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## ana - new york nurse THE PREEMINENT VOICE OF NURSING IN NEW YORK STATE

October 2018

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

## PRESIDENT'S MESSAGE

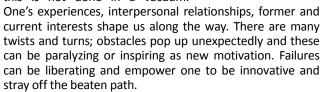


## **Articulate Advocacy**

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

"What's in your wallet?" is a credit card commercial that promotes endless possibilities affiliated with ownership. Entertaining yes, but can a single credit card provide nirvana? I don't think so, self-actualization evolves from within.

A journey of self-discovery leads to self-growth. However, this is not done in a vacuum.



Nursing's critical role is patient advocacy. A simple concept that can be hindered in a myriad of ways. Nurses do not accept NO as the final answer. Rather, it fuels us to act. A simple message in the optimal venue can have an unimagined impact.

One nurse; Roxanne Loomis from Oregon needed a kidney transplant, time was running out. She rented a billboard with a photo of herself in scrubs and a stethoscope with the caption: "Need: Kidney Donor for Eugene RN." Within one year it drew 60 kidney donors saving numerous lives besides her own.

While her primary intention was personal her message resonated to hundreds of strangers. Strangers who freely donated an organ, so another human being could have an improved quality of life; not simply survive but thrive!

ANA-NY is a beacon of transformation and must be responsive to the needs of our members and all citizens across NY state. The current pressing issue is the separation of undocumented immigrant families. Watching children being ripped out of their parent's arms and confined to overcrowded institutional holding facilities and shelters across the nation is devastating and heart wrenching. ANA and hundreds of nurses have reached out to the media and Homeland Security against this travesty of justice. To date the Red Cross has not been contacted by the government and thus unable to "invite and mobilize volunteers." Nurses are NOT Allowed to provide humanitarian aid; a totally unethical and despicable situation. According to NAPNAP's June 7, 2018 letter to K. Nielsen; Secretary of Department of Homeland Security "The children's living conditions and traumatic experience increases their risk of significant physical and mental issues. We urge you to respond swiftly and compassionately to these vulnerable children and provide them due process." A response has not been received. On August 8, 2018 ANA and shortly after ANA-NY sent a letter to Representative Nadler echoing the NAPNAP sentiment, explicitly identifying nurses' expertise and how the ANA Code of Ethics is being violated.

Yes, this is a highly divisive issue and regardless of your political beliefs, the essence of nursing is patient advocacy and providing holistic ethical care. Consider the multidimensional knowledge and resources of our 5500 ANA-NY nurses anxiously seeking opportunities to collaborate and engage in creating viable and realistic solutions to health care issues across the lifespan.

I implore every member to empower yourselves, develop a unified force of determination and a message that can't be silenced. Send your thoughts to <a href="mailto:president@">president@</a> anany.org and together we will have a voice that cannot be ignored.

Let's raise up billboards across NY state and the nation: Nurses Advocate - Reunite Families & Allow Nurses to Nurse!



January 2019 - ANA-NY will be moving across the street from the New York State Capitol.

Our new address will be:

**ANA-NY** 150 State Street, 4th Floor **Albany, NY 12207** 

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# FROM THE DESK OF THE EXECUTIVE DIRECTOR

# Congratulations to Our New and Returning 2019 Board of Directors!

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

Congratulations, also, to the 2018 ANA-NY Award winners:

Friend of Nursing – BS in 10 bill co-sponsors

Assembly Majority Leader, Joseph Morelle

Senate Majority Leader, John Flanagan

Policy and Service – Dr. Marilyn Dollinger

Mentorship – Dr. Harriet Feldman

For those members who joined us at the 2018 Annual Meeting and Conference, please watch your email for the program evaluation form.

We are very excited that the Board has decided to move the ANA-NY Annual Meeting and Conference locations around the state. We are going on the road! Plans include exploration of locations to the west, central, and Long Island. For 2019 we are heading north. We understand that you must use precious vacation time to attend the Annual Meeting and Conference each year, so we have chosen a resort venue in the Thousand Islands region for 2019. We have also secured the conference room rate for additional days, if you want to bring the family and extend your relaxation time.



We hope that you enjoyed the Poster Session and the Awards Reception as well as the fabulous speakers that joined us in Albany. Plan for 2019 by considering submitting a poster abstract and/or nominating a colleague for an award. The 2019 award categories are: Education, Practice, Scholarship, and Hall of Fame. Watch your email inbox, our Facebook page, Twitter feed, and my blog for details as they unfold.

Follow my blog at <u>ananyexecutivedirector.wordpress.com</u> Membership 5500 strong!







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- Subject to editing by the ANA-NY Executive Director & Editorial Committee
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: programassociate@anany.org
- Subject Line: ANA-New York Nurse Submission: Name of the article
- Must include the name of the author and a title.
- ANA-NY reserves the right to pull or edit any article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the ANA New York Nurse has been submitted.
- 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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## COMMITTEE SPOTLIGHT



## **Nominations and Elections Committee**



Trudy Hutchinson, Chair - no bio available



#### Jeffrey A. Schwertfeger MBA, BSN, RN

While attending SUNY Fredonia as an Undergraduate student in Business Administration I worked as an emergency room technician. I really enjoyed the work and clinical environment. The capabilities and compassion of the nurses working in the emergency department both awed and inspired me. It was these

experiences that lead me to the nursing profession. Prior to pursuing nursing education in the early 1990's I worked in retail management for Sibley's Department Store. I entered nursing as an LPN. I worked for a supportive nurse manager who assured I received the work schedule necessary to continue my nursing education. My Nurse Manager not only provided the needed schedule, she encouraged and mentored me as a new nurse.

I think this manager along with another nursing leader provided me with the necessary professional support I needed. I cannot emphasize enough the support I also received at home from my wife. I obtained my LPN, then Associates in Nursing, BSN and MBA all after my initial Bachelors in Business. I suspect it seemed my educational pursuits would never end!

As a nursing leader, I hear of new nurses who feel they are not supported. I hear of these experiences at other facilities and my own. I mentioned the support I had at home. Many of nurses are single moms; they lack home support, compounding the difficulty in their journey. As leaders, I view it as important that we give back. Not only because we need too. Because, it's the right thing to do!

