that for these nurses and their families facing serious hardship that the holidays will be difficult. Many guests tell us that, without this help, they would not have been able to provide gifts for their children or even food on the table for a holiday meal. The letters of gratitude we receive from them truly brighten our holidays as well.



The library at the original Nurses House in Babylon, LI, decorated for the holiday season. Today, Nurses House provides holiday grants to nurses in need in addition to help with monthly household expenses. Source: Center for Nursing, Archives, Nurses House Collection (MC14)

Although Nurses House has thrived for almost a century, it has faced many challenges through the years in maintaining sufficient resources to provide assistance for qualified nurses. We are currently facing an unusual volume of requests and our limited funds cannot keep this pace for long. We are so grateful to our donors for keeping our mission alive for so many years - and ensuring that no nurse in need is ever turned away or forgotten. We hope that, if you have a few dollars to spare, you will consider making a donation to Nurses House this season and becoming part of this very unique organization. Likewise, if you know a nurse in need, we hope you will refer them to us for help. Donations can be made by check, mailed to Nurses House, 2113 Western Ave., Guilderland, NY 12084, or on our website www.nurseshouse.org. Applications for assistance as well as guidelines are available on the website or by calling (518) 456-7858. Happy holidays from all of us here at Nurses House!

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School of Nursing

Priscilla Worral. PhD. RN Coordinator of Nursing Research, SUNY Upstate Medical University

Jessica Jackson, MPH, BSN, RN Syracuse VA Medical Center

Jeanne Westcott. PhD. RN Research Specialist, FNYSN

Beginning in 1996, the New York State Nurses Association sponsored a Nursing Research Fellowship. This Fellowship was offered through the Foundation of New York State Nurses Center for Nursing Research.

This two year, volunteer commitment provided practicing nurses with an opportunity to participate directly with nurse researchers who serve on the Foundation's Cathryne A. Welch Center for Nursing Research. When that affiliation ended, ANA-New York stepped up to assume the sponsorship of a Fellow.

Each year the call is published for applications for the Fellowship. The Fellow is then chosen by the Scholarship Committee of the Center for Nursing Research. Qualifications include registration as a nurse in New York State, Bachelors or higher degree in nursing but not enrolled in doctoral studies and ANA-New York membership. ANA-New York sponsors travel expenses for attending the annual meeting of the CNR.

The Fellow participates in activities which would include regular educational, research and general organization experiences. These experiences include observation and/or participation in organizational research and business meetings; selection of Research Fellows and Evidence-based Practice Awardees. These activities lead to the completion of the goals of the Fellowship, which are to become more familiar with the process of nursing research as well as the organization and function of professional nursing organizations.

Each Fellow also completes a research project. These are chosen in consultation with a research coach from the Center for Nursing Research who guides the Fellow through their chosen project. Many projects have been inspired by issues encountered by the Fellow in their clinical practice. Some recent projects included a study of postoperative hypoglycemia which resulted in a multidisciplinary team developing a new protocol. Another project looked at reuse of electrodes, pressure ulcers, issues confronting men in nursing and nurse fatigue.

Jessica Jackson is completing her Fellowship. She has chosen to investigate horizontal violence interventions by conducting a systematic review with plans to publish. Currently, Jessica Jackson, MPH, BSN, RN, along with her research coach, Priscilla Sandford Worral, PhD, RN, are conducting a systematic review of quantitative research to answer the question: What are effective interventions to prevent or decrease workplace bullying among Registered Professional Nurses in the acute-care setting?

This review will consider studies that include Registered Professional Nurses (RNs) at all organizational levels and in all specialties, and will include staff nurses at the point of care, advanced-practice nurses (e.g. nurse midwives, clinical nurse specialists), and nurses in management positions in the acute care setting. Acute care settings include hospitals and other settings that may be free-standing, but are part of a hospital system where RNs provide emergent, urgent, and acute care. Interventions will include any activity undertaken for the purpose of preventing or decreasing workplace bullying in the acute care practice setting. Such activities might include, but not be limited to, educational programs, simulation, role-play, and monitoring of compliance with zero-tolerance policies.

This review will consider both experimental and epidemiological study designs including randomized controlled trials, non-randomized controlled trials, quasiexperimental, before and after studies, prospective and retrospective cohort studies, case control studies, and analytical cross-sectional studies that include crosslagged panel correlations or similar statistics to address time.

November 2016

The search strategy will include both published and unpublished studies in the English language in several databases including PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, Global Health, Scopus Web of Science, Excerpta Medical Databases (Embase), The Cochrane Central Register of Controlled Trials, and Academic Search Premier. A grey literature search will include Mednar, Virginia Henderson Library of Sigma Theta Tau, Google Scholar, ProQuest Dissertations and Theses, Scirus, national and international conference proceedings of professional organizations such as the International Council of Nurses, Institute of Medicine, Sigma Theta Tau International Nursing Honor Society, American Nurses Association, and the World Health Organization. A hand search of references from articles chosen for appraisal also will be conducted.

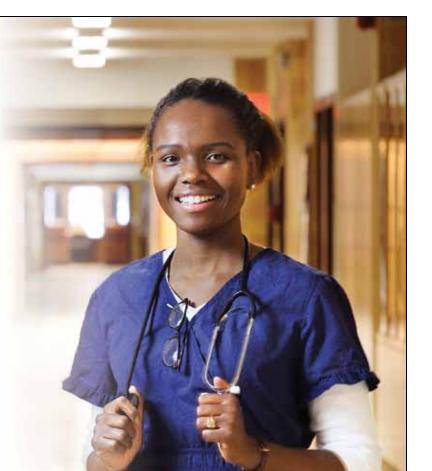
What will be her outcome? She will be able to answer her question about effective interventions to make the workplace more productive and satisfying for professional nurses. She will also publish her findings so that others may benefit from her work. Jessica has shown an interest in nursing research and will be involved in searching for answers to practice questions throughout her career. Because of her fellowship, she has learned new techniques for translating research findings into best practices that can improve quality of care.

