Volume 8
Number 3

ANA - NEW YORK NURSE

WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

January 2024

The Official Publication of the American Nurses Association - New York
ANA - New York Nurse will reach over 72,600 New York nurses and schools of nursing.

INDEX

Thank you!

Thank you to all those who joined us at Turning Stone Resort Casino for the 11th Annual ANA-NY Conference. Nurses from around the state joined us in Verona, NY to network, learn, and be inspired to continue lighting the way for our communities.

NURSES: LIGHTING THE WAY

pictures continued on page 4

GAIN A MEMBER!

PASS THIS NEWSLETTER ALONG TO A NURSE COLLEAGUE

MEMBERSHIP APPLICATION ON PAGE 10

FROM THE DESK OF THE EXECUTIVE DIRECTOR

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

Did you know?

Chapter 56 of the Laws of 2021 amended New York State Social Services Law § 413 to require the addition of Adverse Childhood Experiences and Trauma, Implicit Bias, and Identification of Child Abuse virtually within the New York State mandated Identification and Reporting of Child Abuse and Maltreatment/Neglect coursework. **The law requires that every person, including those who have previously undergone this training, must complete the updated curriculum by April 1, 2025.** No worries! Watch your weekly bulletin emails (they arrive in your email every Thursday) for the registration link for the free webinar coming on February 23, 2024. The webinar recording will also be available as an enduring offering on our YouTube channel.

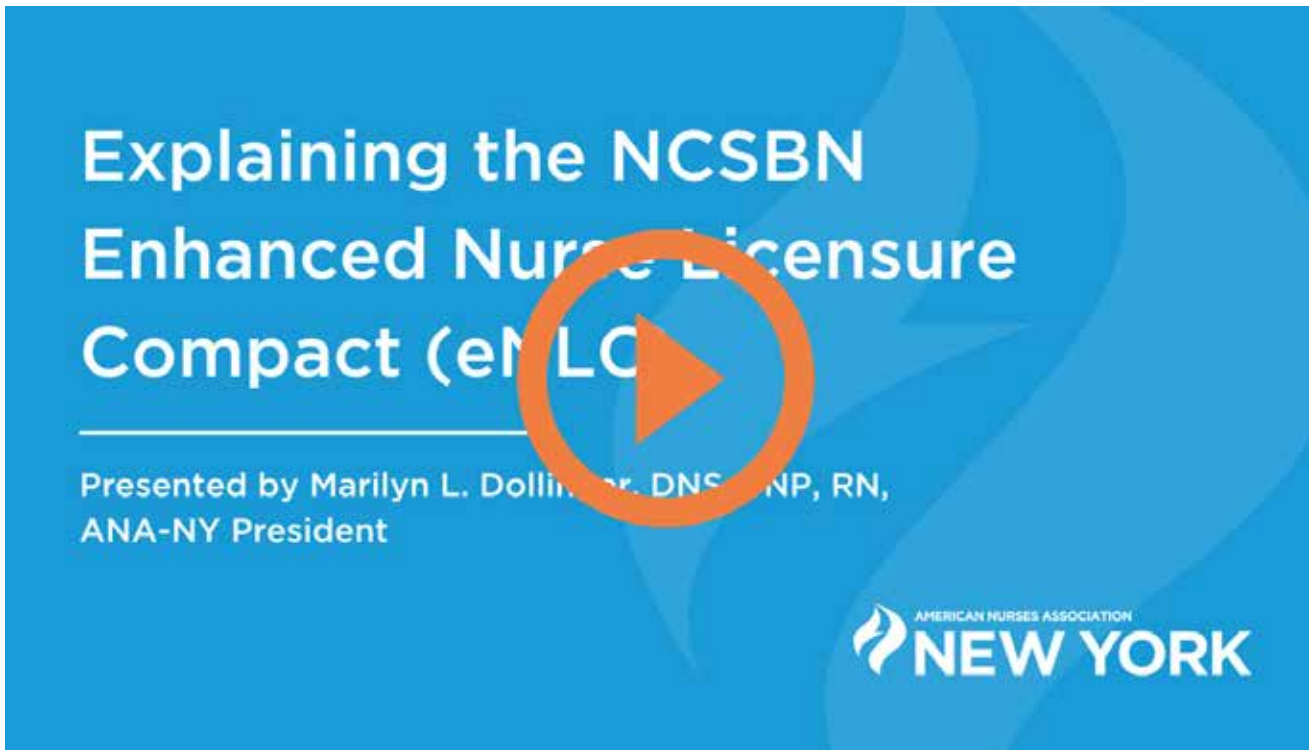
ANA-NY IS 8,653 MEMBERS STRONG

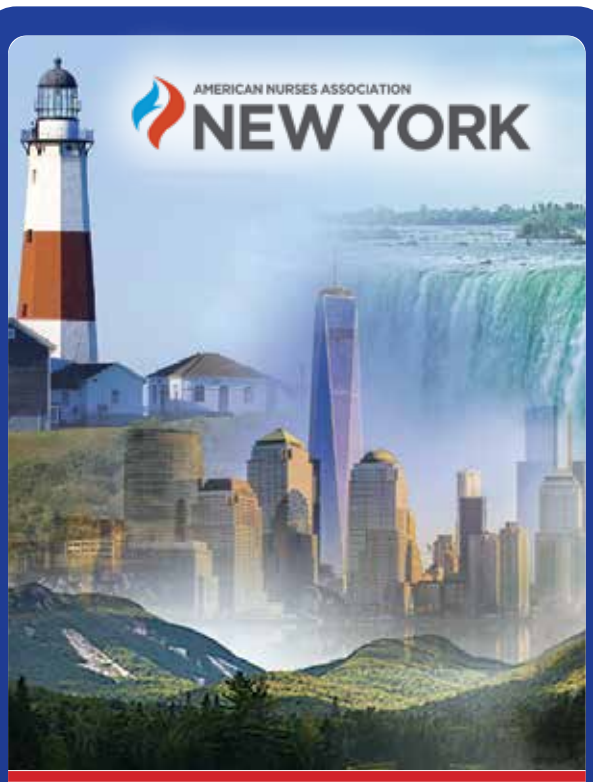
Like us on Facebook:
https://www.facebook.com/AmericanNursesAssociationNY/

Follow us on Twitter:
@newyork_ana

Follow us on Instagram:
@ana_ny2019

Follow us on LinkedIn:
American Nurses Association-New York





ANA-NY Board of Directors

Officers:
Marilyn Dollinger, DNS, FNP, RN
President

Tanya Drake, MS, RN
Vice President

Kimberly Velez, MSN, RN
Secretary

Phyllis Yezzo, DNP, RN, CPHQ
Treasurer

Directors:
Sarah Miner, PhD, RN
James Connolly, MSN, RN
Giselle Gerardi, PhD, RN, RNC-OB, C-EFM
Seon Lewis-Holman, DNP, RN, NEA-BC, NPD-BC, ACNS-BC
Theodora Levine, DNP, RN, M.Ed., NEA-BC

Article Submission

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

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

Advertising: for advertising rates and information please contact Health eCareers, HEC_Nursing_Info@healthecareers.com. ANA-NY and Health eCareers, reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by ANA-NY of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ANA-NY and Health eCareers, shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ANA-NY or those of the national or local associations.

PRESIDENT'S MESSAGE

Marilyn L. Dollinger, DNS, FNP, RN

The 2023 ANA Leadership Summit held Dec. 5-7 in Washington D.C., brought Presidents and Executive Directors/ CEOs of the constituent and state nurses associations (C/SNA) together to discuss current issues and get ANA updates on initiatives addressing these.