My Nursing Administration team strives to be a department that practices evidenced based nursing practice at a high level. We believe accurate comprehensive nursing assessments aide in achieving measurable quality outcomes. In order to achieve quality improvement goals, we need to be an employer that precepts all nursing candidates and provides mentorship.

I also strongly believe in the need to extend beyond the facility level. It is with this fact in mind that I have partnered with local colleges for clinical placements, as well as individual nursing students. It is with this attitude of service and giving back in mind led me to ANA nominations committee and mentorship program.

Being involved with the ANA not only provides a give back opportunity to the profession that has done so much for me; it helps assure nursing can continue in its great history and be a driving force for quality and person-centered focus in the future!



#### **Christine Verni**

Dr. Christine Verni currently serves as Interim Dean for the D'Youville College School of Nursing in Buffalo, New York. Dr. Verni received her BSN, MS-FNP, and EdD in Health Policy and Health Education from D'Youville College, where she has been a professor since 2010. In addition to this academic appointment, she maintains clinical practice as a Family Nurse Practitioner, a role she has held for over a decade with focuses in Emergency Medicine and more recently Hospice and Palliative Care. Active in academia, Dr. Verni spends much of her time working collaboratively with other professionals to improve health care delivery to vulnerable populations. She has published in the areas of emergency medicine, medication safety in the elderly, and inter-professional education, along with having received grant funding to research medication safety in the elderly, strategies to improve academic success in English language learners, and the evaluation of patients presenting to the emergency department with acute-onset headaches. She was recognized for her professional competence as the recipient of the 2017 Nurse of Distinction in Education from the Professional Nurses Association of Western New York. Always seeking opportunities to gain knowledge in leadership and improved care delivery to the patients and students she serves, she recently completed the Health Foundation of Western and Central New York's Health Leadership Fellows program and is currently participating in the National League for Nursing's Center for Translational Leadership LEAD program.





of advanced cancer and other terminally ill patients. Calvary Hospital, Inc. includes a 200-bed not for profit hospital in the Bronx, a 25-bed satellite hospital in Brooklyn, Hospice and Home Care services, Bereavement and Counseling support. Through the Palliative Care Institute, the Education and Research entity for the organization, the expertise gained through a century of experience is shared nationally and internationally with the health care community.

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## Calvary Hospital

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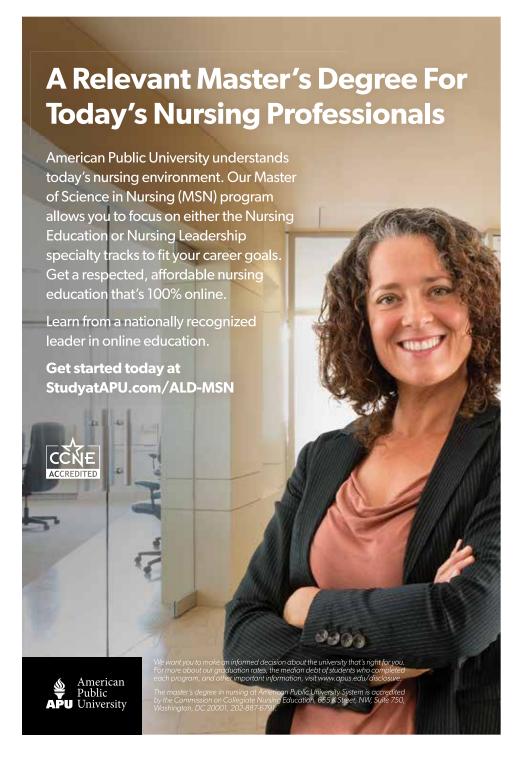
Utilizing the Nursing Process, the Staff Nurse will assess, plan, implement and evaluate patient care; coordinate patient care provided by other disciplines which meet the physiological, safety, spiritual and psychosocial needs of the patients and their families, according to the New York State Nurse Practice Act, established Calvary Hospital Nursing policies, procedures and standards of care, Geriatric Standards of Care, and Regulatory Standards; and participate in the ongoing systematic Quality Assessment and Improvement process. Requirements: Must be a graduate of an accredited school of nursing. Current NYS RN license required. Effective written/verbal communication skills essential. BSN preferred and 2 years of medical/surgical experience preferred as well.

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## Why are Nurses Suing the EPA?

How is it that our shampoo can contain carcinogens and our floor cleaner reproductive toxicants?

#### Barbara Sattler, RN, MPH, DrPH, FAAN

(Permission to publish and republish.)

For over a decade nurses have been working with a wide range of partners, including other health professionals, environmentalists, and health-affected groups, to up-date the nation's chemical safety policy. Written in 1976, the Toxic Substance Control Act was an ineffectual safety net for people and the environment from exposures to toxic chemicals in our air, water, food, and products. It did not require companies to do any sort of pre-market testing of their products for toxicity or potential harm.

Worse, it established that any chemicals that were already in the market place (some 80,000 chemicals) were "generally regarded as safe" without any evidence about their safety or harm to confirm this assumption. This was a way in which to "grandfather" a host of toxic chemicals and thus protect them from new requirements for safety testing. Additionally, the burden of proof regarding toxicity was the responsibility of the public

and the Environmental Protection Agency, rather than requiring manufacturers to prove that a chemical or product is safe before letting us use the product in our homes, schools, or workplaces. In every instant in which the EPA tried to prove that a chemical was dangerous, the industry prevailed in keeping it on the market. An example of the challenges under the original law, the EPA could not even ban asbestos — a know carcinogen with unquestionable evidence of harm.

In 2016, after making significant and debilitating compromises, we (nurses and others) helped to usher in a new chemical law, passed by a Republican Congress and signed by President Obama that replaced the 1976 law. The biggest and most important compromise of the new federal law is the fact that it pre-empts states from passing chemical safety laws that are more effective than the new federal law once a chemical is under review by the EPA. Historically, we have looked to progressive states to pass legislation on health and safety before federal laws have made their way through Congress and to the President. This exception flies in the face of Republican calls for increasing state's rights over federal mandates.

