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PRESIDENT'S MESSAGE



Spread Your Wings

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



During the first year of my Presidency of ANA-NY it has been a whirlwind of activity and quite honestly a steep learning curve. I leaped in head first and the phrase "You don't know what you don't know" continues to resonate loud and clear. At times, it is daunting yet always exhilarating and I am more determined than ever to merge my vision for ANA-NY with our strategic goals.

In-order to move forward one needs to look back; reflect on accomplishments, obstacles and areas of growth. Highlights from the past year include:

- Creation of Members Only section on ANA-NY website.
- Increased membership to over 4,900.
- Outreach to nursing students via NSANYS meeting and Future Nurse Leader presentations.
- ANA: Leadership Council, Membership Assembly, GOVA Pres/ED conference calls & Lobby Day in DC.
- Founding BOD of NE-MSD, developing unified and functional business model for ME, NH, NY, RI, and VT.
- Championed BSN in 10 through NY Legislature.
- New York Nursing Alliance Steering Committee & Lead on Academic Practice Partnerships & Clinical Placements Task Force.
- Collaboration with NYS Nurses Foundation & Center on Nursing Research.
- Speaker at PNASCNY 35th Annual Nurses Day Breakfast Meeting in Binghamton, NY.
- Attended 7 national conferences and ICN in Barcelona, Spain.

Whew! These diverse opportunities have enabled me to promote ANA-NY and invite nurses to be actively engaged and transform Health Care. However, I could never have done it alone. It truly is a collaborative venture. I am blessed to have dynamic and dedicated staff and colleagues who are extremely generous with their time, guidance and support. Thank you from the bottom of my heart.

Additionally, I discovered being proactive and "reprioritizing" responsibilities and tasks PRN has been extremely effective. I have embraced Frozen's mantra "Let It Go" and find delegating to be liberating for me while simultaneously empowering the "delegatee." Building strategies together encourages all parties to bring their unique experiences and strengths to the table. Understanding the other perspective facilitates the discovery of common ground which then can be built upon with trust, synergy and a respectful relationship.

Looking forward I am excited to collaborate with our newly elected BOD and appointed committee chairs as ANA-NY leaders facilitate transforming our vision to reality. Each new encounter sparks and reignites my passion for nursing.

The devastation of Hurricane Harvey in Texas will be a long and slow recovery process. Nurses have been in the forefront of assisting these victims' multifaceted needs. ANA-NY continues to support our colleagues financially, emotionally and professionally. Our heartfelt prayers go out to all impacted.

Nursing saves lives by taking one step at a time and embracing every new experience together. ANA-NY can change our communities, New York and the nation. We need to hear your thoughts and collectively we can have a voice that roars. Now is the time for every nurse; recent graduates to seasoned professionals to share your perspective, innovative ideas and **"Spread Your Wings."**

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MEMBERSHIP APPLICATION ON PAGE 19

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FROM THE DESK OF THE
EXECUTIVE DIRECTOR



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

I am writing this from The Great New York State Fair. Listening to The Beach Boys and enjoying the company of fellow nurses, members and future members. Jamilynne is back in the office working hard to make the 2017 Annual Meeting and Conference the best one yet!

By the time you read this, both of these events will be chalked up to history and we will be on to the Defining Hope premiers across the state with our Organizational Affiliates, the holidays, and then the new calendar and fiscal year.

As my first year as your Executive Director wraps up I am excited by the growth and potential of this organization. Our number of Organizational Affiliates and members have grown. Our website is more current and we now have a "Members Only" section where you can read about the activities of your committees. We are on Nursing Network and partnered with four other states in the Northeast Multistate Division.

In this issue of *New York Nurse* you can Meet the Board, celebrate one of our Future Nurse Leaders, learn more about the Nominations and Elections Committee, and be inspired to submit a story for our newsletter (and future anthology) about a New York Nurse who has changed or is changing the world. Enjoy!



Jeanine Santelli

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ANA-New York Announces Results
of 2017 Election

ANA-NY is pleased to announce the election of the following members to the Board of Directors (2017-2019). These elected officers and board members have been sworn in on Saturday, September 16, 2017 during ANA-NY 5th Annual Meeting and Conference at the Hilton Albany in Albany, NY.

Board of Directors

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Kimberely Velez, MSN, RN
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- Nominations and Elections

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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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New York Nurses Change the World

New York Nurses began organized nursing associations:

- **1896**
 - o When: September 2
 - o Where: Manhattan Beach Hotel
 - o Who: Delegates from ten alumnae associations
 - o What: Organized a national professional association for nurses
- **1898**
 - o When: April 28-29
 - o Where: New York, NY
 - o Who: Nurses Associated Alumnae of the United States and Canada
 - o What: Inaugural Conference
- **1899**
 - o When: May 1-3
 - o Where: New York, NY
 - o Who: Nurses Associated Alumnae of the United States and Canada
 - o What: Second Annual Conference
- o Where: New York State Federation of Women's Clubs
- o Who: New York Nurses, Sophia Palmer and Eva Allerton
- o What: Presentation of papers addressing the need for a law to place nurses training under the supervision of the University of the State of New York
- o Where: Buffalo, NY
- o Who: New York Nurse, Syleen Nye
- o What: Writing in Trained Nurse addressing the need for professionalization of nurses
- **1900**
 - o When: May 3-5
 - o Where: New York, NY
 - o Who: Nurses Associated Alumnae of the United States and Canada
 - o What: Third Annual Conference
- **1901**
 - o When: April
 - o Where: New York State
 - o Who: New York Nurses
 - o What: First State Nurses Association
- o When: September 16-17
- o Where: Buffalo, NY
- o Who: Nurses Associated Alumnae (NAA)
- o What: Fourth Annual Conference
- o Who: Nurses Associated Alumnae
- o What: Helped secure passage of a bill creating the Army Nurse Corps, Female
- o Who: Nurses Associated Alumnae
- o What: Incorporated under the laws of New York State

- **1901-1902**
 - o Who: New York Nurse, Annie Damer
 - o What: Elected president of NAA
- **1902**
 - o When: October 21
 - o Where: Rochester, NY
 - o Who: New York State Nurses Association
 - o What: Meeting to establish the Nurse Practice Act
- **Keynote speaker: Miss Susan B. Anthony**
- **1903**
 - o Who: Registered Nurse
 - o What: derived from the Nurse Registration Act of 1903
- **1904**
 - o Who: New York State Nurses Association
 - o What: Affiliated with the Nurses Association Alumnae
- **1905-1909**
 - o Who: New York Nurse, Annie Damer
 - o What: Re-elected as president of NAA
- **1908**
 - o Who: Ida Jane Anderson, Rochester Homeopathic Hospital class of 1902
 - o What: First RN license issued
- o Where: New York, NY
- o Who: 52 black nurses
- o What: Founded National Association of Colored Graduate Nurses
- **1909-1911**
 - o Who: New York Nurse, Jane A Delano
 - o What: Elected president of NAA
- **1911**
 - o Who: Affiliated with the Nurses Association Alumnae
 - o What: Renamed American Nurses Association (ANA)

References
www.nursingworld.org/FunctionalMenuCategories/AboutANA/History/ExpandedHistoricalReview.pdf
www.rochesterregional.org/about/history/rochester-medical-museum-and-archives/digital-exhibits/the-nurse-practice-act/

Please join ANA-NY in collecting stories about New York Nurses with wide-sweeping influence. We hope to collect so many stories that we can publish them as an anthology. Please dig out your papers from your history of nursing class, your memories of an amazing New York who changed your life, and your dazzling colleagues who you know will be changing the world. To submit your stories send them to executivedirector@anany.org

ANA-NY Announces Hall of Fame Recipient

ANA-NY announces the recipient of its Inaugural Hall of Fame Award.

The award recognizes a member who has made a sustained contribution to ANA-NY's mission and to the professional of nursing in New York State in the area(s) of nursing practice, education, and/or research. This person may also be eligible as a nominee for the ANA Hall of Fame Award.