There are three topics that I want to update you on: Project MZ, Valuing the Professional Nurse, and Nurse Staffing.

Project MZ

The goal for Project MZ (Millennial and Z Generations) is to identify and understand the needs of the MZ generations of nurses so ANA and state organizations can deliver innovative strategies to invigorate the engagement of these new nurses to ensure their success. Just a reminder, Millennials were born between 1981-1996 and Gen Zs were born between 1997-2012.

Twenty-four volunteers from the C/SNAs are working with ANA staff and other experts to gather data. So far, 17,000 RNs have been interviewed, stakeholder retreats were held to gather qualitative data, and the project team continues to gather data and learn from the over 100,000 MZ nurses—both members and non-members—in the project database. Key insights from the surveys and interviews done so far include:

- MZ nurses do not feel valued, included, listened to-- they do not feel like they "fit in".
- ANA and state organizations are not the problem, but these new nurses do not see these organizations as part of the solution either.
- Recommendations from these nurses include the need for more transparent communication on mobile devices, not email, and more video-based social media.
- MZ nurses want ANA to take "bold" advocacy actions.
- The "tipping point" issues for MZ nurses are staffing, mental health care, student debt, greater inclusion, appreciation and support, and work-life balance.

Stay tuned for more detailed updates about Project MZ in the 2024 ANA-NY newsletters.

Valuing the Professional Nurse

How the economic value of nursing care can be determined is one of the most challenging issues related to the value of nursing services in health care.

There are a variety of initiatives at the national level to strategize how direct reimbursement for nursing services might be implemented. If reimbursement for nursing services was unbundled from room and board (current payment model) and reimbursed to hospital systems specifically for the care delivered, nursing services would show up on the revenue side of a hospital system budget and not just as a salary cost on the expense side. ANA has made it clear that for future innovation to succeed, the economic value of the care delivered by nurses must be transparent. A first step in laying the groundwork for this is having all RNs apply for a National Provider Identifier (NPI) (whether RNs bill for direct reimbursement or not).

https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/npi/

Here is an explanation of the NPI from CMS:

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

https://www.cms.gov/medicare/regulations-guidance/administrative-simplification

Changing how nursing services are reimbursed is a long-term initiative, but "if not now, when? If not ANA, who?"

Get started and do your part. How do you apply for an NPI? Use this link: https://nppes.cms.hhs.gov/#/

Nurse Staffing

In the past, ANA recommended that individual hospital staffing committees propose unit specific requirements using ratios to determine appropriate staffing. The 2021 acute care staffing bill passed in New York State follows this model.

However, many states have not been able to pass any kind of safe staffing legislation and C/SNAs across the nation strongly advocated for ANA to take a leadership role in this policy process. Unsafe staffing is a significant cause of nurse burnout and a deterrent for new RNs to stay in acute care settings.

This November, after more than 20 years of federal advocacy for appropriate staffing strategies with minimal impact, ANA announced support for the ***Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act of 2023*** **H.R. 2530 (Schakowsky D-IL-9)/S. 1113 (Brown D-OH).** This bill calls for staffing ratios. ANA determined that by "being at the table" and participating in discussions about this federal staffing bill, the advocacy team will have greater leverage to bring additional RN-driven solutions to the hospitals' and government regulators' attention. They will also have the opportunity to influence amendments and the final version of the bill. Watch for updates on the staffing bill and follow the process using this link: https://www.nursingworld.org/practice-policy/nurse-staffing/

ANA-NY will continue to update members and all RNs in New York about the advocacy work that ANA is doing. Make sure you open the ANA-NY weekly "Thursday updates" to get the latest news!

pictures continued from page 1

"Developing a Philosophical Identity" Keynote by John Perricone

"Lighting the Way with Affirming Care During Dark Times" by Dallas Ducar

President's Awardee Kenya Beard (center) with President Marilyn Dollinger (left) and ED Jeanine Santelli (right)

President's Awardee Lauren Lodico (right) with President Marilyn Dollinger (left)

LEGISLATIVE UPDATE

By Amy Kellogg and Caiti Anderson

Tuesday, November 7 was Election Day in New York. Since it is an odd-numbered year, most races on the ballot were for local elections. There were also two proposed amendments to the New York State Constitution that appeared on the ballot as statewide voter referendums. Voters approved both Constitutional Amendments. The first Constitutional Amendment will allow small-city school districts to borrow more money. The second Amendment will allow municipalities to exclude from their debt limits indebtedness for the construction or reconstruction of sewage facilities until 2034.

In addition to the Constitutional Amendments, there were a number of local elections that occurred. In Suffolk County, Republican Ed Romaine and Democrat David Calone ran to replace county executive Steve Bellone, a Democrat, who reached his term limit. Romaine beat Calone, garnering 56% of the roughly 26,000 votes. Another closely watched county executive race took place on the other side of the State in Erie County. Democrat Mark Poloncarz, the three-term incumbent, beat Republican challenger Chrissy Casilio, becoming the first Erie County Executive to be elected to a fourth term.

The end of this election officially marks the countdown to the 2024 elections, which will take place on Tuesday, November 5, 2024. Not only is it a Presidential election year, but all 213 seats in the New York State Senate and Assembly and all 26 seats in the U.S. House of Representatives will be on the ballot. Additionally, New York's U.S. Senate seat, currently held by Senator Kirsten Gillibrand, will be up for election.

Beyond the election, we are still wrapping up legislative issues from the 2023 session. Of the over 400 bills we are tracking for ANA-NY, 22 passed both houses this year. There are still eight bills waiting to be sent to the Governor for her to act on. This is not unusual because the Governor's staff needs time to review the legislation before making recommendations for the Governor. The Governor has until December 31, 2023, to act on the bills awaiting her signature.

One of the bills awaiting the Governor's action relates to biomarker testing. As it is currently written, this bill would require New York State health insurance policies and Medicaid to cover patient biomarker testing. This bill would help improve patient outcomes by addressing disparities in health equity by making biomarker testing more widely available. ANA-NY supported this bill with a broad coalition of other groups advocating for this expansion of patient testing. We aren't certain of the Governor's position at this point, but we will continue to work with the patient advocacy groups and healthcare professional organizations to advocate for her to sign the bill into law.

Further, as we wrap up our legislative work from the 2023 session, we are preparing for the imminent beginning of the 2024 session, which begins on Wednesday, January 3, 2024. At the Annual Meeting in November, the membership voted to approve the 2024 legislative priorities. There are five pillars of the legislative priority list: safe staffing, public health and health equity prioritization, education, ensuring future pandemic readiness, and health care reform. These guiding principles will shape the work we do during the upcoming legislative session.

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

If you have any questions about the legislative process or the priorities of ANA-NY, please contact a member of the Legislative Committee. As always, we welcome your questions, thoughts, ideas or comments on legislation or the bill track.

FROM THE DESK OF THE HISTORIAN

A Retrospective of 2023 Articles

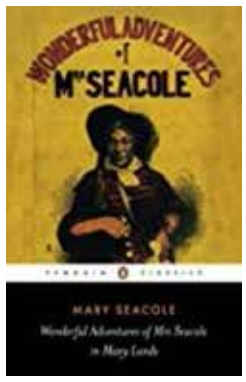
Gertrude B. Hutchinson, DNS, RN, MA, MSIS, RN

Happy New Year 2024!!! As of press time, finals are in full swing, and grading final papers and reflections are a daily occurrence. As I read my students' reflections, I started to reflect back over the articles shared with you in my column over the last year. So please indulge me as I share my reflections with you, the members of ANA-NY and readers of this column.