Instead, we now have states incapacitated from further protecting their citizens from toxic chemicals, even if their citizens overwhelmingly want the added protection.

Another problematic issue with the new chemical safety law is the time line that was created for reviewing potentially, and often known, toxic chemicals. Only 10 new chemicals are required to be reviewed in the first year and then by 2019 twenty chemicals need to be under review at any given time. The Registry for Toxic Effects of Chemicals includes over 150,000 chemicals for which there is some toxicological evidence; over 80,000 chemicals are in the market place. Think about how many years it will take to get through that list at a pace of 10 - 20 chemicals per year. And, more importantly as nurses, consider how many years and decades we may see preventable health effects from toxic chemicals that have not been reviewed because we just haven't gotten to them yet.

As a nurse, whose mantra is "evidence-based practice," I find it difficult to help individuals and communities navigate the necessary purchasing decisions required to live, work, learn, and play because of the lack

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Samaritan Hospital and St. Mary's have nearly completed a \$99 million revitalization effort, including **construction, renovation, and modernization of facilities** on both campuses, giving access to new services, greater convenience, and state-of-the-art care.



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of information about so many of the chemicals that make up our everyday products. Because we don't require complete labeling for the vast majority of products, we can't even do our own independent literature searches regarding the ingredients. When nurses started working on the revamping of the old chemical law, we had 3 elements that our coalition members agreed upon: 1) We need basic health and safety information on all chemicals in the marketplace, 2) We must be able to protect the most vulnerable of our population, including the fetus, infants, and children, from the effects of toxic chemicals, and 3) The EPA must have the power to ban chemicals that create the greatest risk of harm.

Our new chemical safety law, which has a very long name and honors the original Senator who sponsored the bill, is called the Frank R. Lautenburg Chemical Safety Act for the 21st Century. Once signed into law in 2016, the EPA was mandated to issue guidance documents for how they were going to review the chemicals under the updated regulation. Unfortunately, the EPA is now under a different and admittedly anti-regulatory administration. The new guidelines, issued in June 2017, reflect this bias. Instead of looking at all possible uses of a chemical in the marketplace and commerce, the new guidelines allow the EPA to pick and choose which uses they will consider when determining if the chemical poses an unreasonable health risk. Consider the case of lead. Lead can be found as a contaminant in air, water, food, toys, and even in lipstick. If they only look at one or two of these sources, the EPA may be missing important exposure sources that could underestimate the health risks and allow a toxic chemical to be used in products that would otherwise be deemed unsafe.

At the issuance of the new guidelines, nurses joined a number of other organizations in suing the EPA for placing the public at an unreasonable health risk. "The new guidelines fly in the face of our attempts to protect the public's health," asserts Katie Huffling, Executive Director of the Alliance of Nurses for Healthy Environments. Three separate suits were filed in District Courts around the country. It is anticipated that the judges in the courts will consolidate the cases and there will be one case heard. To follow the court case and other information about chemical safety and chemical policy, you can go to www. saferchemicalshealthyfamilies.org.

To join in free monthly national calls with other nurses who are concerned about chemicals and public health policy, go to the website of the Alliance of Nurses for Healthy Environments: <a href="https://envirn.org/policy-advocacy/">https://envirn.org/policy-advocacy/</a>

With so many policy changes occurring - in health care, the environment, and other important areas - it is sometimes difficult to keep up. We welcome you to join our calls and just listen, if you like, to hear from nurses who are engaged in helping to protect human and environmental health. We also, especially, invite you to get involved and join a growing number of nurses who are concerned about potentially toxic chemicals in our everyday lives.

Author: Barbara Sattler, RN, MPH, DrPH, FAAN, Professor, University of San Francisco School of Nursing and Health Professions (<u>bsattler@usfca.edu</u>) and Board Member of the Alliance of Nurses for Healthy Environments (www.enviRN.org)



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# In the Sptlight Future Nurse Leader

#### Sara Yale

Sara Yale, RN, BSN, was chosen to be a recipient of the ANA-NY Future Nurse Leader Award in 2018, based on her time at Le Moyne College. During her time at Le Moyne, she strived to inspire and lead others who shared her passion for nursing. She was the president of the Nursing Club on campus, which created programming and events based on wellness and community service. The club also provided opportunities for nursing students of all levels to become more involved and to have stronger connections with each other. Sara also is committed to community service. She participated in Syracuse Honor Flight, which brings veterans to Washington DC to see the monuments erected in their honor. She also went on a medical mission trip to the Dominican Republic and while there, she and the



other students performed home visits, worked in local clinics, and assisted in the local hospital. Sara was inducted into the Omicron At Large chapter of Sigma Theta Tau International and graduated from Le Moyne Cum Laude. She started working at St Joseph's Hospital Health Center the summer before her senior year at Le Moyne and has been working there ever since on a Medical/Surgical floor with specialties in telemetry and palliative care. She is a member of the Safe Patient Handling and Fall committee there and enjoys the experience she is gaining. Her main goal and drive are to empower others and be a resource for those around her, whether it is a family member, patient, or coworker in need. She continues to grow and learn each day, with new opportunities ever present. She is excited for all of the possibilities that nursing holds for her career, wherever it may take her.



## Join the NYS Workforce As a Registered Nurse

NYS Office for People With Developmental Disabilities (OPWDD)
Finger Lakes DDSO provides services to Chemung, Livingston, Monroe, Ontario,
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Salary Range for Nurse 2: \$50,722 -\$72,557

- · Positions are day shifts with weekends off at all locations.
- Nurses work in a variety of settings from homes to clinics, and other locations within the local community:
- Candidates should possess a great deal of compassion, patience and be able to interpret and anticipate the needs of the person;
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- Nurses are advocates; identifying medical and other health needs, and coordinating an appropriate therapeutic response.

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Must be licensed and currently registered to practice nursing in New York State AND have one year of full-time post-RN licensure clinical nursing experience.