ANA-NY is honored to recognize the recipient of the Inaugural ANA-NY Hall of Fame Award.



Karen A. Ballard

Karen A. Ballard, RN, MS, FAAN

Karen A. Ballard has been actively involved with ANA-NY, ANA, NEF, Nurses House, NYSNA, the State Board for Nursing, NYONEL, NYS-DOH, and CANE. Our recipient has progressed through numerous appointed and elected positions within the professional organizations and has always been a true leader and role model. She has fought long and hard for the BS in Ten bill. Her contributions to amending nursing standards and educating both nurses and others on the actual and potential role of nursing are too numerous to count.

Not only was ANA-NY created by the formidable efforts of this nurse, but ANA-NY flourished under her leadership as its inaugural Executive Director with a membership that now approaches 5,000. There is no greater evidence of her enduring value to nursing and to the health and welfare of NY residents than her pivotal role in the establishment of ANA-NY.

As a clinical nurse specialist in child and adolescent psychiatric-mental health nursing, she provided compassionate, competent, exemplary services to individuals and families often misunderstood and neglected by the "health care system." In so doing, she set an example, and was an excellent role model, for nursing students and colleagues committed to being patient advocates. Her nursing educator roles, publications and presentations have been transformative. She has electrified and mobilized nursing students, novice and seasoned practitioners alike to strive for excellence in their practice and advocacy of patients and their families.

"We, the nursing profession and the public we serve, are indebted to Karen Ballard. It is fitting, indeed, that she be awarded the inaugural ANA-NY Hall of Fame Award."



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RESEARCH YOU CAN USE



Music Helps Promote Sleep in Hospitalized Patients

Bernadette Sosnowski, DNP, RN, ACNP-BC
Lydia Marie Weber, DNP, RN, ANP-BC, HNP

Sleep is an essential part of rest and recovery. Hospitals are not always the quietest of places and many units do not promote a restful healing environment. As nurses, we all have the power to be a voice for our patients to allow them to recover. Even though sleep research in hospitalized patients has gone on for years, most of the outcomes of those studies provide inconsistent evidence.

In this column, we summarize research, which reviewed many studies (a Systematic Review (SR)) (Hellstrom, Fagerstrom, & Willman, 2011). This SR focuses on describing and evaluating how well non-pharmacological, sleep-promoting nursing interventions work with hospitalized patients. Just as a refresher, a SR is one of the highest levels of evidence that can inform our practice. SRs review a larger number of studies that focus on the same clinical question. So, instead of reading through several individual studies, we only need to evaluate the quality of one study, the SR. Isn't that great? This saves us a lot of time when sorting through evidence to help answer our clinical question. Think of it like one of those travel compare websites that compare all of the websites that would offer you the same or similar deal on a vacation. SRs are the essence of working smarter, not harder!

While SRs provide us with an efficient way of gathering and reviewing evidence on a topic, we have to resist the urge of just looking at the authors' conclusions, because the details may be more helpful in helping us to understand the interventions and the issues involved in incorporating those into practice! Let's take a look...

First, Hellstrom, Fagerstrom, & Willman (2011) reviewed the background of what was already in the literature on sleep and found many recent studies discussing the negative consequences of insufficient sleep. The authors also discovered that literature on nursing interventions that focused on non-pharmacological sleep promotion was limited. After creating some inclusion and exclusion criteria, they finally decided on nine studies, then sorted and assessed them by different, non-pharmacological, sleep-promoting nursing interventions like: Sleep Hygiene, Acupuncture, Massage, Relaxation, Aromatherapy, Music, Nature Sounds, and Vision.

Now this is where it gets interesting and details are important. These authors used well-established systematic tools to help them look at the quality and grade of the evidence, which is par for the course. To determine which articles were going to be used in the SR, the authors had to evaluate the quality of each individual study. To do this, they used the Critical Appraisal Skills Programme (CASP) tool (<http://www.casp-uk.net/checklists>) to critically appraise the documents, and two authors reviewed each article and graded the quality of the articles as high, medium or low. Only the highest quality articles to date were used for this review. Although most of the evidence for the sleep-promoting nursing interventions was graded as low to very low, large effect sizes were noted for interventions such as music, natural sounds, and massage. Effect size signifies the degree of difference that is seen between two groups in a study. Effect sizes are measured like waves, by the size of their magnitude. So one could say that music, natural sounds, and massage made some big waves in this SR!

The use of soothing music facilitated relaxation where the researchers were able to compare sleep quality with and without music. The authors found in one of the studies they reviewed within this SR that the patients who received the music intervention were able to sleep more effectively than those who did not. Another article, which used natural sounds such as rain or a waterfall, also determined that patients who listened to these sounds before sleep were able to have a more restful sleep. In general, the use of massage prior to sleep shows promise as a relaxing technique. For patients in the hospital, one study found that patients were able to relax enough to fall asleep, which was measured with a sleep score.

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RESEARCH YOU CAN USE

When the SR authors used the tool to measure study quality with each of the listed sleep-promoting nursing interventions, they found that the results were mostly low quality evidence for these types of interventions. Though that's not the end of the story. The authors weren't saying the nursing interventions weren't effective; they were critiquing the way the nursing interventions were studied. The authors also reviewed the technical aspects of how the studies were performed and the way the researchers performed them. Based on these technicalities, the non-pharmacological, sleep-promoting nursing interventions didn't produce a high level of evidence because of the manner in which these studies were conducted. Additionally, the studied nursing interventions were difficult to compare, because different tools were used to measure each type of intervention. If we tried to force a comparison, it would be like comparing apples and oranges. Further, the authors noted that there were inconsistencies not just in the measurement tools, but also in the nursing interventions and the timing of these interventions.

Be assured this doesn't dampen our use of this SR's sleep-promoting efforts. All we need to do is understand what the authors were saying! And what they were saying is, better quality studies need to be conducted. Digging a little deeper, we find the authors also found another point to consider. With the studies included in this SR, finding a one-size fits all sleep-promoting nursing intervention is a true challenge. These authors have us take into consideration our chosen setting and patient population. The authors also propose customizing sleep interventions to the individual patient. For now it would be safe to say, what works for one, may not work for another. Lastly, the authors also gave us a gift in the caveat that one should use caution in trying to try multiple sleep promotion nursing interventions simultaneously. The authors report that two other studies have tried this and failed.

Overall, each article did not have overwhelming evidence to point to a specific nursing intervention as being better than the other. But, it does open the door to describing how simple, nurse led interventions can help a patient relax and sleep. The authors also pointed to sleep hygiene measures as being easy to implement and can be done by the bedside nurse. Whether this is turning on some music for a patient, using the television as a distraction tool, offering earbuds to drown out hospital noise, or even offering meditation for relaxation, nurses can improve a patient's hospital experience.

The message for practice here is twofold. First, it's critical to understand how using a SR can be a beneficial timesaver to us when reviewing evidence on a topic. SRs are a treasure trove of information if you learn how to use them properly! All the finer details within a SR can be used to unlock different levels of our understanding about the topic. For instance, search term strategies. This is one of my favorites. Did you really think there were only 10 articles on your topic? Then come to find out, you were using the less favored search term and now there are over 500 articles on your topic! Please thank your librarian!

SRs can also give you a historical perspective on your topic and tell you what's actually going on in the literature currently about your topic. Again, reviewing the literature can be a daunting task if one approaches it from the bottom of the evidence pyramid. It is beyond helpful to start at the top and utilize what's up there! This benefits us in our quest for the best available evidence.