If you are interested in the Research Fellow program, visit the Foundation of New York State Nurses website www.foundationnysnurses.org once there, click on the Center for Nursing Research which is on the right. Once on the Center's page, look at the tab for Awards and Fellows, there you will find a list of previous Fellows as well as photo's and statements from current Fellows. Later this fall, that is where you will also find an application packet for the 2017 Research Fellow.

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A Valuable Resource for Current and Future Nurses

Deborah Elliott, MBA, RN Executive Director, FNYSN

The Center for Nursing at the Foundation of New York State Nurses, Inc. (FNYSN) celebrated its 40th Anniversary in 2015 and is proud of its rich history and the integral role it plays in advancing the profession of nursing in New York State. Located in a serene, wooded area just west of Albany, the capital of New York, the Center has abundant resources available for the current nursing workforce as well as nursing students.

The Center for Nursing is a private, non-profit 501(c) (3) incorporation governed by a Board of Trustees comprised of nursing leaders and community, business and ecumenical leaders. The Center operates efficiently within a tight budget, a small full time staff and dedicated volunteers.



The Center's primary purpose is to 1) preserve and honor the history of nursing, 2) Increase the understanding of the public about what it is that nurses

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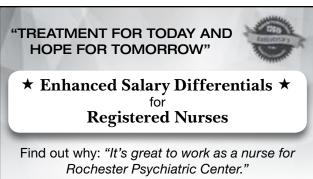


Bassett Healthcare Network Bassett Medical Center do and why they are integral to the health care delivery system in our state, and 3) advance the profession so that nurses can continue to care for patients with compassion, competence and expertise. The Center achieves its goals by providing various programs and services through three centers; the Center for Nursing History, the Center for Public Education and the Center for Nursing Research. Each Center has an advisory committee that provides expert opinion and guidance to the Board of Trustees.

The Center for Nursing History (CNH), endowed by the Bellevue School of Nursing Alumnae Association, houses one of the oldest and largest deposit of nursing documents and artifacts in the nation and preserves and stores historical collections for several other nursing organizations. Certain artifacts date back to 1872 including a letter written by Florence Nightingale. Researchers, both nationally and internationally, frequently access collections from the historical archives to assist in their work and studies. In addition, the Center for Nursing History is often asked to display collections in public libraries and at educational or historic events. One such collection depicting the military contributions of New York's nurses is on display at the New York State Museum in Albany and will remain there until April 2017. As a proponent of how history shapes the future, CNH staff provide educational programs to nurses and nursing students on various topics including the historical significance of nursing.



A people without the knowledge of their past history, origin and culture is like a tree without roots. – Marcus Garvey



Join us in the delivery of person-centered,



The Center for Nursing Research (CNR), was appropriately named the Cathryne A. Welch Center for Nursing Research in honor of Dr. Welch, past Executive Director and long-time supporter of the FNYSN. The CNR promotes and encourages nurses of all educational backgrounds and expertise to take an interest in research and evidence-based practice, and houses the only online statewide listing for research and evidence-based practice projects done by New York RNs. In collaboration with ANA-NY, a nurse interested in doing research is selected on an annual basis to be mentored in the Nursing Research Fellowship Program. The research fellow is mentored by an expert nurse researcher over a three year period and participates in all Center for Nursing Research meetings and activities. The Center recognizes outstanding nurses who have made a significant impact on the profession and/or patient care with research awards at the annual meeting of ANA-NY. These awards include the Distinguished Nurse Researcher, the Rising Nurse Researcher Award and the Evidence-Based Practice Award. The CNR provides opportunities for researchers, educators, administrators and practicing RNs to collaborate and advance excellence in health care through research and evidence-based practice (EBP) aimed at improving patient outcomes. The primary mission is to catalyze innovation and inquiry through support of regional research alliances and other entities that promote advancement of excellence in healthcare and to provide stewardship for the on-going development of nurse scientists.



The Center for Public Education (CPE), is dedicated to increasing public knowledge of health care, improving the health of individuals and populations, and fostering a better understanding of the role of the registered nurse. Endowed by the St. Luke's Hospital School of Nursing Alumnae Association, CPE is an active participant on the Future of Nursing NYS Action Coalition (NYSAC) Steering Committee, the National Forum of Nursing Workforce Data Centers and various other state and national organizations. As a founding member and supporting partner with NYSAC, FNYSN was awarded two \$300,000 two-year grants in 2012 from the Robert Wood Johnson Foundation (RWJF) to promote the advancement of

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BSN education in NYS (called the APIN project). The RWJF grant funding is in response to helping New York move closer to the Institute of Medicine's (IOM) recommendation to increase the proportion of RNs with



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a BSN to 80% by 2020, as indicated in the Oct. 2012 IOM report titled The Future of Nursing: Advancing Health, Leading Change.

At the beginning of the grant period, data available in NY was reporting approximately 41% of the current acute RN workforce had a BS in nursing. Subsequent data collected in 2015 showed a significant increase to 57% which is remarkable progress. The APIN grant funding supports the replication of an innovative model of seamless, dual degree nursing education called the "1+2+1" that enables a student to earn an associate degree and a baccalaureate degree in nursing within four years through a unique collaboration between hospitalbased or community colleges and four-year colleges and universities. The grant funding also provides consultation, guidance and support of the nursing programs and partner schools as well as a mentoring/tutoring platform to assist students to be successful at various points in their academic journey. The APIN initiative has prompted action and dialogue about academic progression in nursing to expand beyond project participants and now has become a statewide initiative involving several academic institutions, practice partners/employers and organizations.