Last January, the column was on a hiatus. Writing for each column is one or two months ahead of publication. My thoughts in February 2023 (published in the April issue) reflected on the contributions of many nurses of color in honor of Black History Month.

The contributions of the late Dr. Hattie Bessent led off the column. I wrote, "She was a psychiatric nurse, a nurse educator, an international advocate for raising awareness of the health and wellness, or the lack thereof, in communities of color in America and around the world. In 2005, Dr. Bessent authored *The Soul of Leadership* shed the spotlight on why leadership is so important and exactly what leadership is. She also brought 11 nursing leaders of color into the foreground of discussion and emphasized the principles of leadership and why leaders must have souls to be effective, transformational, and servant leaders.

Spring semester 2023 found me involved in co-teaching an honor's course here at Russell Sage College with Dr. Tonya Moutray entitled, "Ill-behaved Women, Nursing in Literature." Women religious and secular women involved in nursing were subjects of literature and discussion to promote learning. One of those nurses was Mrs. Mary Seacole.



Mental health and early medical breakthroughs by women also graced that column.

July and October's columns connected to each other about remembrances. I started out July's columns with these words: "As I thought about this column, written in May [2023] and sent to you in July, my thoughts turned to Memorial Day, Juneteenth, and Independence Day and the vital roles nurses have played in caring for the members of our armed forces." In that column, many familiar nursing names and photos: Clara Barton, Mary Ann "Mother" Bickerdyke, Susie King Taylor, Dorothea Lynde Dix populated the column. I introduced readers to Walt Whitman and Louisa May Alcott – better known to many as the poets of *Leaves of Grass* (1855), *O Captain! My Captain!* (1865) and *Hospital Sketches* (1863) – but not so well known as nurses in the American Civil War.

October's issue wrapped up the year remembering nurses from the 20th Century. Just as in 1914 when the Great War involved the world dubbed as "the war to end all wars," our world continues to be in turmoil and warfare as I write this column. Remembering back just a few short months ago, Ailene Cole, Susan Boulding, Lillian Spears, Jeanette Minnis, Sophia Hill; Marion Brown (Seymour), Jeannette West; Clara Rollins and Lillian Ball - nine of 18 nurses trained in the ANC for WWI service – served stateside at Camp Sherman.

As I wrote about Col. Francis Liberty and Maj. Helen Vartigian, memories of conversations about "Lib" and conversations with Helen came rushing back into my mind. Every time I think of Helen, I hear her say, "Hey Toots. How ya doing?"

Finally, the Chi Eta Phi Sorority celebrated its October founding and when writing about the "12 Jewels" who founded Chi Eta Phi, my memories turned to Mrs. Bessie Cephas – my Jr. High and Sr. High School Nurse. I remember her soft voice, her strong character, and the love she had for nursing and for her students.

Hope you enjoyed this *Retrospective* as much as I did writing it. Signing off for now, Trudy.

ORGANIZATIONAL AFFILIATE SPOTLIGHT

The Professional Nurses Association of South Central New York (PNASCNY)

The Professional Nurses Association of South Central New York (PNASCNY) was established in 1934 under the title of NY State District 5 (NYSNA). The official name change did not occur until 2014 when the Board of Directors and members of District 5 formally transitioned to what we are known as today. The PNASCNY has been affiliated with ANA-NY since August of 2015.

Our Mission Statement. The Professional Nurses Association of South Central NY mission is to foster high standards of nursing, promote the professional and educational advancement of nurses, and advocate for the welfare of nurses to achieve the outcome of better health for all.

We are proud to provide and facilitate networking opportunities and education to the general nursing community throughout Broome and Tioga Counties. This year we were able to host four events, beginning in January with our Nurse's Night Out, featuring networking, appetizers, music, and basket raffles.

In May, we hosted our 38th Nurse's Day Breakfast. Hosted at a local hotel, this event drew hundreds of participants including area nurses, nursing students, organizational leaders, local and state political representatives, and 25+ vendor tables. During this year's event, the PNASCNY presented two $1000.00 scholarships to area students, one in high school and the other at Suny Binghamton. We held the PNASCNY Honored Nurse Awards in May of this year. Each year our board members and officers distribute, collect and review nominations from area health organizations. We select recipients of the 3 categories, PNASCNY Aspiring Nurse Award, PNASCNY Nursing Practice Award, and PNASCNY Advocacy Award.

The PNASCNY finished the year with two educational dinner presentations. We were grateful to have Marilyn Dollinger, DNS, RN, and ANA-NY President in October to speak on Advocacy and the NCSBN Enhanced Nurse License Compact. Most recently, we had guest speakers Dr. Ann Teng DO, MPH, and Kayla Velie MS educate on Mental Health of Frontline Nurses and Wellbeing.

The PNASCNY is open to all Registered Nurses that work or live in Broome and Tioga Counties. Educational opportunities and our Nurses Day Breakfast is open to all. For more information, search for us or email us at Professionalnursesscny@gmail.com.

BOARD BUZZ

The Board of Directors met in October 2023 and because of the 11th Annual Conference and installation of newly elected officers, the outgoing and incoming board members convened over a "Meet and Greet" luncheon.

In October 2023 on behalf of our members, the Board of Directors:

- Received an update on the program and plans to date for the 11th Annual Conference this November at Turning Stone. To date, 10 sponsors and 30 exhibitors are committed to this conference. At this time, registration is improving. All members are encouraged to attend as the program shows it will be quite an interesting conference. As last year, there will be a Silent Auction with many fantastic items.
- Recognized the service of Susan Chin and Trudy Hutchinson as they are completing their terms of service to ANA-NY.
- Received President Dollinger's report highlighting her acceptance on behalf of ANA-NY of the 2023 Nightingale Award from the Center for Nursing in Guilderland, NY as well as her Keynote at the Eva Allerton Nursing History Lecture at the Academy of Medicine Archives in Rochester, NY.
- Treasurer's Report showed income above budgeted and expenses below budgeted for the year. Our investments are doing well and Treasurer Yezzo thanked the staff for helping to maintain the organization's fiscal wellbeing. A draft budget will be presented at the December board meeting.
- As ED Santelli has been communicating with the Nurses Honor Guard, she encouraged the Guard to obtain 501(c)3 status. As costs range from $2000-5000, following discussion, the Board voted to underwrite the cost of the Nurses Honor Guard obtaining 501(c)3 status.
- President Dollinger continues meeting with our organizational affiliates (OAs) to strengthen our connections and learn how ANANY can best serve them.
- The Board accepted and passed a motion to approve an ANA-NY letter of support for the Northwell Health Advancing Nursing Careers Experience Program.
- The Board accepted and passed a motion to approve the Finance, Legislation, Nominations & Elections, Awards, and Program Committee rosters. Remaining committee rosters for Audit, Bylaws, and Nursing Education will be approved by email vote.

COMMITTEE SPOTLIGHT

Nominations & Elections Committee

To become a member of the Nominations & Elections Committee you will need to nominate yourself to be on the ballot. These elected members typically meet two or three times a year during the Spring and Summer to put together the ballot and to review the elections results. Periodically the committee will review relevant policies and procedures to assure that they are current and relevant for ANA-NY. Nominate yourself to be on the ballot for this committee if you want to encourage broader representation on the Board of Directors.