The second message for practice is about what to do with the evidence once we've understood what it means for us in our clinical areas. Before we can make sweeping changes to our practice from the evidence, we need to consider the details of the evidence and how those details relate to the setting or population in which or with whom are working. For example, if the reviewed evidence on sleep promotion has only looked at a very

specific population, like hospitalized male veterans, and our hospital population is much more diverse than solely male veterans, we need to pause. We have to think to ourselves, 'This evidence only works for hospitalized male veterans. Let's take a look to see if any part of it may be adapted to our hospital's population. Did the sleep promotion study use a protocol for the male veterans? Do we have a protocol for sleep promotion in general? If we do, maybe we can compare it with the male veterans' sleep protocol. Perhaps the veterans' sleep promotion protocol has an element we can use at our hospital. If we don't have a sleep promotion protocol, we can develop one for our general patient population.' The information from this SR could be used in developing a sleep protocol. This is the kind of translation of the evidence we need to consider and discuss in applying evidence into practice. The application of evidence is to support the practice we are specifically engaged in, not to just literally do what the study says without thought and input from members of our nursing team. Evidence is not a one size fits all, as we saw with our reviewed sleep promotion SR. We must customize it to our patient population, our budget, and other factors. This is what Hellstrom, Fagerstrom, & Willman (2011) suggest with sleep promotion nursing interventions.

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Bernadette Sosnowski, DNP, RN, ACNP-BC, is a recent graduate of the NYU Meyers DNP Program and a Cardiothoracic Surgery Nurse Practitioner in the Department of Cardiothoracic Surgery at NYU Langone Medical Center. Dr. Sosnowski is also an adjunct clinical instructor at NYU Rory Meyers College of Nursing as well as Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

In the Spotlight – Future Nurse Leader

Alexander Salinas

Alexander Salinas is from Queens N.Y, graduated with a bachelor's degree in nursing honors with recognition as a Ronald E. McNair Scholar. He is currently a Clinical Staff Nurse at Buffalo Sisters of Charity Hospital at a Medical-Surgical Head & Neck ENT Oncology floor. Alex was the president of Multicultural Nursing Student Association where he has provided and traveled to Guatemala for medical missions. He was one of the student leaders of the Million Hearts Initiative, a cardiovascular prevention program providing access to health insurance, patient teaching and education to the Western New York Area. He is currently on a mental health research team for patients who have chronic pain on opioids and PULSE Healthy weight research team at the School of nursing. Alex is the national student guest author of nurse.com. He was the past cultural chair of Filipino American Student Association, and a Intercultural Diversity Intern his senior year. He was also teaching assistant for Human Anatomy, Lead for Human Growth & Development & Nursing Health Promotion. Alex has received several awards on campus such as the Student Leader of the year, Campus Impact Award and the SUNY Chancellor's Award.



Alexander Salinas

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ANA-NY Announces Results of 2017 Board Election

Eighteen nurses sworn in at annual conference

Albany, NY – At its annual meeting in Albany, NY eighteen elected officials were sworn in September 16, 2017 to help lead the American Nurses Association – New York (ANA-NY).

“Congratulations to our newly elected colleagues. I am very excited to collaborate with such experienced professional nurses and look forward to your insights and diverse talents. Your expertise and dedication is essential as we holistically address the everchanging nursing and health care issues across New York state and the nation.

“If you save one life, you are a Hero. If you save hundreds, you are a Nurse.”

Welcome new leaders and may your passion spark membership engagement and a dynamic cohesive voice for ANA-New York that roars!” said Elisa A. Mancuso, RNC-NIC, MS, FNS, AE- C, President of ANA-NY.

The results of the 2017 election are:

Vice President



Joanne Lapidus-Graham,
EdD, RN, CPNP, CNE
(Woodbury, NY)

Directors-at-Large



Ann E. Fronczek, PhD, RN
(Endicott, NY)



Keith Hornbrook, MPH, RN
(Cohoes, NY)



Mary Lee Pollard, PhD, RN,
CNE (Ballston Spa, NY)

Nominations and Elections



Coretta Killikelly, MS, RN
(Albany, NY)



Gertrude Hutchinson, DNS,
RN, MA, MSIS, CCRN-R
(Altamont, NY)



Jeffrey Schwertfeger,
MBA, BSN, RN
(Hilton, NY)



Christine Verni, EdD, RN,
FNP-BC
(Buffalo, NY)



Tara Millson, MSN, RN, CIC
(Rome, NY)

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ANA Membership Assembly Representatives	ANA Membership Assembly Alternates
 <div>Larry Z. Slater, PhD, RN-BC, CNE (Brooklyn, NY)</div>	 <div>Phyllis Yezzo, DNP, RN, CPHQ, NEA-BC (Eastchester, NY)</div>
 <div>Kimberly Velez, MSN, RN (Brooklyn, NY)</div>	 <div>Ann E. Fronczek, PhD, RN (Endicott, NY)</div>
 <div>Donna Florkiewicz, BS, RN, CCRN-CMC, CSC (Glenville, NY)</div>	 <div>Rona Levin, PhD, RN (Yonkers, NY)</div>
 <div>Toby Bressler, PhD, RN, OCN (Brooklyn, NY)</div>	<div>Not Pictured</div> <div>Winnie Kennedy, MSN, RN (Brooklyn, NY)</div>
<div>The 5th Annual Meeting and Conference theme was Healthy Nurse: Work/Life Balance. ANA- NY is a proud partner in the ANA Healthy Nurse Healthy Nation Grand Challenge. This year's presentations included:</div>	

September 14, 2017 – Prior to ANA-NY’s conference, CEI hosted three talks discussing HCV screening and treatment updates taking a deeper look at HCV among substance users, women of childbearing age and, during pregnancy. The three topics were:

- **Treatment for Hepatitis C: New Tests, New Drugs & New Recommendations** Presented by Nimish Patel, PharmD, PhD
- **Hepatitis C Treatment in the Active Substance User** Presented by Brianna Norton, DO
- **HCV Among Women of Childbearing Age** Presented by Tatyana Kushner, MD

September 15-16, 2017 – ANA-NY full day meeting and conference.

- **Keynote Speaker: Brenda Birrman, ScD**
Healthy Living and Chronic Disease Prevention: Insights from the Nurses’ Health Study

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- **Marilyn Mitchell, RN, BSN, MAS** *Being a Healthy Health Professional*
Sponsored by Rochester Regional Health

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- **Jeanne-Marie Havener, PhD, RN, CNS, FNP** *Chronobiology, Sleep and You: Awakening to the “Truth” and Unleashing Your Potential*

- **David Griffiths** *Errors Happen! Malpractice Case Studies*
Sponsored by NSO

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- **Keith Algozzine, PA-C** *Telemedicine: Keeping Yourself and Your Patients Healthy*

- **Endnote Speaker: Scott Burton**
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Safety

Jennifer Bryer Ph.D, RN, CNE
Joanne Lapidus-Graham Ed.D, RN, CPNP, CNE

The Institute of Medicine (IOM, 1999, 2001) reported that tens of thousands of Americans die each year because of medical errors. Current research indicates that number may be as high as 250,000 deaths per year (Makary & Daniel, 2016). The World Health Organization (WHO, 2017) reported that unsafe medication practices and medication errors are a leading cause of avoidable harm in healthcare systems globally. To provide clinical nurse educators and clinically based nurses with information and resources necessary to deliver quality care with an emphasis on safe practice, this article focuses on the Quality and Safety Education for Nurses (QSEN) **safety** competency. This is the second in a series of six articles addressing the integration of QSEN competencies into clinical practice.

Safety is defined as minimizing the risk of harm to patients and providers through both system effectiveness and individual performance. The key message of this competency is that safe, effective delivery of patient care requires understanding of the complexity of care delivery, the limits of human factors, safety design principles, characteristics of high reliability organizations and patient safety resources. Understanding the physical limits of human performance and causes of error is the first step in reducing the risk of harm to self and others.

Human factors, safety design principles, and commonly used unsafe practices contribute to errors and hazards in the clinical setting. Workarounds, use of unapproved abbreviations, reliance on memory, unnecessary interruptions and fatigue are just a few

examples of how individual performance errors can occur (Barnsteiner, 2011). Threats to patient safety and errors can occur at all levels of care delivery and include medication errors, equipment failures, mislabeled laboratory specimens, and wrong site surgery. Nurses need to understand the importance of recognizing system vulnerabilities and how the application of safety science will promote safe, quality patient care.