The fourth APIN Summit took place in the Albany area on June 9, 2016 and was attended by nearly 200 RNs, many of whom had not been active in the statewide APIN movement in the past. Updates on various aspects of collaborations and APIN work was shared with attendees as well as an invitation for others to get involved. In the afternoon, Dr. John L. Lumpkin provided the keynote address titled The Role of Nursing in Building a Culture of Health and several RNs from across the state shared their leadership in both DSRIP (Delivery System Reform Incentive Payment) initiatives and Culture of Health projects. The response from attendees was most favorable and the hope is to repeat the Summit again next year to keep the momentum going in NY even after the grant funding ceases in August 2016.



Another wonderful program is the Linking Education Nursing and Seniors (LENS) program. The LENS program, initially developed in partnership with the former District 9 (now called the Northeast NY Profession Nurses Organization -NNYPNO), provides educational programs to seniors on topics related to health and wellbeing. RN volunteers conduct the programs at senior centers, senior residential facilities and continuing care retirement communities (CCRCs). While predominantly occurring in the Capital District area, plans are underway to formalize the program so it can be replicated elsewhere in the state.

Devoting proceeds from its inaugural 2015 Nightingale Gala, the Center is embarking on an ambitious educational initiative encompassing the growing epidemic of heroin and opioid use and addiction in our country. This initiative, called Hope for Heroin, will involve the development of an online directory of resources, including treatment, support and recovery; and an educational program for the professional nurse.

In addition to the mission and work of all the Centers, the Center for Nursing provides scholarships to nurses advancing their education and/or pursuing research and acts primarily as a conduit to promote collaboration and information sharing among nursing and nonnursing entities. FNYSN staff stay current and focused



on the issues impacting the profession and the health of the public, and find ways through partnerships to advance the profession and ensure quality health care for all. Relying primarily on donations, endowments and bequests to maintain operations, FNYSN continually seeks other revenue generating initiatives to enable them to expand their programs and services to continue to be a resource for the nursing profession and the general public.

For more information visit www.fnysn.org

Contact: Deb Elliott, RN, BSN, MBA **Executive Director** delliott@fnysn.org (518) 456-7858, ext. 129





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THE ESSENCE OF NURSING:

Highlights from ANA – New

The newest Constituent/State Nurses Association (C/SNA) of the American Nurses Association, ANA – New York, held its fourth successful Annual Meeting. Hosted at the DoubleTree of Tarrytown on September 22nd – September 24th, witnessed the convergence of nursing friends (old and new) as well as two days of dialogue and presentations. We extend a special thanks to the Annual Meeting Committee for their dedication in the fulfillment of their duties. This committee chaired by Patricia Hurld and committee members Mary Britten, Margaret Chase, Gorette Crowe, Ann Purchase, Deborah Wolff, Laura Kasey, Linda O'Brien, President Elizabeth Mahoney and Board Liaison Elisa "Lee" Mancuso; cannot be thanked enough for their service. We look forward to seeing you at our 2017 Annual Meeting on Sept 15th – September 16th, 2017, to be hosted at the beautiful Hilton Albany. Get in early and reserve your hotel room today at <u>http://www.hilton.com/en/hi/groups/personalized/A/ALBHHHF-1AMNA-20170914/index.jhtml?WT.mc_id=POG</u>

These are just some of the moments captured from the 2016 Annual Meeting. Please visit <u>www.ana-newyork.org</u> to view more photos.





Festive wave for the camera from the Annual Meeting Committee: (left to right) Gorette Crowe, Karen A. Ballard, Linda O'Brien, President Elizabeth Mahoney, Deborah Wolff, Director Elisa "Lee" Mancuso, Ann Purchase & Mercy Rios. Not pictured – Chair, Patricia Hurld



Brianne Smith, ANA National President – Dr. Pamela Cipriano & Mercy Rios offer beautiful smiles for the camera



Annua (right) a



Wesley D. Willis & Ann Purchase



ANA-NY Board & Officers (left to right): Director Ann Fronczek, Vice President Susan Reed, Director Elisa Mancuso, ANA President Pamela Cipriano, Director Joanne Lapidus-Graham, Treasurer Donna Florkiewicz, ANA-NY President Elizabeth Mahoney & Director William "Bill" Donovan



Thanks to one of spo Dave Theobold pict Leslie Cashman, Da Dr.





ANA-New York Founding Members



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LIVING A CULTURE OF CARE

York's 4th Annual Meeting



Cecilia Mulvey & Joan Madden-Wilson take a moment with warm smiles



Ann Purchase, Toby Bressler & Brianne Smith engaged in introductions



Mary J. Finnin & Gorete Crowe exchange warm hello's



al Meeting Committee Chair, Patricia Hurld long with committee member Gorete Crowe are hard at work



(left to right) Executive Director Designee Jeanine Santelli, ANA National President Pamela Cipriano & Executive Director Karen A. Ballard



ANA-New York President Elizabeth Mahoney & ANA National President Pamela Cipriano



nsors, Davin Healthcare Solutions – ured (left to right) Anne Purchase, avid Theobold, Deborah Wolff and Pamela Cipriano



Business Meeting is in session

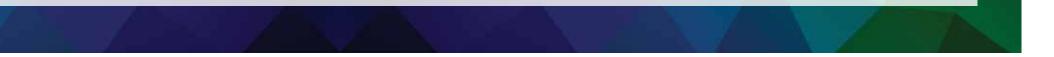






ANA-New York's eight Organizational Affiliates Officers & Representatives

Media Program Associate, Josh Edwards along with Program Associate, Wesley D. Willis





What Does it Mean to be Proud of Being a Nurse? One Nurse's Journey*

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

Recently while working at the *Future of Nursing* booth at the NYS State Fair, many people stopped to thank all of us at the booth for being a nurse. Many people stopped to inquire about nursing as a career choice. Other active and retired nurses also stopped and talked about their pride in being a nurse. They usually ended their conversations with "Once a nurse, **always** a nurse." In talking about these conversations with a colleague, he suggested I write a column about pride in being a nurse. So after some thought and research, this is a reflective article about my journey to nursing pride.

Kurses
are
superheroes!