The 2024 members of the Nominations & Elections Committee are:

Chair – Daryl Sharp, PhD, RN, FAAN

As the founding Senior Director of Care Management for Accountable Health Partners (AHP) and the University of Rochester Medical Center (URMC), Dr. Sharp led the design and development of a care management infrastructure to support a clinically integrated network of more than 2000 physicians and their practice teams as well as 11 hospitals across Upstate NY. After transitioning to a Senior Advisor role for AHP/UR Center for Community Health & Prevention (CCHP) in 2021, she led the creation and evaluation of a model of trauma-informed primary care as a key strategy for advancing health equity throughout the network. Prior to her work with AHP/URMC, Dr. Sharp was the founding Director of the Doctor of Nursing Practice Program at the University of Rochester School of Nursing. An advanced practice psychiatric nurse, she worked with the inaugural interprofessional team at the CCHP to integrate the basic tenets of self-determination theory into clinical interventions aimed at supporting health behavior change. Dr. Sharp also led national nursing efforts to apply this model of health behavior change to those living with serious mental illness and is a Fellow in the American Academy of Nursing.

Kunsook Bernstein, PhD, RN, PMHNP-BC, FAAN

Dr. Bernstein is a Professor Emerita, Hunter-Bellevue School of Nursing, City University of New York. She retired in 2020, and since then has published the textbook titled "Psychiatric Mental Health Assessment and Diagnosis of Adults for Advanced Practice Mental Health Nurses." Dr. Bernstein has continued her professional activities by mentoring young nurses through various nursing organizations, and promoting nurses who are recognized to be excellent and exceptional nurse professionals by nominating them for various awards. Her devotion to help minority nurses, especially Korean American nurses are well recognized and respected among the Korean American nurses.

Linda Scharf, DNS, RN

Dr. Scharf has had numerous Nursing Administration positions at Millard Fillmore Health System and Kaleida Health in Buffalo, NY. She has also served as CEO of the Visiting Nursing Association of Western New York as well as Surveyor for The Joint Commission. Presently Dr. Scharf is the Primary Nurse Planner for the Professional Nurses Association of Western NY.

Nadia Joseph, MSN, RN-BC, CNEcl

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

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

Trudy is currently an Assistant Professor of Nursing at Russell Sage College. She previously worked as an Adjunct faculty in the graduate program at SUNY Empire State College and was the Director of History and Education and Archivist at the Center for Nursing at the Foundation of New York State Nurses in Guilderland, NY. Dr. Hutchinson holds membership in numerous professional organizations such as: Sigma Theta Tau International Honor Society, and Phi Kappa Phi (life member); International Nurses Association; NLN and NYLN; ANA and ANA-NY, and currently serves as president of the Delta Pi Chapter #110 (RSC) of Sigma International Nursing Honor Society. She contributes to ANA-NY as Secretary and authors the "From the Desk of the Historian" for the ANA-New York Nurse Newsletter. Dr. Hutchinson earned her Doctor of Nursing Science in Leadership and Education from The Sage Colleges School of Health Sciences, a MA in History and MS in Information Systems (MSIS) both from SUNY Albany, a BA in History from California State University, San Bernardino, and her Diploma in Nursing from United Hospital SON. She has an extensive background in critical care, neonatal, emergency department, and air & ground CCT. She held national certifications - CCRN and CEN - until her departure from the acute care setting to pursue graduate education. She received the Faculty DAISY award (2023), and the NYONEL Northeast Region's Leadership Award (2015). Her areas of research focus on nursing leadership, women and oral history; military nursing; and nursing education. She has presented widely in the Capital District of NYS and at national and international conferences on her research. She has written numerous articles and papers including her dissertation, Unsung Heroines' Roles in Establishing Nursing Training Schools in the Upper Hudson Valley of New York State, 1872-1930, and the Foreword for William Patrick's book, The Call of Nursing: Stories from the Front Lines of Health Care.

ORGANIZATIONAL AFFILIATES

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

Chi Gamma Chapter Sigma

Greater New York City Black Nurses Association (GNYCBNA)

Genesee Valley Nurses Association (GVNA)

Mohawk Valley Nurses Association (MVNA)

New York League for Nursing (NYLN)

New York State Association of Nurse Anesthetists (NYSANA)

New York State Association of School Nurses (NYSASN)

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

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

Philippine Nurses Association of New York (PNANY)

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

Professional Nurses Association of Rockland County (PNARC)

Professional Nurses Association of Suffolk County (PNASC)

Professional Nurses Association of South Central New York (PNASCNY)

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

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

Here are some benefits: 1. A discount on exhibiting at ANA-NY's annual conference; 2. Attendance at ANA-NY's annual conference at a member registration rate for the OA's representatives; 3. The right of OA's RN liaison to attend and speak at ANA-NY's governing assembly, without vote; 4. A link with your logo on ANA-NY's website with recognition of OA status; 5. Access to professional development opportunities for OA's members and staff; 6. Access to experts in a variety of nursing specialties; 7. Opportunities to network with ANA-NY members across New York State; 8. Access to speakers from the membership on a variety of nursing topics; 9. Preferred sponsorship opportunities at special events and other programs; 10. A complimentary subscription to ANA-NY's quarterly newsletter for your members.

Register online:
https://form.jotform.com/73165345530150

Queries: contact membership@anany.org for more information.

NO KIDDING

Which Body Parts can be Both Sweet and Rotten at the Same Time? Teeth

Connie J. Perkins, PhD, RN, CNE

In nursing school, dental lessons may be found in community health, pediatrics, anatomy and physiology, or part of learning about substance use disorders or cardiac diseases. Nurses certainly understand the connection between dental health and overall wellness, but that is typically where the lessons end. After graduation, this trend continues. Electronic health records typically don't require documentation on our patient's teeth as part of our system assessments. But there is so much more to teeth than appearance or their gateway to the rest of the body. As the mother of a 5-year-old, I found myself intrigued to learn more about teeth when my daughter lost her first tooth this past August. We were on vacation, so the typical tooth fairy process didn't happen. We still put the tooth under her pillow in exchange for a dollar, but I didn't know if I really wanted to keep her teeth beyond the first one she lost. So, I did what nurses do best on our long trip home: research. Teeth are made of three layers of tissue: hard tissue enamel, soft tissue dentin, and pulp (Coast Dental & Orthodontics, 2023). I thought to myself, tissue contains so much data about a person, so can't teeth be used to understand and solve health problems? Within just a few minutes with my favorite research assistant, Google (no judgement, I am a millennial after all), I found *The Dunn Lab* and *The Science Tooth Fairy*. The Dunn Lab is located in Boston, Massachusetts and works to identify strategies to prevent depression and promote brain resilience across the lifespan (The Dunn Lab, n.d.). One way that they accomplish this is by exploring baby teeth for biomarkers (The Dunn Lab, n.d.). I reached out to Dr. Erin Dunn, principal investigator with expertise in genetics and epigenetics, to see how Rubi and I could get involved. Not only did she respond quickly, but she mailed us out a copy of *The Science Tooth Fairy* to read to my daughter and now we have a new tradition in our household. In the book, it teaches children about what teeth are made of, how sending their teeth in can be used for research and outlines the mailing process (Rzonca, 2019). When my daughter loses a tooth, we mail the tooth to *The Dunn Lab* to help build a biobank of teeth from children growing-up during the COVID-19 pandemic. By studying the enamel for growth markers, scientists can measure "…the presence and timing of childhood adversity, a major risk factor for psychiatric and physical health concerns in the future" (Brown, 2020). Nurses know how key early detection and treatment is for the overall health of our populations, so I can't wait to read what they find. I even wonder if one day it'll be standard-operating-procedure to send in baby teeth for evaluation and early intervention. When it comes to the tooth fairy, in the Perkins' household she's a scientist and we are excited to be part of building the biobank that may just be the key to physical and mental health.