Creating a culture of safety, or “just culture”, within healthcare organizations is an important step toward the prevention of errors and the identification of system and human factors that lead to adverse events. Safety should be an organizational priority with a focus on teamwork, patient involvement, openness/transparency, inter professional communication and collaboration, and accountability. A patient-safety culture should be non-punitive and focus on the root of a problem, allowing nurses to feel empowered to report issues and errors instead of hiding them (Barnsteiner, 2011).

Education about safety should begin in nursing school. Nursing faculty need to discuss both the limitations and benefits of selected safety-enhancing technologies with the goal of incorporating various activities into the curricula such as the use of medication barcoding, computer provider order medication entry, medication pumps, and automatic alerts/alarms. Other factors that help to promote the concept of safety include: the use of protocols and checklists (rather than relying on memory), involving the patient in care, and avoiding unnecessary interruptions in the medication administration process by using vests or signs that indicate that medication administration is in progress (Barnsteiner, 2011).

The utilization of national patient safety resources including QSEN, ANA, NCSBN, the Joint Commission, and AHRQ for professional development can help focus attention on safety in health care settings. Health care facilities that are considered high reliability organizations embrace the concept of just culture and promote evidence-based care, positive work environments for nurses, teamwork and improvement of quality and safety of patient care.

Specific knowledge, skills, and attitudes are necessary for nurses in clinical practice to deliver safe, quality patient care. For example, effective use of technology and standardized practice including patient tracking and transfer systems, electronic documentation and handoffs will ensure continuity and safety of patients. Reducing reliance on memory by using checklists and protocols can serve as a reminder of necessary steps to be followed, similar to the aviation industry’s pre-flight checklist. Clear communication between all members of the health care team such as repeat back and read backs, clear documentation, and clarifying questions is essential to safe practice.

References

Barnsteiner, Jane (2011). Teaching the culture of safety. The Online Journal of Issues in Nursing. Vol. 16. No. 3. Retrieved from <https://www.nursingworld.org>

Makary, M., & Daniel, M. (2016). Medical error—the third leading cause of death in the US. *BMJ*, 77(6), 325. doi: <https://doi.org/10.1136/bmj.i2139>

World Health Organization (WHO). (2017). Medication without harm: WHO’s third global patient safety challenge. Retrieved from <http://www.who.int/patientsafety/medication-safety/en/>



Natalie Passino
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WHO updates Essential Medicines List with new advice on use of antibiotics, and adds medicines for hepatitis C, HIV, tuberculosis and cancer

WHO news

The updated list adds 30 medicines for adults and 25 for children, and specifies new uses for 9 already-listed products, bringing the total to 433 drugs deemed essential for addressing the most important public health needs. The WHO Essential Medicines List (EML) is used by many countries to increase access to medicines and guide decisions about which products they ensure are available for their populations.

In the biggest revision of the antibiotics section in the EML's 40-year history, WHO experts have grouped antibiotics into three categories – ACCESS, WATCH and RESERVE – with recommendations on when each category should be used. Initially, the new categories apply only to antibiotics used to treat 21 of the most common general infections. If shown to be useful, it could be broadened in future versions of the EML to apply to drugs to treat other infections.

The change aims to ensure that antibiotics are available when needed, and that the right antibiotics are prescribed for the right infections. It should enhance treatment outcomes, reduce the development of drug-resistant bacteria, and preserve the effectiveness of "last resort" antibiotics that are needed when all others fail. These changes support WHO's Global action plan on antimicrobial resistance, which aims to fight the development of drug resistance by ensuring the best use of antibiotics.

WHO recommends that antibiotics in the ACCESS group be available at all times as treatments for a wide range of common infections. For example, it includes amoxicillin, a widely-used antibiotic to treat infections such as pneumonia.

The WATCH group includes antibiotics that are recommended as first- or second-choice treatments for a small number of infections. For example, the use of ciprofloxacin, used to treat cystitis and upper respiratory tract infections, should be dramatically reduced to avoid further development of resistance.

The third group, RESERVE, includes antibiotics such as colistin and some cephalosporins that should be considered last-resort options, and used only in the most severe circumstances when all other alternatives have failed, such as for life-threatening infections due to multidrug-resistant bacteria.

WHO experts have added 10 antibiotics to the list for adults, and 12 for children.

The updated EML also includes several new drugs, such as two oral cancer treatments, a new pill for hepatitis C that combines two medicines, a more effective treatment for HIV as well as an older drug that can be taken to prevent HIV infection in people at high risk, new paediatric formulations of medicines for tuberculosis, and pain relievers. These medicines are:

- two oral cancer medicines (dasatinib and nilotinib) for the treatment of chronic myeloid leukaemia that has become resistant to standard treatment. In clinical trials, one in two patients taking these medicines achieved a complete and durable remission from the disease;
- sofosbuvir + velpatasvir as the first combination therapy to treat all six types of hepatitis C (WHO is currently updating its treatment recommendations for hepatitis C);
- dolutegravir for treatment of HIV infection, in response to the most recent evidence showing the medicine's safety, efficacy, and high barrier to resistance; pre-exposure prophylaxis (PrEP) with tenofovir alone, or in combination with emtricitabine or lamivudine, to prevent HIV infection;
- delamanid for the treatment of children and adolescents with multidrug-resistant tuberculosis (MDR-TB) and clofazimine for children and adults with MDR-TB; child-friendly fixed-dose combination formulations of isoniazid, rifampicin, ethambutol and pyrazinamide for treating paediatric tuberculosis; and
- fentanyl skin patches and methadone for pain relief in cancer patients

https://www.mdlinx.com/infectious-disease/top-medical-news/article/2017/06/12/7207938?utm_source=in-house&utm_medium=message&utm_campaign=mh-june17-id

2017 Research Fellow

The Cathryne A. Welch Center for Nursing Research and ANA-New York are pleased to announce the winner of the 2017 Research Fellow position, Cyd Charisse Villalba.

Ms. Villalba graduated with a Bachelor of Science in Nursing degree from the State University of New York at Binghamton. She followed that with a Masters in Nursing Informatics from the University of Maryland, Baltimore. For the past ten years she has worked at New York-Presbyterian Hospital in New York City. Her present position is as Project lead in Analytics. In this position, she assists health care providers with decision making based on analysis of data.

Since working in informatics, she has presented at several professional conferences and has written for the *Nursing Informatics* journal. As a Research Fellow, she will be coached by a member of the Center for Nursing Research in the conduct of a research project.

The Center for Nursing Research is one facet of the Center for Nursing, located in Guilderland. For the past twenty-two years, the Center has chosen a fellow for this two-year volunteer commitment. The fellowship provides an opportunity for practicing nurses to participate directly with nurse researchers who are members of the Center.

See next pages for information on the 2018 Research Fellow program and application.

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ANA-New York and Foundation of New York State Nurses, Inc.

2018 Research Fellow Application Packet

ANA- New York (ANA-NY) and the Center for Nursing Research at the Foundation of New York State Nurses, Inc. (FNYSN) are pleased to announce the 2018 call for Research Fellow applicants. This is a voluntary two-year program for nurses who are interested in improving their research skills under the direction of a coach from the Foundation's Cathryne A. Welch Center for Nursing Research. The Fellow chosen will complete a research-related project.

What benefit might the Fellowship offer your career or the career of someone in your agency? This is a valuable opportunity to be involved with nurses who are involved daily in research activities; to have them available for consultation and support while completing a research project of your choosing. Today agencies are dealing with an emphasis on evidence-based practice in nursing. What benefit might the Fellowship offer an agency to have one of its nurses involved in this Fellowship program?

Please consider the potential and interest of the nurses you know and encourage them to apply for the 2018 Fellow position.