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## Nurses House, Inc to Honor Members of its Western New York Chapter With the 2018 Dolphin Award

Nurses House Inc, the only national fund for nurses in need, will be holding its annual Dolphin Award Ceremony on Saturday October 27, 2018 from 6pm-8pm at the Hilton Garden Inn Buffalo Airport Hotel. The event will be the tenth annual of its kind, honoring an individual or group for their overall contributions to the nursing profession and long-term support of Nurses House' mission. This year's award will be presented the Nurses House Inc. Western New York Chapter.

The Western New York Chapter of Nurses House Inc. was founded by a small group of dedicated individuals in and around Buffalo in the early 1990's. They established their own board of directors and began planning annual fundraising events for Nurses House events in their locale. The group was soon hosting four large annual events including a Spring High Tea, Jazz Concert, Golf Event, and art event titled "Pizzazz and Sophistication." Although they are currently in the process of dissolution, this dedicated group of individuals has raised over \$150,000 for nurses in need over the past two decades. Their dedication to the cause has been overwhelming, and for that reason they were selected at the 2018 award recipient.

This event is open to the public and tickets are \$75.00, which includes a three-course dinner, prize drawings and cash bar. Sponsors of various levels are still being sought to cover the costs of the event and the deadline for sponsors is October 10. All proceeds will benefit Nurses House, Inc., the only national fund for RNs in need. For tickets or information about sponsoring the event please contact Stephanie Dague at <a href="mailto:sdague@nurseshouse.org">sdague@nurseshouse.org</a> or (518)456-7858x127. For more information about the work of Nurses House, visit their website at <a href="mailto:sww.nurseshouse.org">www.nurseshouse.org</a>.





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ANA - New York Nurse October 2018 Page

## CONTINUING EDUCATION / QSEN



**Description:** This 6-part series presents the QSEN Competencies as they relate to both nursing education and clinical practice.

**Outcome:** The learner will have an awareness of how QSEN Competencies impact nursing education and clinical practice.

Steps to complete independent study and receive 2 contact hours.

Read the article on page 8 (Quality Improvement) and previous articles at <a href="https://goo.gl/g3oMLP">https://goo.gl/g3oMLP</a>. Previous articles are found in the following issues: August 2018, May 2018, February 2018, November 2017, and August 2017.

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• Certificates are emailed after a passing score is achieved.

## **Post Test**

- 1) What does the acronym "QSEN" stand for?
- 2) Circle the six QSEN Competencies
  - a. Informatics
  - b. Infection control
  - c. Evidence-based Practice (EBP)
  - d. Pharmacogenomics
  - e. Patient-Centered Care
  - f. Safety
  - g. Interdisciplinary teams
  - h. Quality Improvement (QI)
  - i. Teamwork and Collaboration
- 3) The goal for the QSEN project is to meet the challenge of preparing nurses who will have the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the healthcare systems within which they work.
  - a. True
  - b. False
- 4) The QSEN competencies can be applied at the pre-licensure and graduate levels.
  - a. True
  - b. False
- 5) "Recognize personally held values and beliefs about the management of pain or suffering" is an example from which competency?
- 6) "Describe strategies for identifying and managing overlaps in team member roles and accountabilities" is an example from which competency?
- 7) "Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events" is an example from which competency?
- 8) "Identify gaps between local and best practice" is an example from which competency?
- 9) "Appreciate the cognitive and physical limits of human performance" is an example from which competency?
- 10)"Identify essential information that must be available in a common database to support patient care" is an example from which competency?

## **EVALUATION**

1. The learning outcome(s) for this activity was met?

\_\_\_\_\_Yes \_\_\_\_\_No

2. I found this activity worthwhile for my professional practice. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comment:

3. This activity will enhance my knowledge/skill /practice as a health care provide. . (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comment:

4. The authors were knowledgeable about the topic:

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comment:

- 5. As a result of this activity, please share at least one action you will take to change your professional practice/performance.
- 6. Was this independent study an effective method of learning?
- 7. What other topics would you like to see addressed in an independent study?

Comments:

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Please return (all documents are required or will result in no certificate)

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## CONTINUING EDUCATION STATEMENT:

The continuing education program is approved for 2 contact hours.

The Northeast Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



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## CONTINUING EDUCATION / QSEN



## **Quality Improvement**

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

This is the sixth and final article in a series dedicated to providing clinically based nurses and educators with information and resources necessary to integrate QSEN competencies into their practice. We endeavored to provide the knowledge needed to bridge the gap that exists in the education of practicing nurses related to these competencies with the anticipated outcome of continuously improving quality and safety of the health care systems in which they work.

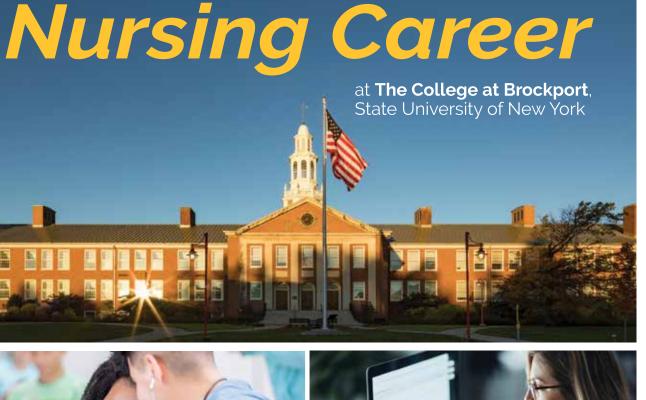
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Quality improvement (QI) is defined as the use of data to monitor the outcomes of care processes and using improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems (Cronenwett, et al., 2007). The key message related to this competency is that patient care requires a systematic process of defining problems in order to identify potential causes and develop strategies to improve care. This requires the ability to measure care through a variety of nurse sensitive hospital measures including the ANA National Database for Nursing Quality Indicators (NDNQI).