Brown, N. R. (2020, January 7). Baby Teeth May Signal Risk of Psychiatric Disorders. https://giving.massgeneral.org/stories/baby-teeth-stress-research/

Coast Dental & Orthodontics (2023). The Anatomy of a Tooth. https://www.coastdental.com/blog/the-anatomy-of-a-tooth

Rzonca, Kenzie & The Dunn Lab (2019). The Science Tooth Fairy. Erin Dunn

Teeth for Science (n.d.). Why Teeth? https://teethforscience.com/why-teeth

The Dunn Lab (n.d.). Exploring Baby Teeth as Novel Biomarkers of Mental Health Risk. https://www.thedunnlab.com/currentstudies/teeth

The Importance of Getting it Right: Community Health Baccalaureate Nursing Education

Melissa Davis, DNP, RN

The Association for Prevention Teaching and Research (APTR) has recently offered nursing an opportunity to participate in United States federal health education goals. Community health nursing academics are invited to participate in an initiative to construct a universal and multidisciplinary population health educational framework, the Clinical Prevention and Population health Curriculum Framework *(Healthy People Curriculum Task Force - Association for Prevention Teaching and Research (APTR),* n.d.). This framework will foster Healthy People 2030 goals and function as a suggested curricular standard for community health education for multiple disciplines: nursing, medicine, dentistry, nurse practitioners, and more.

At the same time, as is widely known, the National Council of State Boards of Nursing (NCSBN) has launched the new Next Generation NCLEX licensure examination, which aims to better measure candidates' critical thinking and complex decision-making abilities *(Next Generation NCLEX (NGN),* 2023). Increasingly difficult and complex NCLEX questions challenge nursing programs to adequately prepare students and ensure examination success.

It is possible that this change has affected nursing education programs in the community health /population health (CH/PH) arena. Because programs feel pressured to prepare graduates for the new NCLEX, they may discard community health examination questions in favor of 1:1 nurse-to client, clinical items which are "on the NCLEX". Is this a valid assumption? The answer is not simple.

In fact, community health concepts are evaluated on the NCLEX examination. Evaluated baccalaureate nursing competencies include, but are not limited to:

- "Assess and educate clients about health risks based on family, population, and community.
- Plan and/or participate in community health education.
- Assess client ability to manage care in home environment and plan care accordingly" (NCSBN, personal communication, August 16, 2023).

Other baccalaureate public health concepts such as health care finance, epidemiology, and policy development may not be evaluated explicitly on the NCLEX examination. However, they are significant to individual and population health, and therefore may have an indirect bearing on reasoning required to answer NCLEX items. Systems thinking engendered by CH/PH study is integral to the *thought process* needed for the NCLEX: analysis. In addition, liberal arts skills of questioning assumptions and making decisions unique to the discipline of nursing are fostered by CH/PH study.

Well-educated CH/PH professional nurses are able to situate health, illness, and nursing in a broader context. They are prepared to use their knowledge to advocate for better health for all people. As professionals, nurses have a fiduciary responsibility to the vulnerable, to our clientele. We need to move beyond the bedside, beyond 1:1 nursing care perspectives. We need to formulate and share our unique nursing vision widely. Wider perspectives help to provide vision, problem-solving capacity, and movement beyond the bedside to community and population innovation.

This emphasis is important for several reasons. United States culture continues to embrace and value tertiary intervention for many health conditions, rather than primary and secondary preventive measures. At the same time, United States health care outcomes are suboptimal and costly (The Commonwealth Fund, 2023). Our population continues to diversify and manifest myriad health disparities (*Health Disparities | DASH* | CDC, 2023). Perhaps most pointedly, the need for CH/PH education which fosters wider systems, upstream thinking is explicitly supported by the 2021 AACN Baccalaureate Nursing Essentials report (AACN, 2021).

As nurses, we have a duty to address health inequities (American Nurses Association, 2018) and strive to improve health equity via policy change and advocacy (Engineering and Medicine National Academy of Medicine Committee National Academies of Sciences, 2021).

Probable future direction to foster awareness and value for CH/PH education include open dialogue and raising of awareness about this issue within the profession in interdisciplinary discussion. In addition, nursing academia needs to value and advance high quality CH/PH nursing content for all graduates. Lastly, to bridge gaps in NCLEX coverage of CH/PH concepts. nursing academics need to step up their involvement of volunteer NCLEX item construction involving CH/PH content.

In conclusion, we must not lose sight of CH/PH education's purpose for nurses and the profession. CH/PH education is invaluable to us as we embrace our opportunities and obligations in improving health for all people. We *must* get it right.

Engineering And Medicine National Academy of Medicine Committee National Academies of Sciences. (2021). *FUTURE OF NURSING 2020-2030: charting a path to achieve health equity.* National Academies Press.

Health Disparities | DASH | CDC. (2023, May 26). Www.cdc.gov. https://www.cdc.gov/healthyyouth/disparities/index.htm#

Healthy People Curriculum Task Force - Association for Prevention Teaching and Research (APTR). (n.d.). Www.aptrweb.org. Retrieved September 14, 2023, from https://www.aptrweb.org/page/HPC_Taskforce.

NCSBN. (2023, August 16). *Clarification needed re: Community health Content/NCLEX* [Email to Melissa Davis].

Next Generation NCLEX (NGN). (2023). NCLEX. https://www.nclex.com/next-generation-nclex.page

The Commonwealth Fund. (2023, January 31). *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes.* Www.commonwealthfund.org; The Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022

(2021). *The essentials: core competencies for professional nursing education* (pp. 1–82) [Review of *the essentials: core competencies for professional nursing education*]. American Association of Colleges of Nursing. https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf

ANA-NY/ANA Membership Activation Form

AMERICAN NURSES ASSOCIATION NEW YORK ANA AMERICAN NURSES ASSOCIATION

Essential Information

First Name/MI/Last Name

Date of Birth Gender: Male/Female

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone Number *Check preference:* ☐ Home ☐ Work

City/State/Zip

Email address

County

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

Professional Information

Current Position Title: (eg: staff nurse)

Employer

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

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

Type of Work Setting: (eg: hospital)

Practice Area: (eg: pediatrics)

Ways to Pay

Monthly Payment $15.00

☐ Checking Account *Attach check for first month's payment.*

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

Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.

Monthly Electronic Deduction | Payment Authorization Signature

I understand that I may cancel this authorization by providing ANA written notice seven (7) 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.

Annual Payment $174.00

☐ Check ☐ Credit Card

Membership Dues (Price reduced to $15 monthly/ $174 annually)

Dues: .....$

ANA-PAC Contribution (optional) .....$

American Nurses Foundation Contribution (optional) .....$

Total Dues and Contributions.....$

Credit Card Information ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card Number Expiration Date (MM/YY)

Authorization Signature

Printed Name

Credit Card Billing Address

City, State Zip

Please note: $49 of your membership dues is for a subscription to *American Nurse Today*. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with your State Nurses Association for the correct amount.