The Application Packet for the Research Fellow includes:

- 1. Research Fellow Program Description
- 2. Application Form
- 3. Sample Timetable of Activities
- 4. Sample Supervisor Letter
- 5. Selection Criteria for Award (for informational purposes only)

Applications and supporting documents from an individual interested in this position must be received at this address no later than **April 6, 2018**:

Jeanne Westcott, PhD, RN
The Veronica M. Driscoll Center for Nursing
2113 Western Avenue, Suite 1
Guilderland, NY 12084
jwestcott@FoundationNYSNurses.org

Research Fellow Program Description

Overview

ANA-New York and the Foundation of New York State Nurses, Inc. are honored to sponsor the Research Fellow program for nurses interested in growing their research knowledge and skills to advance nursing practice. This voluntary commitment provides practicing nurses with an opportunity to participate directly with nurse researchers who serve on the Foundation's Cathryne A. Welch Center for Nursing Research. The Fellow will be coached by a member who will assist her/him in completing a research related project. In addition, the Fellow will participate in Center for Nursing Research meetings. The 2018 Research Fellow will:

Participate in all Foundation of New York State Nurses Center for Nursing Research meetings at ANA-New York expense;

- Receive personalized coaching on a research-related goal such as:
- o an evidence-based practice project;
 - o preparing a manuscript for publication;
 - o preparing education programs related to research;
 - o designing a research protocol for implementation; or
 - o implementing a research project designed by the Fellow.

Outcomes

- Upon successful completion of the research fellowship, the Fellow will demonstrate competencies in research as evidenced by ONE of the following:
1. Presentation on research and/or research experiences to a group of health professionals or to members of the community; OR
 2. Presentation of a manuscript related to research; OR
 3. Development or evaluation of an evidence-based practice protocol or other clinical intervention resulting from the research fellowship experience; OR
 4. Development of a research or research utilization proposal; OR
 5. Completion of the Fellow's own, or the Fellow's Institution's, special research related topic.

Eligibility

- ✓ Registered Professional Nurse in New York State.
- ✓ Bachelor's degree or higher degree in Nursing, but not a doctorate or enrolled in a doctoral program.
- ✓ The 2018 Research Fellow will be sponsored by ANA-New York– therefore the applicant must be a member of ANA-New York (membership information is available at www.nursingworld.org/joinANA)

Sample Time

First Year	
Spring	<ul style="list-style-type: none">♦ Review of applicants by Steering Committee♦ Appointment of Fellow by Steering Committee
Spring/Summer	<ul style="list-style-type: none">♦ Orientation Program (1 day)♦ Discuss personal goals for the year♦ Complete initial interview with supervisor
Spring/Summer	<ul style="list-style-type: none">♦ Attend/participate in CNR meetings♦ Be prepared to discuss your research project♦ Select a mentor
Spring/Summer	<ul style="list-style-type: none">♦ Attend/participate in CNR meetings♦ Update Goals♦ Begin to formulate ideas for research project
Fall/Winter	<ul style="list-style-type: none">♦ Attend/participate in meetings♦ Assess personal Fellowship progress♦ Complete 6 month interview
September/October	<ul style="list-style-type: none">♦ ANA-New York Convention♦ Attend/participate in meetings
Second Year	
	<ul style="list-style-type: none">♦ Calendar as described above♦ Evaluate Fellowship activities♦ Revise goals♦ Plan program of activities♦ Complete Fellowship project♦ Complete final interview

Please Note: Individualized learning activities can also be approved by the Steering Committee as well.

Sample Supervisor Letter

Foundation of New York State Nurses, Inc.
Center for Nursing Research
The Veronica M. Driscoll Center for Nursing
2113 Western Ave, Suite 1
Guilderland, New York 12084-9559

Dear Selection Committee for Nursing Research Fellowship:

I am pleased to nominate _____ for the _____ Research Fellowship. I understand this two year program enables _____ to participate in research related activities of the Foundation of New York State Nurses, Inc. Cathryne A. Welch Center for Nursing Research. I understand that (she/he) will receive individualized coaching and supervision to enhance (his/her) understanding of research and evidence-based practice.

I understand that _____'s participation in this program will include attending meetings and occasional telephone conference calls. Travel _____'s travel will be subsidized by the Foundation of New York State Nurses, Inc. _____ offer _____ duty time to participate in this program. The long term benefits this program enables our staff to advance nursing practice.

We fully endorse _____'s participation in this program and the ways in which this valuable experience will contribute to the advancement of nursing practice.

Supervisor signature block

Signature

Printed Name

Title



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Table of Activities

Scholarship, Awards and Application subcommittee
ANA-NY Board of Directors
y) (Place TBD)
Fellowship
/feedback questions
annual meeting
ur draft goals for the Fellowship
meetings as indicated
or your special projects
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o be arranged for each Fellow with the various members of
ell as the sponsoring organizations.

Letter for 2018 Application

wship:

_____ for the ANA-New York 2018-2020 Nursing Research
es _____ to participate in the
ork State Nurses Cathryne A. Welch Center for Nursing
ividualized coaching to accomplish a project that will
ence-based practice.

ation in this program will involve attendance at an annual
his will involve no direct cost to our organization but rather
by ANA-New York. Our organization is not obligated to
cipate in this program but we may consider it because of
member to bring to our facility.

_____'s nomination for this program and look forward to the
to our organization.

Date

APPLICATION FORM

1. Contact Information

Name of Applicant: _____

Home Address: _____

Telephone Number: _____ (Home) _____ (Work)

E-mail Address (H): _____ E-mail Address (W): _____

Present Position/Title: _____ Employer: _____

Employer Address: _____

2. Eligibility Criteria

ANA-New York Membership Number: _____

Registered Professional Nurse in New York

Baccalaureate degree* or higher degree* in Nursing. Nurses with doctoral degrees or who are enrolled in a doctoral program are not eligible.

* Applicant may have a baccalaureate degree in another field if the applicant has a higher degree in Nursing

3. Required Documents for Applicant

- All required documents should be submitted with **your name on each page, have one-inch margins, and at least 11 point font lettering.**
- a. A current resume or curriculum vitae.
 - b. List of organizational memberships, participation, and/or committee offices held if not included and/or highlighted on your vitae.
 - c. A two page statement that includes:
 - 1. a description of your **current work responsibilities**. Include if applicable, any activities related to research;
 - 2. a description of what you believe this fellowship will **help you accomplish**;
 - 3. **evidence of your potential** for participating in research activities. Include examples of achievements and future plans in relation to research activities and educational goals.
 - d. Provide a recommendation by a professional colleague who possesses a minimum of a master's degree and who is involved in research activities. This person does not need to be a nurse but should be able to address your potential for research activities and related scholarship.
 - e. Provide a second recommendation from your supervisor that will attest to your organization's support for the Research Fellowship. See Sample Supervisor's Letter in this packet.

Please submit one hard copy with original signatures OR one electronic copy with electronic signature (may also send a scanned copy) of the above application form and all required documentation to:

Jeanne Westcott, PhD, RN
Foundation of New York State Nurses
The Veronica M. Driscoll Center for Nursing
2113 Western Avenue, Suite 1
Guilderland, New York 12084-9559
jwestcott@FoundationNYSNurses.org

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Job descriptions may be viewed on our website under Employment Opportunities, at www.waynecountynursinghome.org

EOE

Selection Criteria (For Information Only – Do Not Complete)

Please check whether the candidate’s documents met or did not meet the indicated criteria, in addition, rank the *criteria using the below scale and calculate a total.