Many hospitals have instituted quality improvement committees. The goal of these committees is to develop quality improvement projects to better the care patients receive while in the inpatient setting. An example of a protocol that has been implemented into hospitals to increase QI is the "No Pass Zones." A healthcare provider, or any hospital employee, is not to walk pass a call light or a patient in need without addressing the problem or situation. Other examples of QI include: purposeful hourly rounding in which healthcare providers are to check on their patients every hour and address the 4 P's: potty, possessions, pain, and position; and the addition of patient information dry erase boards into patient rooms. These boards have information about the patient's healthcare team, the current date, patient room number and telephone number, and may also include a section for a patient, family members, or a healthcare provider to write down questions and answers as a way to communicate (QSEN, 2014).

Problem identification requires the identification and monitoring of a concern and using ongoing measurement to detect variations in expected goals. Nursing professionals working together with other health professions involved in patient care, begin to understand they are key parts of systems of care and care processes that affect outcomes for patients and families. The information about QI also comes from internal and external data, carefully collected and displayed in histograms, control charts, and run charts. Causes of the problem can be identified using root cause analysis. This is a systematic approach to get to the true cause of process problems. A cause and effect, or fishbone diagram, is one tool used in this process. The results of this analysis may be used to make changes in daily practice to improve care and keep patients safe (Cronewett, 2007; QSEN, 2014).

In conclusion, nursing leaders in healthcare institutions must strive to use a variety of sources of information to review outcomes of care to identify potential areas for improvement, and finally; use the appropriate aims for quality improvement efforts. Nursing leadership ultimately shapes the dialogue about, and provides leadership for the introduction of best practice. With ongoing education, and participation by all nurses who provide direct patient-care; continuous quality improvement has become an essential part of the daily work of all health professionals (QSEN, n.d).







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Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., Warren, J. (2007). Quality and safety education for nurses. Nursing Outlook, 55(3)122-131. QSEN ( n.d ). Graduate Student Competencies. Retrieved from QSEN.org

QSEN Institute (September 25, 2014). QStudent #3: Quality Improvement. Retrieved from QSEN.org



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# 2018 ELECTION RESULTS

## **ANA-New York Announces Results of 2018 Election**

ANA-NY is pleased to announce the election of the following members to the Board of Directors (2018-2020). These elected officers and board members have been sworn in on Saturday, October 20, 2018 during ANA-NY 6th Annual Meeting and Conference at the Albany Capital Center.

## **President and ANA Membership Assembly Representative**



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

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## RESEARCH YOU CAN USE



## Mindfulness. Self-Care for Registered Nurses

Lynda J. Dimitroff PhD, MSEd, BSN, RN, MCHES, CC

Mindfulness is learning to "be" with what is happening, what is present — catastrophe, chaos, happiness, joy, peace, and stress. Mindfulness is not learning to change what is happening, ignore what is happening, or take a break from what is happening. It is being in *this* very moment and only *this* moment.

The nursing profession contains a gap – many registered nurses (RN) are stressed beyond their capacity and need support, skills, and resources. Nurses are experts in the care of others and most do not know how to care for themselves.

We know this to be a historic irony of our profession – taking care of others and not taking care of themselves.

Nursing is the largest health care profession with 3.4 million registered nurses in the United States. As health care professionals, RNs need to learn to sustain themselves and lead by example. Nurses must be healthy and well to be successful in supporting others to be healthy and well.

The practice of mindfulness has the potential to change the nursing profession in many positive ways. Implementation of mindfulness strategies may impact the professional nursing environment through recognizing this gap in the profession; creating and inspiring vision in the environment; challenging

the processes by bringing in something new; encouraging others to act and engage in the process; and modeling behavior, hence – leading by example.

Mindfulness is an old concept based on 2600 years of Buddhist philosophy. "Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 2005, p. 3). Mindfulness is a means to help alleviate suffering as well as increase and create compassion (White, 2013). It is multidimensional with emphasis placed on awareness, acceptance, and attention. Mindfulness is considered a "transformative process" where the practitioner must first be aware of the present moment including thoughts, ideas, and judgments. Following this awareness, a person must accept the thoughts and ideas that they have without judgment. Lastly, the focus is on one's awareness to maintain attention in the present moment (White, 2013). Essentially, mindfulness focuses on bringing attention to the present moment without judgment. Mindfulness is associated with a state of "being" as opposed to "doing;" it is focused on moment-to-moment experiences without being judgmental or reactive (Beddoe & Murphy, 2004; White, 2013). Mindfulness is considered to be continuous and immediate in the sense that one must be aware of physical sensations, thoughts, perceptions, affective states, and imagery (Grossman, Niemann, Schmidt, & Waladch, 2004).

Mindfulness practice helps by creating a new type of awareness through attending. "Attending to the present moment, while incorporating self-reflection and suspending judgment, can be particularly beneficial in fostering the depth and authenticity of human connection required by health care professionals" (Beddoe & Murphy, 2004, p. 307).

Since its introduction into Western healthcare, studies have been conducted that have shown evidence of mindfulness improving both physical and psychological health including decreased stress, anxiety, psychological distress, and burnout, as well as, improved medical conditions, increased self-awareness, well-being, empathy, quality of life, self-compassion and compassion toward others (Baer, Carmody, & Hunsinger 2012; Beddoe & Murphy, 2004; Chen, Yang, Wang & Zhang, 2013; Cohen-Katz, Wiley, Capuano, Baker, & Shaprio, 2005; Escuriex & Labbe, 2011; Foureur, Besley, Burton, Yu, & Crisp, 2013; Galantino, Bairne, Maguire, Szapary, & Farrar, 2005; Klatt, Buckworth, & Malarkey, 2009; Krasner, Epstein, Beckman, Suchman, Chapman, & Mooney, 2009; Shaprio, Astin, Bishop, & Cordova, 2005; Schroeder, Stephens, Colgan, Hunsinger, Rubin, & Christopher, 2016; Van der Reit, Rossiter, Kirby, Dluzewska, & Harmon, 2015). In addition, mindfulness strategies have been used to help with treatment of conditions such as chronic pain, cancer related pain, sleep disorders, and depression (Baer et al., 2012; Beddoe & Murphy, 2004; Chen et al., 2013; Cohen-Katz et al., 2005; Escuriex & Labbe, 2011; Foureur et al., 2013; Galantino, Bairne, Maguire, Szapary, & Farrar 2005; Klatt et al., 2009; Krasner et al., 2009; Shapiro et al., 2005; Schroeder et al., 2016; Van der Reit et al., 2015).