For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 284-2378 or e-mail us at memberinfo@ana.org

Online Join instantly at **JoinANA.org**

Mail ANA Customer & Member Billing PO Box 504345 St. Louis, MO 63150-4345

Phone 1 (800) 284-2378

Fax (301) 628-5355

Five Things We Learned About Alzheimer's in 2023

2023 was a landmark year for Alzheimer's disease research, including advancements in treatment, risk factors and diagnosis of Alzheimer's and other dementias. In this new era of Alzheimer's treatments, here are five significant discoveries from this year:

There are now three newly approved treatments for Alzheimer's, with a fourth on the way.

In July 2023, the U.S. Food and Drug Administration (FDA) granted traditional approval for Leqembi for treatment of mild cognitive impairment due to Alzheimers and mild Alzheimer's dementia. This treatment, while not a cure, slows cognitive decline and can give people with early Alzheimer's more time to maintain their independence.

Back in June 2021, the FDA granted accelerated approval to Aduhelm for the same purpose. At the Alzheimer's Association International Conference (AAIC) in July 2023, Eli Lilly reported positive results for a third treatment — donanemab — in that same population. The company expects FDA action by the end of 2023.

In May, the FDA approved brexpiprazole for agitation in people with Alzheimer's disease. This is the first FDA-approved treatment for Alzheimer's-related agitation, which is experienced by about 45% of Alzheimer's patients. According to research published in May 2023, there are more than 140 therapies being tested that target multiple aspects of Alzheimer's.

Hearing aids could slow cognitive decline for at-risk older adults.

In the largest clinical trial to investigate whether a hearing loss treatment intervention can reduce risk of cognitive decline, researchers found that older adults with hearing loss, who were at higher risk of cognitive decline, cut their cognitive decline in half by using hearing aids for three years.

The three-year intervention included use of hearing aids, a hearing "toolkit" to assist with self-management, and ongoing instruction and counseling with an audiologist. Though the positive results were in a subgroup of the total study population, they are encouraging and warrant further investigation. The researchers found that the hearing intervention also improved communication abilities, social functioning and loneliness.

Blood tests for Alzheimer's are coming soon, and could improve diagnosis and treatment.

Blood tests show promise for improving, and possibly even redefining, how Alzheimer's is diagnosed in the future. Advancements reported for the first time at AAIC 2023 demonstrate the simplicity — perhaps just a simple finger prick! — and value to doctors of blood-based biomarkers for Alzheimer's.

These findings are timely with the recent FDA approvals of Alzheimer's treatments where confirmation of amyloid plaque buildup in the brain and ongoing monitoring are required to receive the treatment.

Blood tests are already being implemented in Alzheimer's drug trials for further proof of their effectiveness. And they are incorporated into proposed new diagnostic and staging criteria for the disease. Blood tests — once verified, and approved by the FDA — would offer a noninvasive and cost-effective option in identifying blood-based markers for the disease.

First-ever U.S. county-level Alzheimer's prevalence estimates.

The first-ever county-level estimates of the prevalence of people with Alzheimer's dementia — in all 3,142 United States counties — were reported at AAIC 2023. For counties with a population of 10,000 or more people age 65 or older, researchers estimate the highest Alzheimer's prevalence rates are in:

- Miami-Dade County, FL (16.6%)
- Baltimore City, MD (16.6%)
- Bronx County, NY (16.6%)
- Prince George's County, MD (16.1%)
- Hinds County, MS (15.5%)

The researchers identified certain characteristics that may explain the higher prevalence in these counties, including older average age and higher percentages of Black and Hispanic residents. According to the Alzheimer's Association, these stats can help public health officials determine the burden on the health care system, and better pinpoint areas of high risk and high need — for example, for culturally-sensitive health support and caregiver training services.

Chronic constipation is associated with poor cognitive function.

Approximately 16% of the world's population struggles with constipation. That prevalence is even higher among older adults. This year, researchers reported that less frequent bowel movements were associated with significantly worse cognitive function.

Compared to those with bowel movements once daily, people with bowel movements every three days or more had worse memory and thinking equal to three additional years of cognitive aging. These results stress the importance of clinicians discussing gut health, especially constipation, with their older patients, including how to prevent constipation.

To learn more about Alzheimer's disease research advances, plus available care and support — and to join the cause or make a donation — visit the Alzheimer's Association at www.alz.org. Together we can end Alzheimer's disease.

EVIDENCE YOU CAN USE

Preoperative Fasting

Rona F. Levin, PhD, RN

Using research and/or other types of evidence to guide our nursing practice has become a necessity to improve patient care and decrease healthcare costs. Yet, many healthcare providers/agencies still resist using the latest evidence to guide/change clinical practice. Case in point: preoperative fasting. As recently as 2018, a study by Mohan et al. found that nurses thought continuing education regarding preoperative fasting might benefit them.

Research on the time needed to fast prior to surgery or other invasive procedure of any kind has been available for over 20 years; for example, see Brady et al. (2003). The American Society of Anesthesiology (ASA) revised its preoperative fasting guidelines in 1999 to include less stringent parameters for intake of liquids and solids prior to surgery. Yet it has taken at least ten more years to have the fasting protocols revised in most guidelines (e.g., American Society of Anesthesiologists, 2017; 2023).

In 2002, Crenshaw, writing in the American Journal of Nursing described the state of the art. The results of interviews with 155 patients in one hospital indicated that they received instructions to fast after midnight the day of surgery.

An interesting footnote to all of this is that as far back as 1883, Lister recommended that patients should drink clear liquids until about 2 hours prior to surgery.

Despite the existence of evidence-based guidelines to the contrary, common practice remains in many agencies for preoperative patients to fast completely after midnight the day of surgery, whether the surgery is major or minor, whether the patient will undergo general anesthesia or receive a local anesthetic, and/or whether the time of surgery is 7 am or 2 pm.

The original reason for the traditional practice of "NPO after midnight" before an operative procedure was to decrease the potential for aspiration pneumonia (AS) as a result of possible emesis during anesthesia. The thinking was that if there is no or limited gastric contents, any nausea would result in dry heaving. Evidence has shown that changing such a protocol to lessen the time of fasting, particularly for clear liquids, does not significantly change the risk of aspiration of gastric contents (American Society of Anesthesiologist, 2017, 2023; Liddle, 2022). Important for nursing practice is that the research and guidelines I cite in this article are for otherwise healthy adults or children. There are other guidelines for patients with certain health conditions, pregnant women.

Combining the evidence with clinical experience and patient values and preferences, which is the definition of evidence-based practice (EBP), the following are personal experiences to demonstrate the current state of the art and science in nursing and healthcare. I have been a "preoperative patient" in the last couple of years and have experienced the preoperative orders of no food or drink past midnight, whether my surgery was scheduled for 7 a.m., 10 a.m. or 2 p.m., whether it included going under a general anesthetic or receiving a local anesthetic and being awake, or prepping for a radiologic procedure such as a CT scan.

Knowing the evidence on preoperative fasting, I started to research and develop my own preoperative protocol based on the evidence. When I questioned my "providers" (both physicians and nurses) about the preoperative/preprocedural fasting protocols, they were unaware of current evidence and guideline protocol, or were aware but the protocols in their agency had not been updated and thus they could not deviate from protocol.