*Degree to which a particular criterion was MET:

1 = average;
2 = above average;
3 = exceptional

Selection Criteria	Met Yes/No	Score	Comments
Eligibility			
ANA-New York Member		N/A	
Baccalaureate or higher degree in Nursing		N/A	
Specific Criteria			
1. CV <ul style="list-style-type: none">Professionally presentedUp-to-date			
2. Lists organizational membership, participation and offices if not included in CV <ul style="list-style-type: none">Listed appropriately in CV or listed appropriately on separate paperMember of _____ professional groups, including specialtyMember of _____ national honor societiesIndicates active participationIndicates offices held			
4. Articulates a sense of what he/she wants to achieve as a result of the fellowship. <ul style="list-style-type: none">Clearly stated?Feasible?Attainable within structure of program?			
5. Long-range plans for research activities <ul style="list-style-type: none">Research activities stated clearly			
6. Narrative indicating potential for conducting research <ul style="list-style-type: none">Clearly stated examples of achievements of:<ul style="list-style-type: none">research activitieseducational goalsClearly stated examples of future plans:<ul style="list-style-type: none">research activitieseducational goalsAll statements fit within 2 pages.Indicates potential of candidate in relation to research activitiesIndicates that candidate demonstrates scholarship in his/her workPositive recommendation			

_____ Total Score * Criteria

_____ All Criteria Met (Yes/No)

The Northeast Multistate Division

Christine Ryan, RN, MSA, NEMSD Interim Executive Director

What is the Northeast Multistate Division (NEMSD)? Why should I care? What is required to participate? Those are three very important questions and reflect the fundamental inquiry that a leader asks in determining whether an engagement, policy, or business commitment is worthy of the next steps.

What Is the Northeast Multistate Division?

The NEMSD is a business entity that the following state nursing associations (SNAs); ANA-Maine, New Hampshire Nurses Association, ANA-New York, ANA-Rhode Island, and ANA-Vermont have established together. By collaborating together, these five states have developed a shared services business model that allows each state nursing association to improve efficiencies and costs by streamlining resources, tools, and technologies. The establishment of the NEMSD is a tremendous opportunity for all SNAs involved. It allows each state to strengthen both its financial and support systems by sharing services, while retaining each state’s unique identity and governance.

Why Should I Care?

The ways in which the work of membership associations is achieved is changing rapidly. Providing relevant programs and services, leadership and volunteer opportunities, education, advocating for nurses, the nursing profession and patients are all critical aspects of the work of state nursing associations. To ensure that nursing membership associations continue to grow, respond to the complexities of health care reform and the delivery of health care, and the significant role of the nurse within those environments is recognized and supported, collaboration and innovation are required. Nurses are leaders. Leaders seek opportunities to develop, improve, and succeed. The NEMSD is an excellent example of nursing leadership. Nurses leading innovative partnerships is a way to engage and respond to our ever-changing environments. By committing to building relevance, relationships, and revenue; the NEMSD is working to ensure that the future of SNAs remain vibrant, strong, and successful. Without the significant presence of SNAs, the voice of nursing is diminished. The work of today should include a vision for the future. The NEMSD’s mission is to collaboratively enhance the power, strength, success, sustainability, and voice of the NEMSD member states through the effective utilization of shared services and resources to champion quality health care and advance the profession of nursing. This is the work of the NEMSD.

What Is Required to Participate?

A vision for the future and a willingness to engage are just a few of the ways to participate in the NEMSD. Utilization of the NEMSD Continuing Nursing Education Unit, attending events hosted by the NEMSD member states such as; annual conventions, athletic and student events, and a cruise from Boston to Bermuda are examples to engage with the NEMSD. The vision of the NEMSD is to build empowered NEMSD SNAs as the collaborative voice of nurses to promote optimal growth and sustainability of the nursing profession. Recognizing that SNA members and SNAs are deserving of products, services, and opportunities that reflect their interests and needs is reflected in that vision. The establishment of a business entity that provides shared resources specific to education, advocacy, professional development, and enhances membership will certainly guarantee success for the NEMSD SNAs.



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Controversial Health Care Directives: To Follow or Not To Follow?

John A. Musacchio, Esq.

There has been a great deal of controversy over the past several years regarding decisions to “pull the plug” on terminally ill patients and other questionable patient directives. Some patients have had the foresight to put their health care instructions in writing or choose a specific person to make their health care decisions in case they someday become incapacitated. Be that as it may, many health care providers have been left wondering what to do when they are unsure about a patient’s wishes, especially when the provider has a moral or religious objection to those wishes. This article provides some guidance to help nurses navigate these uncomfortable and problematic situations, enhance their patient care, and protect themselves and their employers from potential liability.



John A. Musacchio

Common Types of Advance Directives

Many of my clients ask me to help them plan for their future health care needs and find ways to protect their assets in case they someday need expensive care and treatment (sometimes called “Medicaid planning”). These services often include drafting a variety of documents, including a Last Will and Testament, one or more Trusts, a Power of Attorney, a Medicaid application, a Living Will, and a Health Care Proxy. This article will focus on the last two documents – the living will and the health care proxy – which are sometimes referred to as “advance directives”.

Do's & Don'ts

DO:

- ✓ Find out if your patients have health care proxies, living wills or other advance directives
- ✓ Read all advance directives carefully
- ✓ Follow the instructions of your patients, their agents, and your employer as closely as possible
- ✓ Speak with your supervisor immediately if you are unsure what to do
- ✓ Review and follow your employer’s policies for using patients’ advance directives
- ✓ Always maintain a courteous and professional attitude, even if you disagree with something that a patient, a patient’s agent, your supervisor or a co-worker instructs you to do

DON'T:

- ✗ Make assumptions about what you think your patient would want
- ✗ Argue or disagree with patients, their agents or their family members about their wishes
- ✗ Tell the patient or family what your wishes are or try to influence their decisions
- ✗ Discuss the patient’s condition or wishes regarding life-sustaining treatment with other health care providers in front of the patient or family
- ✗ Disobey your employer’s policies or rules

An advance directive is just as it sounds – it is a document containing a person’s directions for his or her future health care and treatment, which is prepared before the person becomes incapacitated or unable to communicate. Advance directives give many people peace of mind, as a way to maintain their dignity when they are someday no longer able to care for themselves or express their wishes.

Living Will. A living will is a document in which a person can provide his or her specific wishes for future medical care. Many people’s living wills contain the direction not to administer “life support”, including the use of life-sustaining medications, mechanical respiration, cardiac resuscitation, artificial nutrition, or “heroic measures”, if there is no reasonable expectation that the patient will recover. Other times, and increasingly common in recent years, a living will may express the exact opposite desire – to receive any and all forms of life-sustaining treatment if there is any chance of survival. Sometimes a patient’s wishes are somewhere in between, and the living will may specify that only certain types of life-sustaining treatment, but not others, should be administered. Because of the wide variety of directives that a living will may contain, it is very important for health care providers to carefully read every word of a patient’s living will to ensure that the patient’s specific wishes are followed.

Health Care Proxy. Another commonly used advance directive is the health care proxy. In a health care proxy, a person gives one or more people the power to make medical decisions if he or she is someday unable to communicate or is otherwise incapacitated. The person who is given the authority

Controversial Health Care Directives continued on page 14

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Controversial Health Care Directives continued from page 13

to make the patient’s health care decisions is called the patient’s “agent”. Most people usually choose a trusted spouse, adult child, close relative, or close friend to act as his or her agent under their health care proxy. Unlike a living will, the health care proxy does not need to express the patient’s specific wishes. Instead, health care proxies often simply state that the agent knows the patient’s wishes, and grants the agent full authority and power to make medical decisions if the patient cannot make those decisions for him or herself. You should remember that some people may include specific directions or put certain limitations on their agents in a health care proxy, so it is important to read the entire document carefully to ensure that the patient’s wishes are carried out properly.

Legal, Moral and Religious Considerations

Do I have to follow a patient’s advance directive? Do I have to obey a patient’s agent?

The law in New York is very protective of patients’ wishes, including the right to choose agents to make their health care decisions for them. Under New York’s Public

Health Law (PBH), health care providers are generally required to carry out the decisions of a patient or an agent acting under a patient’s health care proxy (PBH § 2984). In fact, the law explicitly directs health care providers to place a copy of a patient’s health care proxy in the patient’s medical record (PBH § 2984(1)). Providers should keep in mind that the law also requires the patient’s agent to act in “good faith” – meaning, in the patient’s best interest (PBH § 2984(2)). Additionally, if the patient’s health care proxy places any limitations on the types of decisions that the agent can make, the provider does not have to follow the agent’s directions in the excluded areas (PBH § 2984(2)). Perhaps most importantly, if the patient at any time disagrees with the agent’s instructions, the health care provider should follow the patient’s wishes, not those of the agent (PBH §§ 2984(2) and 2983(5)).