Mindfulness is not immediate, and practice is needed to maintain a mindful state. Humans are largely unaware of moment-to-moment experiences (Grossman et al. 2004). Individuals are able to develop the ability to sustain attention to mental content and the development of such ability is gradual, progressive, and requires regular practice (Grossman et al., 2004). It has been suggested that formal practice of mindfulness in a calm environment will help with maintained mindfulness in times of increased activity and stress. Such practices should be done without attachment to outcome. If one is focused on outcome, it can detract from a person's ability to be mindful (White, 2013).

Nurses face a multitude of extraordinary stressors on a daily basis. Some of these stressors include challenging patients and their families, a very demanding positions with varying levels of support, constantly changing situations which require critical thinking and immediate responses, difficult relationships with physicians and peers, shortages of resources and staff, long shifts and extended work hours (Aiken, Clarke, Sloane, Sochalski, & Silber 2001; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002), dealing with patient suffering, and, death and dying. "It is imperative that nurse well-being and self-care become a more prominent focus in nursing research and education" (White, 2013 p. 282).

While research on the benefits of mindfulness has been positive with regard to patients and the general public, research and its impact on RNs in the professional literature remains minimal. In the limited research conducted, mindfulness with RNs has had positive outcomes.



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## RESEARCH YOU CAN USE



White (2013) found that "mindfulness is a transformative process which develops an increasing ability to 'experience being present', with 'acceptance', 'attention', and 'awareness'. ... Mindfulness is a significant concept for ... nursing with practical applications for nurse well-being, the development and sustainability of therapeutic nursing qualities and holistic health promotion" (White, 2013, p. 282). This article was significant because it addressed mindfulness, nurse well-being, and health and wellness.

In 1979, Jon Kabat-Zinn developed a mindfulness-based stress reduction program which included eight-weeks of sessions and a one-day retreat focusing on awareness, mindfulness, meditation, and simple yoga postures. Although many studies have used a similar protocol to Kabat-Zinn, there have also been studies demonstrating positive effects of a mindfulness-based stress reduction (MBSR) of lesser intensity. In one study conducted by Foureur and colleagues (2013), midwife and nurse participants used a different MBSR approach which offered a oneday workshop and 20 minutes of mindfulness practice on a daily basis for eight weeks. Though this study used different methods for MBSR practice, it was found that physical symptoms of anxiety disturbances and depression were significantly lowered as were stress scores measuring negative emotional states of depression, anxiety, and stress (Foureur et al., 2013).

Bazarko, Cate, Azocar, & Kreitzer, (2013) examined the outcomes of a unique MBSR program for nurses in a large corporate setting. The nurses participated in telephonic MBSR which was simply an MBSR program initiated over the phone once a week for eight weeks. The authors found that almost all outcomes significantly improved following intervention during the study. Stress, as measured by the Perceived Stress Scale improved from baseline measure to the second time it was measured and was maintained at follow-up suggesting that change due to a MBSR program can be maintained. Work, personal, and client burnout rates were significantly improved from baseline to study completion and these rates were maintained at four months after the study which suggests that MBSR also has a positive effect on burnout rates. Lastly, there was a significant difference in overall general health, social functioning, and, emotional and mental health from baseline to study completion which was also maintained at four-month follow-up (Bazarko et al., 2013).

MBSR has been used with nurses and nursing students to help with stress and burnout rates. In a study by Frisvold et al., (2012), middle-aged nurses participated in a MBSR program based on the Kabat-Zinn program. The results detailed themes among participants including strengthening interpersonal communication through social support, increased personal awareness, spiritual awakening, "taking hold of one's life," and effectively dealing with stress (Frisvold et al., 2012).

Mindfulness, while not a new concept, has increasingly gained popularity in the Western World over the past few decades. With its introduction into the field of health care, it has become evident that there are many positive effects that registered nurses can benefit from mindfulness techniques. Psychologically, depressive symptoms, stress, anxiety, and burnout rates can all be decreased while allowing RNs to experience increased awareness and increased ability to cope with stressful situations. At a physiological level, changes can also be seen in while practicing mindfulness such as reduced blood pressure leading to less stress on the cardiovascular system. Based on current evidence, it is apparent that there are many beneficial effects from a MBSR program implemented within the health care system. While many people may benefit from mindfulness techniques, it is important that RNs are aware of potential benefits as they may help to improve quality of care thereby improving their overall health.

Learning and practicing mindfulness is analogous to "... strengthening muscles with regular physical exercise ..." (Ponte, 2015, p. 48). "... Routinely engaging in mindfulnessbased practices strengthens attention and self-awareness and makes apparent our cognitive tendency to filter experiences according to expectations and preconceptions" (Ponte, 2015, p. 48).

Mindfulness resonates with many familiar nursing practices. Ponte states, "... the concepts associated with mindfulness are familiar, as they reflect long-established nursing principles that emphasize holistic, person-centered care; provider self-care; intentionality; presence; and therapeutic use of self to promote health and healing" (Ponte, 2015, p. 49).

There is a need to further explore and conduct research on the impact of mindfulness practice with RNs. Research on mindfulness and its impact on RNs is imperative. Ponte stated, "It is our hope that nurse scientists will see this as an opportunity to play a lead role in further defining how mindfulness affects nursing practice and nurses' relationships with patients and families as well as its potential benefits for patient safety. ... we encourage nurses to begin exploring what mindfulness has to offer at a personal level, to shift their focus from 'doing' to being present in ways that benefit patients, families, colleagues, and their own well-being" (Ponte, 2015, p. 55).

Mindfulness promotes health and well-being. The literature is replete with the positive outcomes of mindfulness. Registered nurses can benefit from the positive impact of mindfulness. It is important for RNs to learn mindfulness techniques and practice them daily to reap the full benefits. In turn, these practices will enhance their overall health and well-being as well as the health and well-being of those in their lives.