First and foremost, we need to question our nursing practices, and consider the need to personalize guidelines based on our patients level of health and situation, and the type of procedure and the anesthetics involved (or not). For example, if a patient is undergoing a superficial needle biopsy using local anesthetics, there is no need for the same protocol as if the patient were having more invasive surgery with general anesthesia. I have, however, found no difference in the preoperative fasting guidelines at several medical centers between major and minor surgeries.

ASA clinical guidelines (2017 and 2023) based on over 20 years of accumulated evidence make the following recommendations for otherwise healthy adults based on at least moderate strength of that evidence (see Table 1):

1. **Fasting intake of clear fluids** is **two hours** prior to induction with anesthesia (ASA, 2017).
2. Healthy adults drink **clear liquids containing carbohydrates**, simple or complex **two hours prior to procedures** requiring general or regional anesthesia or procedural sedation (strong evidence, 2023).
3. **Fasting for non-human (or cow's) milk and a light meal is six hours** prior to induction.

There is also a recommendation in the ASA 2023 Update regarding chewing gum:

"We suggest not delaying elective procedures requiring general anesthesia, regional anesthesia, or procedural sedation in healthy adults who are chewing gum (p. 139). The strength of evidence for this recommendation, however, is very low.

For infants and children, the ASA 2023 recommendation is to allow clear liquids in children up to as close as possible to two hours prior to procedures. There is ongoing research as to allowing clear liquids up to one hour prior to procedures; however, there is insufficient evidence at this time to support such a practice. More research is also needed in order to make moderate to strong recommendations about the effects of chewing gum up until the time of a procedure and the effects of using milk/cream in coffee or tea two hours before surgery. The goal of all of this research and practice recommendations is to keep patients as comfortable as possible during the preoperative procedure which includes abating hunger, thirst, and potential dehydration prior to operative or diagnostic procedures.

What all this means for nursing practice is that we can counsel patients about "NPO" preoperative fasting based on their individual appointments and preferences; this is especially important for nurses who are engaged in preoperative care. For example, if a patient is scheduled for an afternoon procedure (after 12 noon), there is no evidence-based reason for that person not to have a light breakfast at 6 or 7 a.m. that morning. Under any circumstances, the patient can drink clear fluids, preferably with a carbohydrate content to assuage hunger, until 2 hours prior to surgery.

References

Brady, M. C., Kinn, S., Stuart, P., & Ness, V. (2010). Preoperative fasting for adults to prevent perioperative complications (review). *Cochrane Database of Systematic Reviews 2003,* 4. Doi: 10.1002/14651858.CD004423.

Crenshaw, J. T., & Winslow, E. H. (2002). Original research: preoperative fasting: old habits die Hard. *American Journal of Nursing.*

Joshi, G. P., Abdelmalak, B. B., Weigel, W. A., Kuo, C. I., Stricker, P. A., Tipton, T., Grant, M. D., Marbella, A. M., Agarkar, M., Blanck, J. F., & Domino, K. B. (2023). 2023 American Society of Anesthesiologists Practice Guidelines for Preoperative Fasting: Carbohydrate-containing clear liquids with or without protein, chewing gum, and Pediatric fasting duration – A modular update of the 2017 American Society of Anesthesiologists Practice Guidelines for Preoperative Fasting. *Anesthesiology 138,* 132-151. doi: 10.1097/ALN.0000000000004318

Liddle, C. (2022). Preoperative fasting: Exploring guidelines and evidence to ensure consistent, high quality care. Nursing Standard, 37(12), 77-82. doi: 10.7748/ns.2022.e12033

Lister, J. (1883). On anaesthetics. In *Holmes system of surgery,* 3rd ed., Longmans Green and Co.

Mohan, S., Chakravarthy, M., George, A., Devanahali, A., & Kumar, J. (2018). Knowledge of Nurses about preoperative fasting in a corporate hospital. *The Journal of Continuing Education in Nursing, 49*(3), 127-131.doi. org/10.3928/00220124-20180219-07

Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures: An Updated Report by the American Society of Anesthesiologists Task Force on Preoperative *Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration* (2017). *Anesthesiology, 126*(3):376-393. doi: 10.1097/ALN.0000000000001452. PMID: 28045707.

Shivegowda, M., Chakravarthy, M., George, A., Devanahalli, A., & Kumar, J. (2018). Knowledge of nurses about preoperative fasting in a corporate hospital. *The Journal of Continuing Education in Nursing, 49*(3):127–13.

Table 1.
GRADE Strength of Evidence Definitions

GRADE	Interpretation
High	We are very confident that the true effect lies close to the estimate of effect.
Moderate	We are moderately confident in the effect estimate. The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	Our confidence in the effect estimate is limited. The true effect may be substantially different from the estimate of the effect.
Very low	We have very little confidence in the effect estimate. The true effect is likely to be substantially different from the estimate of effect.

GRADE: Grading of Recommendations, Assessment, Development, and Evaluation Framework
From Joshi et al. (2022), p. 135.

Do's and Dont's of Defensive Documentation

Documenting care is a basic nursing responsibility, but it's one that nurses often struggle with because of time constraints and challenges associated with electronic health records (EHRs), such as poor user interfaces that leave nurses unclear as to where to document findings. However, taking time to document correctly and completely provides the first line of defense should you be named in a lawsuit.

Consequences of poor documentation

Documentation issues can have serious legal consequences. The NSO/CNA Nurse Liability Claim Report (4th Ed.) found that failure to document or falsifying documentation increased in frequency and severity in 2020, compared to 2015 and 2021. The average total incurred professional liability claims by documentation allegations rose from $139,920 in 2015 to $210,513 in 2020.

Documentation issues also can impact your license; the board of nursing may take disciplinary action or even rescind a license in the case of documentation maleficence. The NSO/CNA report noted that about half (49.6 percent) of all license protection matters related to documentation involved fraudulent or falsified patient care or billing records. Most nurses would not knowingly engage in these practices, but keep in mind that this category includes situations such as failing to document care as required by a regulatory agency. Thus, simply omitting information can lead to punitive action.

Finally, deliberately falsifying documentation (such as submitting false claims to Medicare) can subject nurses to sanctions under the federal False Claims Act.

Here are some strategies to follow to ensure your documentation is effective:

Do's

- **Follow organizational policies and local, state, and federal regulations related to documentation.** Failure to do so is a red flag to an attorney.
- **Ensure you are in the correct patient record.**
- **Be accurate.** This may seem obvious, but a 2020 study by Bell and colleagues found that 21 percent of patients who reviewed EHR ambulatory care notes about them reported an error, with 42 percent labeling the error as serious.
- **Use accepted abbreviations** and medical terminology. One resource is The Joint Commission's list of "do not use" abbreviations, published in 2018. For example, it states to write out "unit" instead of using "U" or "u." Another resource is the Institute for Safe Medication Practices' "List of Error-Prone Abbreviations, Symbols, and Dose Designations."
- **Document positive and negative findings.** Negative findings may be overlooked. For example, nurses know to document signs and symptoms of infection, but they may forget to note the absence of them.
- **Record all care, even if it's "routine."** For instance, regular checks for signs of skin injury around an endotracheal tube should documented.
- **Document in real time** to help ensure accuracy. In some organizations, you can access the EHR from a secure mobile device you carry with you.
- **Note when you notified other healthcare providers of a change in a patient's condition.** You'll also want to note the response. If the response is inadequate or not appropriate, document that you followed up with another person, such as your supervisor.
- **Document communications with patients and their families/caregivers.** This includes providing education (both verbal and written): If a patient suffers harm as a direct result of not following instructions, this information can protect you.
- **Use checklists appropriately.** Checklists can save time, but it's easy to move too quickly, accidentally selecting "yes" because several of the previous answers were "yes," when "no" is correct. In addition, remember that checklists are not all-inclusive, so avoid relying too much on them. For instance, an assessment checklist doesn't necessarily cover everything you need to check on a patient.
- **Be cautious of templates.** Templates can help reduce missed care and save time, particularly for routine assessments; however, they are simply a starting point. You still need to ensure you completely assess patients and document care provided.
- **Pay attention to alerts.** Overriding a valid EHR alert can lead to practice errors.
- **Review entries before submitting** and sign and date each entry. In EHRs, signatures are generally automatic, but you should verify the information is correct.
- **Make documentation changes and corrections per organizational policy.** It's helpful to provide a reason for the change, if possible. Make changes and corrections as soon as possible.
- **Speak up about what's not working.** This is particularly important for the EHR. A well-designed EHR can save time, but one that is not well designed can rob you of time. Even the best EHRs can benefit from tweaking. In some cases, forms can be created or refined to make it easier to document care, or the number of false alerts can be reduced. The IT staff can sometimes make a simple adjustment such as including a new option for recording sputum findings. Although these simple changes may only save a few seconds, those seconds add up over the course of a day, week, month, and year.