What if I have a moral or religious objection to the advance directive?

The law in New York is somewhat sympathetic to the moral and religious concerns of health care providers. If a directive conflicts with an individual health care provider’s religious beliefs or sincerely held moral convictions, the individual provider does not have to carry out that directive (PBH § 2984(4)). Importantly, under the law, the individual provider must promptly

inform the medical facility, as well as the patient’s agent, that he or she refuses to carry out the directive (PBH § 2984(4)). Additionally, the facility has a duty to “promptly transfer the patient to another individual provider willing to honor the agent’s decision” and the individual provider must cooperate in facilitating the patient’s transfer (PBH § 2984(4)). Similarly, a private medical facility is not required to follow an agent’s health care directive if that directive would violate the private facility’s “formally adopted policy... that is expressly based on religious beliefs or sincerely held moral convictions central to the facility’s operating principles and the hospital would be permitted by law to refuse to honor the decision if made by the [patient]” (PBH § 2984(3)). In order to deny the patient’s or agent’s directive, the facility also must have previously informed the patient or agent of its morally or religiously based policy prior to or at the time of the patient’s admission (PBH § 2984(3)). In addition, the facility has a duty to effectuate the patient’s transfer to another facility where the patient’s wishes will be carried out (PBH § 2984(3)). It is important to be aware that the law does not allow public medical facilities to refuse to follow directives based upon moral or religious grounds.

What if the patient can’t be transferred or needs immediate treatment?

If an agent has given instructions for a patient to receive life-sustaining treatment, and the denial of the treatment “would be likely to result in the death of the patient,” the facility or individual health care provider is required by law to provide the life-sustaining treatment at least until a transfer can be effectuated, even if it is against the provider’s moral or religious beliefs to do so (PBH § 2984(5)).

Conclusion

There may be times when health care providers will disagree with a patient’s wishes to either receive or refuse life-sustaining treatment. It is essential that medical facilities in New York have policies and procedures in place which are consistent with New York State law pertaining to patients’ advance directives and the refusal of treatment. Additionally, it is just as important that individual providers understand and follow the law and their employers’ policies. Make certain you stay up to date on your employer’s relevant stance on these issues. If you are ever unsure what to do, you should review your employer’s policies and ask your supervisor for guidance. Following the law and your employer’s rules can help you avoid being disciplined for making the wrong decision. And, of course, if you ever find yourself in trouble, you should discuss the details with an experienced attorney as soon as possible.

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

John serves on the New York State Bar Association’s Committee on Disability Rights, the Board of Directors for the Capital Region Italian American Bar Association, and as Co-Chair of the New York State Trial Lawyers Association Young Lawyers Committee, Capital Region division.

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

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Building Momentum Through Partnerships

December 2016 ended the Pilot phase of the Northeastern Multi State Division (NEMSD) of the American Nurses Association and in January 2017, five state Nursing Associations (ANA-Maine, NHNA, ANA-NY, ANA-RI and ANA-VT) decided to continue to work collectively together as one unit.

The Northeast Multistate Division (NEMSD) is a collaborative group of individual autonomous states (Maine, New Hampshire, New York, Rhode Island, and Vermont) whose purpose is to enhance the power, strength, success, sustainability, and voice of its member states through the effective utilization of shared services and resources to champion quality health care and advance the profession of nursing.

The American Nurses Credentialing Center's Commission on Accreditation (ANCC/COA) accredits the NEMSD Education Unit as an Approver and Provider of continuing nursing education. In 2016 the NEMSD submitted the self-studies for both the Approver and Provider Units. Both of the self-studies consist of three major criteria, Structural Capacity, Educational Planning and Quality Outcomes. The self-study is the map by which all accredited approver and provider units must follow to ensure compliance with policies and procedures unique to their approver and provider units that ensure the highest quality of continuing nursing education is being approved and provided by their organization.

Since January 1, 2017, twenty NEMSD Nurse Peer Reviewers have reviewed 257 applications. The NEMSD, like many accredited approver units relies heavily on the support of these nurse volunteers. To be a Nurse Peer Reviewer for the NEMSD Education Unit, they must be a member of one of the participating nursing organizations in the NEMSD and have a Baccalaureate or higher degree in Nursing. These volunteers are essential to the operation of the Approver Unit, not only do they review individual and provider unit applications but many play a key role as a nurse planner for the Approved Provider section of the NEMSD Education Unit. Often these nurses are leading, coaching and/or mentoring nurses in their individual states in the ANCC criteria for providing quality CNEs. Another role that these nurse peer reviewers actively participate in is the bi-monthly Nurse Peer Review Leader Meetings and assessing and reassessing the self-study to ensure that it is kept current with any updates that the ANCC has implemented.

The nurse peer reviewers for the NEMSD Education Unit come from varied backgrounds in nursing. It is important that we have a mix of academia, management, and clinical practice. Onboarding for Nurse Peer Reviewers is done twice a year, spring and fall, just after two of our peak application times. Nurses who meet the following criteria may contact the NEMSD Education Coordinator at NEMSD.education@gmail.com for the application process:

- o Registered nurse in ME, NH, NY, RI or VT with valid license.
- o Bachelor of Science in Nursing or higher in nursing.
- o Current ME, NH, NY, RI, or VT member
- o Relevant knowledge and experience to participate in the peer review process.
- o Proficiency in accessing email and email attachments.

The following are a few examples of topics for some of the CNE Programs that have been approved in 2017:

- Adaptive sports
 - Anxiety and Asthma
 - Caregiver Insurance
 - Cognitive Behavioral Therapy
 - Compassion Fatigue
 - Elder Law
 - Endoscopy Nursing
 - Forensic Nursing
 - Geriatric Care and Support
 - Historical Perspectives of Nursing
 - LGBT Health Needs
- Oncology Nursing Topics
 - Organ and Tissue Donation
 - Patient Active Learning
 - Pediatric Nurse Topics
 - Pharmacology
 - Psychiatric Nursing Topics
 - Substance Abuse and Addiction (Adult/Adolescent/Child)
 - Technology in Healthcare
 - Tuberculosis Disease, Screening and Treatment

Another essential component of the NEMSD Education Unit falls in the area of our structural capacity criteria and is directly related to how the NEMSD supports both the Approver and Provider Units by having two full time education specialists better known as our Education Coordinator Rebecca Chivers and Shelly Gardiner the Director of Professional Development. These two people are responsible for all communication and operationalization of the application/review processes. Their job roles and function are too numerous to mention in this short report. Customers and reviewers can easily contact them to help field questions and/or concerns, if they do not know the answers they know who to send the query to for resolving any and all issues that may arise.

The NEMSD Education Unit would like to personally take this opportunity to thank the following active Peer Reviewers, without their dedication to the nursing profession we would not be able to operationalize the ANCC approval process!

Rae Mello Andrews	Kathleen Sellers	Karen Haidemenos	Deborah Sanguinetti
Karen Tollick	Elisa Mancuso	Lois Ginsberg	Andrea Churchill
Kristine Irwin	Maria Mendoza	Diane Roberts	Candy Hall
Amy Guthrie	Kathy Bergeron	Sue Murdock	Ellen Leff
Kathie Poplar	Jean Dyer	Jan Oliver	Amy Lynch

As the Nurse Peer Review Leader for the NEMSD Education Unit, I would like to take this opportunity to thank the NEMSD Executive Board and the Executive Directors of all participating state nursing associations for providing support, which ultimately supports nurses in the Northeastern Region.

I would also like to recognize Karen Haidemenos, MSN, RN from Warwick Rhode Island. Karen comes to the NEMSD Peer Review Group having been the ANA-RI Approver Unit Nurse Preview Leader and ANA-RI past Primary Nurse Planner. Karen has Educator experience in both the clinical and academic settings. She currently works with nursing programs across the country, teaching nursing practice and developing curriculum. Her claim to fame with the NEMSD Education Unit is her continued commitment to the profession of nursing and her willingness to review both Individual and Approved Provider Unit Applications. In 2017, Karen has been involved in greater than 40 percent of all of the reviews that have been done by the NEMSD, which far exceeds the expectation, of the NEMSD. THANK YOU Karen!