To start the journey from a common point, pride must be defined. The Merriam-Webster Dictionary online (n.d.) defines pride as: "[1]. a feeling that you respect yourself and deserve to be

respected by other people; [2]. a feeling that you are more important or better than other people; [3]. a feeling of happiness that you get when you or someone you know does something good, difficult, etc." For my purposes, a blending of these – "a feeling of self-respect and respect given by other people and a feeling of happiness when you [as a nurse] does something good, difficult to promote positive outcomes" creates the best description. Examining the development or dearth of pride in being a nurse and maintaining that pride is not a uniquely American problem.

In Kai Tiaki Nursing New Zealand (April 2016), Tricia O'Connor, RN wrote a letter to the editor asking "Where has nursing pride gone?" She spoke of her pride in wearing her uniform and cap, "my black leather shoes were polished three times a week, *minimum* (italics in the original). Our hair was not allowed to touch our collar; [i]f it did, we had to put it up in a neat ponytail or bun." She attributed her attitudes to her hospital training program in the 20th century. She lamented seeing nurses and doctors, regardless of shift or gender, coming to work unkempt, unshaven, wearing wrinkled scrubs, tattoos, or visible facial piercings as evidence for her of a perceived lack of professional nursing pride in these current representatives of New Zealand registered nurses.

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After reading this article, I drifted back to my earliest memories of wanting to be a registered nurse – to do what my mother did – and I learned about what a well-stocked first aid kit looked like from watching her attend to minor play injuries, adroitly removing a plantar wart from my foot, and stopping an arteriolar bleed from my father's ankle. I wanted to do what she did. Yes, I wanted to help people who were sick, but more importantly I wanted to know in detail how my body worked. As with any good story, there is integration, disintegration, and reintegration. This, I realized was the pattern of my pride of being a professional registered nurse.

Integration

Nursing pride started to develop when I was accepted into the same hospital school of nursing as my mother. Being the second member of the second generation in my family to attend (and become a sister alumna) was a thrill for me. At that time, nurses wore caps and one of the first nursing rituals in which I was involved was the Capping Ceremony which happened at the end of the six-month probationary period. My classmates and I practiced starching, pleating, and measuring the width of our cap from edge to edge. If it didn't pass muster, we all went back to do it again. Finally, capping day came. Walking down the aisle of the church in which the ceremony took place was a happy and sobering time. I carried a Nightingale lamp and a small white Bible given by the faculty to each student. I remember the feeling of having my cap placed on my head for the first time and the chill I felt. After we all were capped, we sang the Nightingale Pledge. The essence of that pledge still guides me today. Each year, I added another green velvet chevron to the left corner of my cap. After years of classes, care plans based on Maslow's Hierarchy of Needs, all requirements of didactic and clinical experiences were satisfied. Graduation came with all the pomp and circumstance that I expected - walking in in my white graduate uniform, newly starched and pleated cap (sans the chevrons), enjoying my cousin's vocal solo during the ceremony (also a sister alumna), and after crossing the stage with my signed diploma in hand, I looked up and saw my mother standing with the aid of her crutches to honor my graduation and entry into the nursing profession and the school's alumnae association. Quite a moving moment for me. Such a swell of pride.

Disintegration

I have been a professional registered nurse for forty-five years. Thirty-four of those years were spent full-time in acute care settings spanning critical care, neonatal nursery, emergency department, and critical care air and ground transport. For the first twenty-four years, I was very proud of my chosen profession, the experiences and advantages afforded to me as a nurse, and especially seeing my patients' health improve through the interventions and care I delivered to them. As I grew from a novice to the expert nurse that Benner so adroitly described, I noticed a slowly growing change in my level of pride in being a professional registered nurse. My credentials as a CCRN and CEN mattered to me, to my patients as the care I gave was evidence-based, and to one of the institutions in which I was employed; however, it did not readily appear important to many of the other institutions in which I was employed. Several newly minted nurses told me, "I want to be like you – you know so much and are so good at sharing your knowledge and expertise with us." These statements were professionally and personally gratifying; still my struggle remained. As the years progressed, I felt like Sisyphus – pushing the rock of nursing pride up a bureaucratic hill – only to have it roll back down again. So I decided to leave nursing to pursue a career as a historian.

After graduating with a BA in History, my family and I moved back east to pursue masters education at the University at Albany, SUNY. During those years, my career paths of nursing and history merged when I was hired as the archivist at the Bellevue Alumnae Center for Nursing History in Guilderland, NY. At this venue, I began my reintegration of pride in being a nurse. Working with artifacts, documents, and memorabilia in the collections rekindled memories of my own nursing preparation and opened up the richness of nursing history. Still the question remained with me: How can I fully reintegrate my pride in being a professional registered nurse? Thanks to the 2010 Institute of Medicine (IOM) and the urgings of a dear friend and colleague, the answer came to me through doctoral education.

Reintegration

Four years ago, I sat with my cohort sisters during orientation at The Sage Colleges learning more about the program with excitement and trepidation. As I learned the next day, we were all thinking "What am I doing here?" That question was particularly cogent for me as we reconvened one month later for our first educational weekend. I was the only one of my cohort sisters who was not actively employed in the clinical setting or academia. I thought, "I've been out of the clinical setting for [then] seven years. What can I bring to this cohort? Well, I've been accepted, so the program heads must see something in me that I don't see right now. Just go with the flow." So I did and the pride first engendered as a probie returned with a passion! Learning about nurse theorists, educational theory, pedagogies, critical analysis and thinking and writing a retrospective portfolio on my nursing and history careers through the lens of a nurse theorist (I chose Patricia Benner's Novice to Expert) was epiphanal.

Writing that portfolio assignment, forced me to think critically back over my decades in nursing. I realized that I had made a difference in the lives of many people of all ages, socioeconomic strata, educational strata, and faiths. When challenges arose, as a nurse, I was able to intervene because of education, experience, critical analysis and a deep pride and conviction of my chosen profession. History, another of my passions, played a strong role in my nursing career as conversations with patients about history – especially veterans – helped to calm them and create a bond of trust and understanding. I realized that earning my DNS was the most challenging, self-actualizing, and fulfilling journey

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of my life.