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Mindfulness continued on page 12



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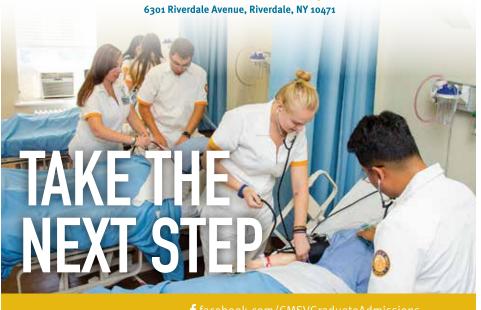
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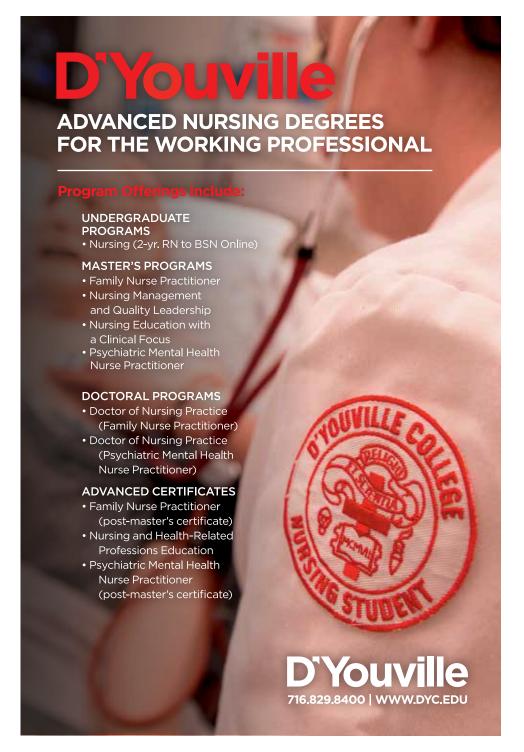
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## RESEARCH YOU CAN USE



## **Research Fellow News**

The Research Fellow program was begun in 1996. At that time, it was sponsored by the New York State Nurses Association and administered by the Foundation of New York State Nurses. Today it continues to be administered by the Center for Nursing at the Foundation, but is sponsored by ANA-New York. This two-year commitment provides practicing nurses with the opportunity to participate directly with a nurse researcher coach to complete a project of their choosing.

Sydney Meadows of Syracuse has been chosen as the 2018 Research Fellow. Ms. Meadows began her career with a degree in psychology and work in a Mood Disorder Institute. There she was able to coordinate studies examining anxiety and depression in children. While this did offer the opportunity for research, she felt the need for more direct contact with her patients and so she completed her BSN at Binghamton University. Today she works in the Pediatric ICU at Upstate Golisano Children's Hospital in Syracuse. At work she is involved with the Research and Innovation Council. She says this has ignited a passion to promote bedside nurse engagement in various levels of nursing inquiry. As a fellow, she hopes to engage nurses at her workplace in nursing research and



Sydney Meadows

promotion of evidence-based practice. Sydney comes to this fellowship with a great deal of enthusiasm and also some publication and presentation experience.

The 2017 Fellow, Cyd Charrise Villalba, has also been busy. Cyd works at Memorial Sloan Kettering Cancer Center's Health Informatics Analytics team. Her area of interest is the area of healthcare data and how it is used and visualized. Since being chosen as the Research Fellow, she has been working with her coach, Dr. Kirsty Digger of SUNY Delhi. She and her coach have an article in draft form for American Nurse Today on this topic. Cyd is also enrolled in a DNP program at the University of Pennsylvania.

Could you be the next Research Fellow? Watch for the application packet on the Center for Nursing website <a href="mailto:fnysn.org">fnysn.org</a>. If you have questions about the fellowship please contact <a href="mailto:jwestcott@fnysn.org">jwestcott@fnysn.org</a>

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#### Mindfulness continued from page 11

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## **How to Protect Your Nursing License in Multiple States**

John A. Musacchio, Esq.

If you are like many nurses who practice in New York, you are licensed to practice in other states, as well. A large number of nurses who live in New York are frequently licensed to practice in neighboring states, including Massachusetts, Vermont, New Jersey, and Pennsylvania. In recognition of this trend, I not only practice law across New York State, but am also admitted in Vermont and Massachusetts – two states that are close to my law firm's main office in Albany, New York.

Also, with an increasingly mobile workforce and job opportunities that attract nurses to warmer climates, many New York nurses are also licensed to practice in states such as Colorado, the Carolinas, Arizona, and the like.



John A. Musacchio

Several important legal and disciplinary issues are resulting from nurses' increasing mobility. It is important for nurses to understand and follow the standards of practice required in each state where he or she provides patient care. Additionally, when a nurse faces disciplinary action in one state, it can – and typically will – have a negative impact upon his/her nursing licenses in other states.

For these reasons, it is important to understand the rules, regulations and ethical considerations that have been implemented in every state where you are licensed.

#### **Examples**

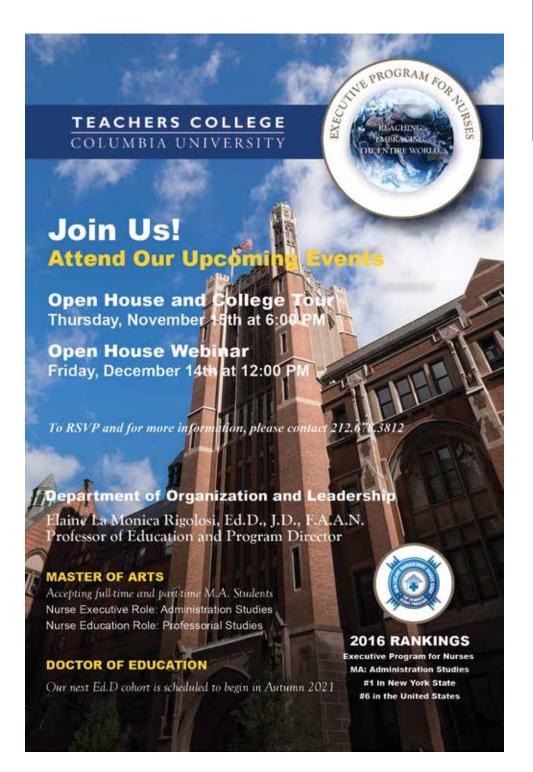
Let's look at a few common scenarios that you might face in your practice.