Respectfully Submitted,
Carol

Carol L. Hodges, MSN, RN-BC
NEMSD Nurse Peer Review Leader
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Nurses House, Inc. hosts an award ceremony annually to honor an individual or group having demonstrated outstanding service to Nurses House and the nursing profession as a whole. The 2017 Nurses House Dolphin Award will be presented to Cathryne Welch, EdD, RN, past Executive Director of the New York State Nurses Association, the Foundation of New York State Nurses and Nurses House, Inc. Throughout her life and career Cathryne has made a huge impact on the nursing profession and through her many leadership roles she has shaped, and is still shaping, the future of nursing.

The 2017 Dolphin Award ceremony will be held on Saturday, December 2 from 6-8pm at The Century House in Latham, NY. Rooms will be available at a special rate for those travelling from out of town. Corporate, group and individual sponsors are being sought to cover the costs and all proceeds will benefit the Nurses House service program to assist RNs in need.

Nurses House, Inc. is a national organization providing funds to RNs facing dire circumstances. Grants from Nurses House cover basic needs such as housing and medical expenses to those who need it most. So far this year, Nurses House has awarded grants totaling over \$110,000 to 54 registered nurses in 20 states.

For Dolphin Award ticket and sponsorship information, to make a donation in honor of Cathryne, or to make a general donation to help RNs in need, visit the Nurses House website at www.nurseshouse.org or contact Stephanie Dague at sdague@nurseshouse.org or (518) 456-7858 x127.



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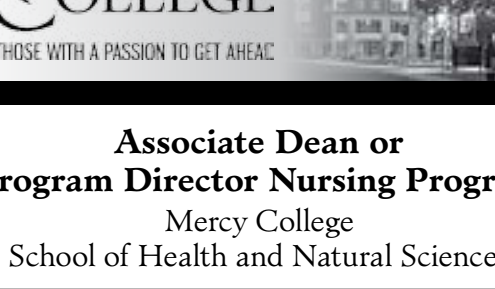
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New Medicare Cards Offer Greater Protection to More Than 57.7 Million Americans

New cards will no longer contain Social Security numbers, to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kicks-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

“We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.”

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition

CMS testified on Tuesday, May 23rd before the U.S. House Committee on Ways & Means Subcommittee on Social Security and U.S. House Committee on Oversight & Government Reform Subcommittee on Information Technology, addressing CMS’s comprehensive plan for the removal of Social Security numbers and transition to MBIs.

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most current statistics from the Department of Justice. Identity theft can take not only an emotional toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and costly false claims.

Work on this important initiative began many years ago, and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS will assign all Medicare beneficiaries a new, unique MBI number which will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit: <https://www.cms.gov/medicare/ssnri/index.html>

ANA Enterprise CEO Weston Announces Resignation

SILVER SPRING, MD – After more than eight years of dedicated and visionary leadership, ANA Enterprise Chief Executive Officer Marla J. Weston, PhD, RN, FAAN, has announced her resignation, effective January 1, 2018.

“We are indebted to Marla for her many years of stellar leadership, helping ANA gain the visibility and impact needed to be the premier organization for registered nurses, leading change and improving health for all,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “She has tirelessly led the Enterprise through bold transformative changes and guided us into new strategic directions.”

Since becoming CEO in 2009, in partnership with the ANA Board of Directors, Dr. Weston had led the integration of three entities, the American Nurses Association, American Nurses Credentialing Center and American Nurses Foundation, into an enterprise; strengthened the membership recruitment and

retention infrastructure resulting in high growth; enabled greater coordination and impact in ANA’s advocacy work; and sharpened ANA’s focus on the programs and services it offers to nurses. These changes have built a stronger ANA Enterprise through increased strategic alignment and operational efficiency.

“It has been an honor and a pleasure to serve as the ANA Enterprise CEO,” said Dr. Weston. “I am proud of how far the Enterprise has progressed and believe the time is right for me to step down. I remain deeply committed to and passionate about my profession and ANA.”

Dr. Weston will continue in her full-time role until the end of the year, and is committed to supporting a successful transition for the new CEO. The ANA Board of Directors will engage in a search process to select the next CEO.

The ANA Enterprise is the organizing platform of the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC), and the American Nurses Foundation. The ANA Enterprise leverages the combined strength of each to drive excellence in practice and ensure nurses’ voice and vision are recognized by policy leaders, industry influencers and employers. From professional development and advocacy, credentialing and grants, and products and services through its Nursing Knowledge Center division, the ANA Enterprise is the leading resource for nurses to arm themselves with the tools, information, and network they need to excel in their individual practices. In helping individual nurses succeed—across all practices and specialties, and at each stage of their careers—the ANA Enterprise is lighting the way for the entire profession to succeed.

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American Nurses Association Calls for Action in Wake of Police Abuse of Registered Nurse

SILVER SPRING, MD – The American Nurses Association (ANA) is outraged that a registered nurse was handcuffed and arrested by a police officer for following her hospital’s policy and the law, and is calling for the Salt Lake City Police Department to conduct a full investigation, make amends to the nurse, and take action to prevent future abuses.

The incident occurred July 26 at University Hospital in Salt Lake City, Utah and video footage of the incident was recently released. Registered nurse Alex Wubbels was arrested after refusing to draw blood from an unconscious patient who had been injured in a collision and was a patient on the burn unit.

According to the video, Nurse Wubbels shared details about the hospital’s policy with the police officers and consulted her supervisors in responding to the detective’s request. Wubbels cited the hospital’s policy, stating that

blood could not be taken from an unconscious patient unless the patient is under arrest, a warrant had been issued for the blood draw, or the patient consents. The police officers stated that they had implied consent to get the blood sample and they believed that the hospital’s policy contravened their duty to enforce the law. However, “implied consent” has not been Utah law for more than a decade. Additionally, the U.S. Supreme Court ruled in 2016 that warrantless blood tests go against privacy interests and public safety and therefore are not allowed.

“It is outrageous and unacceptable that a nurse should be treated in this way for following her professional duty to advocate on behalf of the patient as well as following the policies of her employer and the law,” said ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN.

According to the Code of Ethics for Nurses with Interpretive Statements, “the nurse promotes, advocates for, and protects the rights, health, and safety of the patient.”

Unfortunately, nurses often are victims of violence on the job. In 2015, ANA adopted a policy of “zero tolerance” for workplace violence and called on nurses and their employers to work together to prevent and reduce the incidence of workplace violence.

“Nurses and police officers work collaboratively in many communities,” said Cipriano. “What occurred is simply outrageous and unacceptable. Nurse Wubbels did everything right. It is imperative that law enforcement and nursing professionals respect each other and resolve conflicts through dialogue and due process.”

MEMBERSHIP



ANA-NY and ANA Membership Activation Form



Essential Information

First Name/MI/Last Name	Date of Birth	Gender: Male/Female
Mailing Address Line 1	Credentials	
Mailing Address Line 2	Phone Number	Check preference: <input type="checkbox"/> Home <input type="checkbox"/> Work
City/State/Zip	Email address	
County	Current Employment Status: (eg: full-time nurse)	

Professional Information

Employer	Current Position Title: (eg: staff nurse)
Type of Work Setting: (eg: hospital)	Required: What is your primary role in nursing (position description)?
Practice Area: (eg: pediatrics)	<input type="checkbox"/> Clinical Nurse/Staff Nurse
	<input type="checkbox"/> Nurse Manager/Nurse Executive (including Director/CNO)
	<input type="checkbox"/> Nurse Educator or Professor
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	<input type="checkbox"/> Advanced Practice Registered Nurse (NP, CNS, CRNA)
	<input type="checkbox"/> Other nursing position

Ways to Pay

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Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.

☐ Credit Card

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I understand that I may cancel this authorization by providing ANA written notice twenty (20) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.

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