Nursing is a wonderful profession where women and men get to utilize their intelligence, creativity, and communication skills – spoken, tactile, and written – to make a difference in patient illness outcomes, family, systems, and organizational outcomes. Education is an ongoing



process which enables a nurse to grow as a person and a professional. As I close this article, it is with a great deal of pride that I say, I am a professional registered nurse and as such, I and my nurse colleagues make a difference in people's lives every day!

*Images are courtesy of pinterest.

IN MEMORIAM

Irmatrude Grant



Raised in Charleston, SC, Irmatrude Grant began her nursing career as a nurse's aide in the Pediatric Unit at King's County Hospital in Brooklyn, NY. Upon completion of her Associate's Degree in Nursing at Kingsborough Community College (1974), Irmatrude became a staff nurse at King's County Hospital.

She continued her education, completing a Bachelor's in Health Science, a Master's of Science in Community Health, Master's in Nursing Education, and a PhD in Nursing from Walden University.

Irmatrude furthered her nursing career by joining the East New York Diagnostic and Treatment Center in 1979, serving as Head Nurse in OB/GYN and Family Primary Care and as a Facility Educator until her retirement in 2015. She also served as an Adjunct Professor at City Technical College in Brooklyn.

On February 17, 2016, in recognition of her many contributions and 50+ years of service, East New York Diagnostic and Treatment Center renamed their pediatric center the Irmatrude Grant Pediatric Division. Irmatrude was the recipient of numerous awards and honors for her community service, advocacy, and dedication to nursing. These awards and honors include: The Red Cross Ann Magnussen Award (the highest recognition given for outstanding volunteer nursing leadership in the Red Cross), Red Cross Certificate of Merit from President Jimmy Carter, and many others. Irmatrude Grant was an active member of the American Nurses Association and a Charter Member of ANA-New York, where she was a member of its Legislation Committee.

Carol B. Henretta

At the time of her death, Carol Henretta was Professor Emerita at the University of Rochester's School of



Nursing. She has left a lasting impact as an enthusiastic educator and a longtime advocate for students and nursing professionals in all practice settings.

Carol earned her master's degree in nursing in 1962 from the University of Rochester's School of Nursing and doctorate in education from the Warner School in 1994.

She worked for nearly 40 years as a nurse and leader in the profession and through her varied roles inspired countless students to pursue careers in nursing.

In the seventies, she served as the nurse educator for Strong Memorial Hospital Pediatric Department's Sudden Infant Death Syndrome Project. Through this project, a new SIDS program and management system was introduced to more than 100 agencies. In 1979, Carol joined the University of Rochester to co-coordinate the implementation of the Regional Nursing Continuing Education Project to address educational gaps in the 13-county region.

Carol subsequently joined the Medical Center's Nursing Practice Staff Development Program. As an instructor, she worked diligently with nurses in staff, management, faculty, and administrative positions to encourage them to develop and reach career goals. She also organized the Hospital's Young Adult Volunteer Program, which gave high school and college students an opportunity to explore nursing as a career through volunteer experience at Strong.

Carol Henretta received numerous nursing awards from local and state nursing associations as well as an award from the American Business Women's Association for her contributions to women's educational and employment advancements. She was a leader in the school's efforts to recruit new, non-traditional students from across the country, including individuals with degrees in another field, those making a career change, men, and minorities.

After retiring as an assistant professor of clinical nursing in 1997, Dr. Henretta continued to generously devote her time to the School of Nursing and was chair of the Lifelong Learning Advisory Council at the University. She was a consultant to the Ethnic Nursing Association of New York City and an active member of the American Nurses Association, often representing the state at national meetings. Carol Henretta was a Founding Member of ANA-New York.





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PAT HURLD, BSN, RN **CHAIR, ANNUAL MEETING COMMITTEE**



Page 12

I retired from nursing in 2010. I continue to volunteer in the community and, of course, with ANA-NY as Chair of the Annual Meeting Committee. I firmly believe in the necessity of a professional association if we are to thrive.

The Annual Meeting provides a forum in which to conduct official

association business as well as to provide an arena in which to meet colleagues, to share ideas and to develop your professional skills. I have worked with a great group of nurses on this committee during the past three years. Everyone contributes and we have a wonderful time! Thank you, Elisa (Lee) Mancuso, Linda O'Brien, Ann Purchase, Peggy Chase, Mary (Masha) Britten, Laura Kasey, Gorete Crowe, and Deb Wolf. A special thank you to Betty Mahoney, Karen Ballard, Jeanine Santelli, Wesley Willis, and Jasmine Herbert for their support of this committee.

This June I will be celebrating the 50th anniversary of my graduation from Providence Hospital School of Nursing in Detroit, Michigan. My husband, John, and I also celebrated our 50th Wedding Anniversary. During those years, I worked in one of the first dedicated Intensive Care and Cardiac Care Units, a clinic, and private duty including working night shift during the Detroit riots.

After moving to the Hudson Valley in New York, I took a hiatus to raise my three children. I returned to the workforce as a professional Girl Scout, using my nursing skills as program, property and camp director. I initiated and developed funding for, and supervised the instillation of handicap accessible facilities and paths at the camp.

To pursue an interest in Public Health Nursing, I obtained a BSN from SUNY where I was a founding member of the Omicron Sigma Chapter of Sigma Theta Tau. I accepted a position with the Ulster County Department of Health. My duties included high-risk moms and newborns, HIV, well-child and immunization clinics and other child-related programs, TB and Lead Programs, and home care on the weekends. I especially enjoyed community education and emergency preparedness activities.

Accepting a position as a Public Health Program Nurse with the New York State Health Department in the Western Region, I moved to Buffalo. As liaison to the seventeen counties in the region, I provided support for child, WIC, and lead programs.