#### **Nurses Who Work Across State Lines**

If you live in one state and work in a different state, you need to be licensed and understand the professional standards and disciplinary rules in the state in which you work. Many nurses who live near his/her home state's border work in the neighboring state.

#### Nurses With Patients Who Live In Another State

For many nurses who work at a facility located near a state border, some patients may live across state lines and come into New York to treat at your facility. When the patient is physically present at the facility in New York State, New York's rules and regulations will apply to the care you are providing to that patient. However, let's suppose that same patient calls the New York facility on the telephone seeking medical advice from his/her home in the neighboring state. Generally, in that situation, the rules of the state where the patient is physically located will apply to the care that the nurse in New York is providing to the patient.<sup>1</sup>



#### **Nurses Who Work Remotely**

We have seen a plethora of technological advances over the last several years which have made it easier than ever before to work remotely. More and more medical providers are switching from traditional paper records to electronic patient files. Also, electronic signatures (sometimes called "E-signatures") – which can be inserted into a document on a user's smartphone, tablet, computer, or other electronic device rather than having to physically sign your name on a paper document – are being accepted by a growing number of facilities. Indeed, one of the reasons I am able to easily practice law across the large State of New York, as well as into Vermont and Massachusetts, is thanks to these types of technological advances.

Many nurses are also benefiting from these advances in technology. An increasing number of nurses are easily able to work in areas including care coordination, case management and workers compensation from his/her home state while the patient receiving care and treatment is located in a different state. Again, the rules of the state in which the patient is located will typically apply to the care he/she is receiving.

#### **Disciplinary Action in New York**

Let's review the rules that govern professional misconduct in New York.

The New York State Education Department's Office of the Professions, the agency which disciplines nurses, provides the following list of activities constituting professional misconduct on its website (<a href="http://www.op.nysed.gov/opd">http://www.op.nysed.gov/opd</a>, as of September 1. 2018):

- Engaging in acts of gross incompetence or gross negligence on a single occasion, or negligence or incompetence on more than one occasion
- Permitting or aiding an unlicensed person to perform activities requiring a license

How to Protect Your Nursing License continued on page 14



## DAEMEN

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Daemen College is an affirmative action, equal opportunity employer and strongly encourages applications from women, veterans, people of color, individuals with disabilities and candidates who will contribute to and support the cultural fluency and diversity of our campus.

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#### How to Protect Your Nursing License continued from page 13

- Refusing a client or patient service because of race, creed, color, or national origin
- Practicing beyond the scope of the profession
- · Releasing confidential information without authorization
- Being convicted of a crime
- Failing to return or provide copies of records on request
- Being sexually or physically abusive
- Abandoning or neglecting a patient in need of immediate care
- Performing unnecessary work or unauthorized services
- Practicing under the influence of alcohol or other drugs

#### **Disciplinary Action in Other States**

Many states have rules and regulations that are similar to those implemented by New York's Office of the Professions, but there is not always complete overlap between the rules of different states. Also, many states handle disciplinary actions in very different ways. What may be treated as a relatively minor offense in one state may be grounds for revocation of your nursing license in another state.

Nurses should remember that any offense that is committed in one state can – and usually will – have a negative impact on the nurse's license in the other states where he/she is licensed. Therefore, it is important that nurses hire an experienced attorney

## **BEST PRACTICES**

- Be sure you are licensed in every state in which you provide patient care
- Review and understand the rules and regulations in every state where you are licensed
- Review and understand the rules and regulations in every state where your patients live
- Follow the rules of the state where your patient is located
- If you are unsure whether a clinical action is appropriate, ask your supervisor or nurse manager
- If you think you may have done something that could negatively impact your license, consult an experienced attorney as soon as possible to review your rights and options

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to protect his/her nursing license if he/she faces disciplinary action in any state, even if it is not a state in which the nurse intends to practice in the future.

#### Conclusion

As a nurse, you need to make important clinical decisions which directly impact your patients. Sometimes your patients may be physically located in a state other than the state where you are providing medical treatment and guidance. It is crucial for your own protection that you understand the rules and regulations of every state in which you practice and follow the rules of the particular state in which each of your patients is receiving treatment. Remember that a negative action in one state where you are licensed can have a negative impact upon your license in other states. If you are concerned that you may have violated a rule or regulation which could have a negative impact on your nursing license, you should speak with an experienced attorney as soon as possible to review your options and protect yourself.

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#### **Biography**

HARTWICK

John A. Musacchio is an attorney with the law firm Towne, Ryan & Partners, P.C., with five offices in Upstate New York and a sixth office in Bennington, Vermont. In addition to defending nurses in professional discipline matters, John also assists clients with labor and employment law matters, compliance issues, estate planning, Medicaid planning, criminal and DWI defense, 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, 2017 and 2018.

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

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

## **MEMBERSHIP**



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Full-time, one-year term renewable appointment at the rank of Clinical Instructor, with expertise in Medical-Surgical Nursing (generalist), with preference in Geriatric Nursing. Teaching load will be 24 semester credit hours.

For detailed information about these positions and how to apply, please visit our website, https://www.hartwick.edu/about-us/employment/humanresources/employment-opportunities/faculty-positions.

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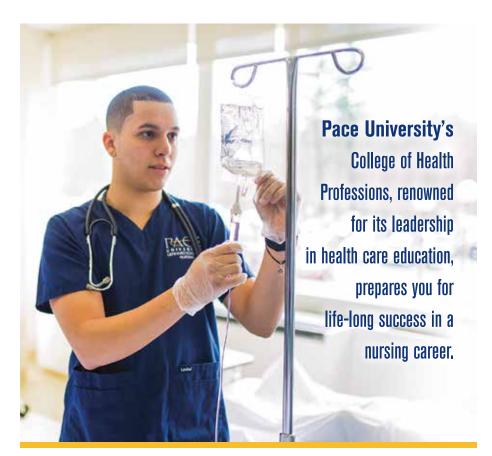
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