Participation in professional associations at the local, state and national levels continues to enrich my personal and professional life.

TANYA DRAKE, MSN, RN **CHAIR, BY-LAWS COMMITTEE**



I am a Founding Member of ANA-NY and strongly believe that we are all obliged to give back to our profession. I am passionate about nursing, universal healthcare and community service. My first action after becoming licensed as a Registered Professional Nurse was to become a tri-level member of ANA. I have remained active in

professional organizations on the local, state and national level ever since and have served in numerous leadership positions. I earned an MSN from Hunter College-CUNY and a BSN from Long Island University-Brooklyn Campus. A published author, I recently retired after a 40-year career in nursing education. Among the many acknowledgements of my contributions to the profession are the SUNY Chancellor's Award for Excellence in Faculty Service, the National Institute for Staff and Organizational Development Award for Leadership and Teaching Excellence, The Long Island University Top 50 Distinguished Nursing Alumni Award, the Rockland County Excellence in Nursing Award, and the Excellence in Clinical Practice Award from the Alpha Phi Chapter of Sigma Theta Tau International (STTI) Society of Nursing. Since my retirement, in addition to serving on the ANA-NY Bylaws Committee, I have remained busy traveling (I have been to all seven continents), building houses with Habitat for Humanity in Rockland County and serving as a Direct Patient Care Volunteer for United Hospice of Rockland.

TOBY BRESSLER, PhD, RN CHAIR, NURSING EDUCATION COMMITTEE Director of Nursing for Professional Practice Maimonides Medical Center; Brooklyn, NY



A key theme of my scholarship focuses on the patient and family experience and nurses life-long learning in conjunction with supporting the advancement of evidence-based nursing practice through research, education and the application of scholarship. Mentors have instilled in me the importance of advocacy in nursing

and the social imperative to advocate for the most



vulnerable. Being an active ANA-NY member and proudly serving as the chair of the ANA-NY Education Committee is the perfect venue to serve the members of ANA in the State of New York and work alongside passionate, intelligent and creative nurse leaders!

A proud Brooklynite, I completed my AAS from Kingsborough Community College, my BSN from SUNY Downstate, my Master's degree from NYU and my PhD from Molloy College and my clinical expertise is oncology and palliative care. While I love nursing and the pursuit of new knowledge I also enjoy spending time with my children, husband and granddaughter!

JUANITA HUNTER, PhD, RN **CHAIR. MEMBERSHIP COMMITTEE Professor Emeritus**

State University of New York at Buffalo



Dr. Juanita K. Hunter is Professor Emeritus at the State University of New York at Buffalo. During her professional career, she worked in numerous health care settings including professor in the School of Nursing at SUNY/UB. Early in her career, Dr. Hunter became acutely aware of the economic, environmental, racial and social

factors that confront individuals in their pursuit of appropriate, affordable and effective health care. Thus, she was a client advocate and worked diligently to promote for humane health care for all. She was highly effective in promoting the highest level of care possible while supervising others at the bedside, in teaching nursing students and in collaboration with other service providers.

She was awarded several federal grants and was project director for a program that provided health care for the homeless in Buffalo at several sites. This work received national and international recognition. Dr. Hunter authored several publications which provided guidelines for assisting health care providers in caring for this special patient population.

Dr. Hunter has also served in several capacities in professional nursing organizations and was the first African American to be elected president of the New York State Nurses Association. She was a Distinguished Lecturer for Sigma Theta Tau, a professional nursing organization. Dr. Hunter has received numerous awards including the American Nurses Association Honorary Human Rights Award, Fellowship in the American Academy of Nursing, and the New York State Nurses





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AA/EOE



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Association Honorary Recognition Award. Local recognition has included the University at Buffalo Alumni Association Distinguished Alumni Award, Buffalo Branch-NAACP-Human Relations Award, and the Buffalo Urban League Family Life Award. Dr. Hunter continues to serve on local boards and committees and is secretary to the Board of Trustees at Medaille College, membership chair of ANA-New York, member of the Ellicott-Masten YMCA Archie L. Hunter Scholarship Committee, and immediate past chair of the Alpha Kappa Alpha Gamma Phi Omega Chapter Health Committee.

MARILYN DOLLINGER, DNS, FNP, RN **CHAIR, LEGISLATIVE COMMITTEE**

Professor & Associate Dean Wegmans School of Nursing St. John Fisher College Rochester, New York



Areas of Expertise:

- Health care policy, politics, and political advocacy
- Health care workforce
- Professional and regulatory issues in nursing
- Nursing higher education

Dr. Dollinger completed her BS in Nursing at the University of

Toronto, Toronto, Canada; a MS in nursing and education at Russell Sage College, Troy, NY; a Post-Master's FNP Certificate at St. John Fisher College, Rochester NY; and a DNS at the University of Buffalo, Buffalo, NY.

Dollinger's career includes 15 years of adult critical care practice, and over 25 years in nursing education and administration. She is a Family Nurse Practitioner and for the last several years has focused on health care public policy advocacy and political action. She has served in leadership roles in several regional and state professional associations and community boards. Currently Dollinger is the Chair of the ANA-NY Legislative Committee and serves on the NYONEL Policy Committee, the GVNA Legislative Committee and as the NPAGR Legislative cochair. Dollinger is a member of the board of Lifetime Care, a home care subsidiary of Excellus and most recently was selected as chair-elect of the Finger Lakes Health Systems Agency.

DEBORAH HEWITT, MS, MBA, RN CHAIR, EVIDENCED-BASED NURSING PRACTICE COMMITTEE

Assistant Vice President of Nursing Education Vassar Brothers Medical Center Poughkeepsie, New York

Areas of Expertise:

Policy & Leadership

Research

President of Nursing Education in the HealthQuest System. Her

career as a nurse spans from bedside to administration. She earned her Masters of Science in Nursing Policy and Leadership from Yale School of Nursing & her Master's in Business Administration (MBA) from University of Phoenix. Hewitt is dedicated to meeting the goals and charge set forth for her committee and its members.

- 1. Suggesting nursing practice alerts
- 2. Identifying position statements to the Board of Directors
- 3. Identifying barriers to RN & APRN practice
- 4. Helping to establish a culture of safety for nursing practice

5. Recommending ways to promote care coordination/ care management

ANN TAHANEY, RN CHAIR, SOCIAL MEDIA COMMITTEE Staff Nurse

Syosset Hospital



Ann has over forty (40) years of expertise in clinical nursing. She has received numerous awards for her volunteerism in the Nassau-Suffolk region and throughout New York State. On top of her numerous roles and service in the well-being of New Yorkers, Ann helps meet the charge put forth:

- 1. Sending Eblasts
- 2. Participating in ANA training regarding the ANA-New York webpage
- 3. Adding information to the ANA-New York webpage
- 4. Suggesting outreach via other media options



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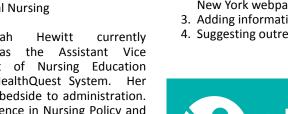
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Administration **Clinical Nursing**

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ANA NEWS



Making Care Transitions Safer: The Pivotal Role of Nurses

Jeffrey Brady M.D., M.P.H., Rear Admiral, U.S. Public Health Service, and Director, AHRQ Center for Quality Improvement and Patient Safety, and Richard Ricciardi, Ph.D., N.P., AHRQ Senior Nursing Advisor

In support of ANA's continued efforts to help nurses create a Culture of Safety in all health care settings, the Agency for Healthcare Research and Quality (AHRQ) has published "Making Care Transitions Safer –The Pivotal Role of Nurses." In the blog post, Jeffrey Brady MD, MPH, and Richard Ricciardi, PhD, NP, write that "Nurses are typically the first to ask about or notice changes in a patient's health condition, such as mental status, medication routine, or vital signs, when a patient is transferred to a different hospital unit or care setting. It's no surprise then that nursing's largest membership organization, the American Nurses Association (ANA), has identified transitions of care as a key component of its 2016 Culture of Safety campaign ... "

As front-line practitioners, nurses are highly attuned to the fact that patients' needs can be

very different depending on their setting of care. This insight gives nurses a unique role in making care transitions



Jeffrey Brady M.D., M.P.H.



Richard Ricciardi, Ph.D., N.P.

safer, a longstanding goal of AHRQ, along with our local and Federal patient safety counterparts, and one where nurses play a pivotal role.

Care transitions occur when a patient is transferred to a different setting or level of care. They can occur when the patient moves to a different unit within the hospital, when a patient moves to a rehabilitation or skilled nursing facility, or when a patient is discharged back home. Among older patients or those with complex conditions, our research shows that care transitions can be associated with adverse events, poorer outcomes, and higher overall costs, if not managed well. They can also lead to an increase in potentially preventable hospital readmissions.

Nurses are typically the first to ask about or notice changes in a patient's health condition, such as mental status, medication routine, or vital signs, when a patient is transferred to a different hospital unit or care setting. It's no surprise then that nursing's largest membership organization, the American Nurses Association (ANA), has identified transitions of care as a key component of its 2016 Culture of Safety campaign. At AHRQ, we support this priority and nurses' efforts to make transitions safer, both at the local level and through Federal efforts.

One such effort is the Partnership for Patients' (PfP) Community-based Care Transitions Program that was launched in 2012. The goal was to improve care when Medicare patients move from hospitals to home or to other settings, such as nursing homes. Of the sites that participated in the project, those that successfully lowered hospital readmissions implemented nurses or coaches and offered at least two support services for older patients, according to a 2014 program evaluation report.

Some of the hospitals participating in PfP efforts have used AHRQ's Re-Engineered Discharge Toolkit (RED)

to successfully reduce readmissions and improve care transitions. For example, the San Francisco-based Dignity Health system cut its 30-day Medicare readmission rate at its Bakersfield Memorial Hospital by more than half within months by incorporating elements of the toolkit, according to a recent AHRQ case study. Another RED supporter, Euclid Hospital, a Cleveland Clinic facility in Euclid, Ohio, introduced the toolkit to local nursing homes, which saw readmissions for heart failure patients drop from 21 to 5 percent after 6 months.

The RED Toolkit describes a process in which nurses or health coaches lead efforts to oversee the discharge process. Before patients leave the hospital, the nurse makes sure they understand information such as their diagnosis, medications, and how to care for themselves when they get home. Nurses also ensure that patients' followup appointments are arranged, so posthospital tests or test results don't fall through the cracks.

Care transitions between units within a facility can also be problematic, especially when teamwork breaks down. AHRQ's TeamSTEPPS[®] is a curriculum that promotes a culture of safety by improving communications and teamwork skills among nurses and others on health care teams. Developed originally for use in hospitals, the curriculum has been adapted to apply these safetyenhancing skills to other care settings, such as medical offices and long-term care settings.

Promoting safe and effective care across the many settings where patients receive care is a complex challenge-one that can be addressed only with the input and leadership of nurses. We're making good progress, especially in the hospital setting, but more work remains. Working together with nurses and other front line clinicians, AHRQ will continue to develop tools and resources to ensure that all patients receive the safest care possible, no matter where it is delivered.

Nursing Coalition Praises Commission on Care Recommendations to Improve Veterans' Healthcare

APRNs, RNs looking forward to being part of solution to improve access to timely care.

WASHINGTON, D.C. - Advanced practice registered nurses (APRNs) and other registered nurses (RNs) in the Veterans Health Administration (VHA) stand ready to



Western New York Children's Psychiatric Center is seeking Registered Nurses.

be part of the solution to improve veterans' access to timely, quality healthcare by working to their full practice authority as recommended by the Commission on Care in a report to the White House on July 5, said Juan Quintana, DNP, MHS, CRNA, president of the American Association of Nurse Anesthetists (AANA).

The commission, established as part of the Veterans Access, Choice, and Accountability Act of 2014, was charged with examining veterans' access to VHA healthcare and determining how best to deliver healthcare to veterans during the next 20 years. The 308-page report was the culmination of an exhaustive 10-month assessment by the commission.

Speaking on behalf of a Nursing Coalition which endorses direct access to APRNs including Certified Nurse Practitioners (CNP), Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM), and Clinical Nurse Specialists (CNS), Quintana said that allowing all VA APRNs to practice to the full scope of their education and abilities without physician over the next two decades, the commission reviewed the results of the independent assessment of the VHA that was ordered by Congress in 2015; met with a broad range of stakeholders, including veterans and leaders of Veterans Service Organizations; made site visits to VHA facilities; and exchanged ideas with VA leaders and employees, members of Congress, and healthcare experts. Ten APRN and nursing groups provided an outline for the commission on the role and recommendations of APRNs to improve VHA healthcare delivery.

"The American Organization of Nursing Executives (AONE) applauds the Commission on Care for its support of full practice authority for advanced practice registered nurses in the VHA," said Maureen Swick, RN, MSN, PhD, NEA-BC, AONE chief executive officer/ American Hospital Association senior vice president, Nursing. "APRNs are a vital link to ensuring quality care is readily accessible for America's veterans."

"The clinical evidence and informed recommendations

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supervision would improve veterans' access to essential healthcare by reducing long wait times for appointments and services.

The commission's recommendation supports a Veterans Administration (VA) proposed rule to grant direct access to VA APRNs that was published in the Federal Register on May 25; comments on the rule are being accepted by the VA until July 25. With less than two weeks to go, more than 62,000 comments have been received from veterans, healthcare professionals, and the general public, mostly in favor of the rule.

"The evidence cannot be denied," said Quintana. "The commission's final report adds more data to the growing stack of evidence highlighting the need to allow all APRNs to have full practice authority as a major step toward increasing veterans' access to quality healthcare."

During its examination of veterans' access to healthcare and how to best deliver healthcare services that patient care is improved by direct access to APRNs continue to grow," said Cindy Cooke, DNP, FNP-C, FAANP, president of the American Association of Nurse Practitioners (AANP). "Veterans, the AANP, other APRN groups, the VA, and now an independent congressional commission on the VHA all agree that the VA's highlyqualified APRNs, including 4,800 nurse practitioners who provide a wide range of healthcare services, are the right solution to ensuring veterans have access to timely, quality healthcare."

American Nurses Association (ANA) Chief Executive Officer Marla Weston, PhD, RN, FAAN, who previously served in the VHA as program director in the Office of Nursing Services and then as deputy chief officer in the VA Workforce Management and Consulting Office, praised the commission's recommendations on clinical operations.

"The commission's recommendation that clinical operations should be enhanced through more

MEMBERSHIP

ANA-NY and ANA Membership Activation Form

Essential Information

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Mailing Address Line 2

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Employer

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effective use of health professionals – particularly optimizing use of advanced practice registered nurses – along with improved data collection and management, is right on target," said Weston. "The commission's recommendation is consistent with the recommendations of the National Academy of Sciences to remove scope-of-practice barriers and allow the VA Sergeants Association; AARP (whose membership includes 3.7 million veteran households); numerous healthcare professional organizations; and more than 80 Democratic and Republican members of Congress.

Comments on the proposed rule can be submitted at <u>www.regulations.gov/document?D=VA-2016-VHA-0011-0001.</u>

November 2016

The Nightingale Tribute

Nursing is a calling, a lifestyle, a way of living. ANA-New York honor our colleagues who are no longer with us and their life as a nurse. Each of them are not remembered by their years as a nurse, but by the difference he/she made during those years by stepping into people's lives, by special moments.

She Was There

When a calming, quiet presence was all that was needed, She was there. In the excitement and miracle of birth or in the mystery and loss of life, She was there. When a silent glance could uplift a patient, family member of friend, She was there. At those times when the unexplainable needed to be explained, She was there. When the situation demanded a swift foot and sharp mind, She was there. When a gentle touch, a firm push, or an encouraging word was needed She was there. In choosing the best one from a family's "Thank You" box of chocolates She was there. To witness humanity, Its beauty, in good times and bad, without judgment, She was there. To embrace the woes of the world, willingly, and offer hope, She was there

And now, that it is time to be at the Greater One's side, She is there.

[Note: pronoun can be changed. ©2004 Duane Jaeger, RN, MSN]

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to fully utilize the skills of its APRNs to the full extent of their education, training, and certification."

The American Association of Colleges of Nursing (AACN) commended the commission for recognizing that the way in which APRN students are educated must align with how they practice to achieve the best patient outcomes. "The Commission on Care should be applauded for its steadfast work to advance recommendations based on the evidence," said Juliann Sebastian, PhD, RN, FAAN, chair of the AACN Board of Directors. "For our nation's Veterans to receive the care they need, when they need it, we must look to the decades of data that show APRNs excel in providing high quality care when practice barriers are removed."

The VA's proposed policy to allow direct access to APRNs in order to improve veterans' access to timely healthcare is supported by veterans groups such as AMVETS, Paralyzed Veterans of America, Military Officers Association of America, and Air Force

Coalition Members

For more information about the coalition members, visit:

American Association of Colleges of Nursing (www.aacn.nche.edu)

American Association of Nurse Anesthetists (www.aana.com)

American Association of Nurse Practitioners (<u>www.aanp.org</u>)

American Nurses Association (www.nursingworld.org)

American Organization of Nurse Executives (www.aone.org)



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- Recovery Room (Job ID # 2179)
- ICU (Job ID # 293, 1279, 2956,3500)
- OB/L&D (Job ID # 392, 1790)
- Outpatient (Job ID # 593, 598, 3489)
- Manager Nursing Med Surg/ER (Job ID # 3995)
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- LPNs

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