Don'ts

- **Don't share your password** for EHR records.
- **Don't leave blanks in forms.** Use N/A (not applicable) if something does not apply.
- **Don't be subjective.** State only the facts. For example, "patient slurring words, eyes bloodshot" rather than "drunk". In addition to creating potential legal issues, keep in mind that many patients are now requesting their medical records and will see what you have written.
- **Don't be judgmental.** Avoid negative descriptors such as "non-compliant." Be particularly sensitive to possible racial biases. For example, a 2022 study by Sun and colleagues found that black patients had 2.54 times the odds of having at least one negative descriptor in the history and physical.
- **Don't prechart.** (for example, entering information into the EHR before the start of a routine procedure). Situations can change and you may forget to amend the record. For example, during a procedure, a medical device different from what was originally planned may be used. In addition, the EHR keeps track of entries, so anyone reviewing the entry would know the timing was not correct.
- **Don't copy and paste text from one patient record to another.** If you do decide to do this, be sure to carefully review the text and make changes as necessary. Otherwise, you may introduce errors.
- **Don't make late entries.** If you must, be sure to make the late entry per your organization's policy. Remember that the EHR will have a record of each entry, including date and time.
- **Don't assume you have to be the one to document something.** When a new piece of information must be obtained on a regular basis, organizations often automatically turn to nurses. However, someone else in the organization may be able to collect the data, which helps avoid additional time demands on you, reducing the potential for documentation errors.

Protection through documentation

Your documentation should include clinical information (such as assessments and responses to medications); patient education; and diagnostic tests, referrals, and consultations. Following the tips in this article will help ensure you cover these areas, thus protecting yourself from legal action and promoting optimal patient care (sidebar). As you document, you may want to keep in mind some of the characteristics of high-quality documentation from the American Nurses Association: accurate, relevant, consistent, clear, concise, complete, thoughtful, timely, and reflective of the nursing process.

Value of documentation

It can be easy to focus on documenting in the health care record as an onerous task, but in addition to being a legal document, the record provides a tool to:

- Document services provided to patients, their responses to treatments, and caregiver decisions.
- Communicate information about the plan of care and outcomes to other members of the health care team.
- Demonstrate nurses' contribution to patient care outcomes. It also helps nurses meet standards of professional practice. For example, to meet standards related to evaluating a patient's progress towards goals, the nurse and others on the health care team need to review past documentation.
- Identify areas that need improvement; nurses can work with a team to address quality issues to enhance patient care.
- Provide evidence that an organization is meeting standards set by accrediting bodies that are protecting patients.
- Provide information to ensure proper billing coding so that organizations receive the reimbursement they are entitled to. Proper reimbursement promotes an organization's financial health, enabling it to deliver quality care to patients.

Article by: Cynthia Saver, MS, RN, is president of CLS Development, Inc., in Columbia, MD.

REFERENCES

American Nurses Association. Principles for nursing documentation: Guidance for registered nurses. 2010

American Nurses Association. Nursing: Scope and Standards of Practice, 4th Ed. 2021.

CNA, NSO. Nurse spotlight: Healthcare documentation. 2020.

Bell SK, Elmore JG, Fitzgerald PS, et al. Frequency and types of patient-reported errors in electronic health record ambulatory care notes. JAMA Netw Open. 2020;3(6):e205867.

Institute for Safe Medication Practices. List of error-prone abbreviations, symbols, and dose designations. 2021. https://www.ismp.org/recommendations/error-prone-abbreviations-list

Saver C. Easing the pain of electronic health records: Part 1. OR Manager. 2022;19-22.

Sun M, Oliwa T, Peek ME, Tung EL. Negative patient descriptors: Documenting racial biases in the electronic health record. Health Aff. 2022;41(2):203-2011.

The Joint Commission. Official "do not use" list. 2018. https://www.jointcommission.org/-/media/tjc/documents/resources/patientsafety-topics/patient-safety/do_not_use_list_9_14_18.pdf

Incident Reports: A Safety Tool

Nurses tend to cringe when they think about completing an incident report. Reasons for this reaction include the distress that occurs when something untoward has happened, anticipated loss of precious time to complete the report (particularly if the organization's reporting system is cumbersome), and fear of being blamed for the incident or becoming embroiled in a court case. In this situation, it's easy to forget that incident reports are a valuable resource for keeping patients safe. They also can keep employees safe by identifying system-wide problems such as insufficient staffing or equipment to move patients, which often contributes to staff injuries.

So that patients and employees can benefit from an incident report, nurses need to understand their use. They also need to know how to complete and file a report correctly to protect themselves and their organization from the report being used as part of legal action in a lawsuit brought by a patient.

A safety tool

Incident reports provide a record of an unexpected occurrence, such as a fall or administration of a wrong medication dose, that involved a patient, a family member, or an employee. These reports can be used to identify areas of safety improvement and to educate others about how to avoid similar events in the future.

Nurses should think of the incident report as a safety tool, not a method of assigning blame. Organizations should view these reports through the lens of a culture of safety, which The Joint Commission defines as "the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety." One tenet of a just culture is to take a non-punitive approach to reporting and learning from adverse events.

When to file

Nurses should check their organization's policy and procedure related to when to file an incident report. In general, a report should be filed when something unexpected occurs that results in harm. Sometimes nurses may be unsure whether an event warrants reporting. In this case, it's best to go ahead and complete a report. Even if the event did not result in harm (for example, the patient did not suffer ill effects after receiving a wrong medication), it's still important to have a record of the event so that the organization can learn from the event and the risk of a similar event can be reduced.

Typically, a licensed professional, such as a nurse or nurse practitioner, who was part of or witnessed the event completes the form. However, nonlicensed clinicians should report events and provide information as needed for the report. If the event wasn't witnessed (e.g., the patient fell out of bed when alone in the room), generally the first licensed person who becomes aware of the event should file the report.

Reports should be completed as soon as possible after the event (and within 24 hours) and submitted to the designated person/department. Many organizations now allow employees to file reports online, with the risk management department and the appropriate manager receiving notification. Hospitals, clinics, and other health care organizations should make reporting as easy as possible to encourage staff participation.

Traditionally, incident reports have focused on situations where harm occurred, but many organizations now also encourage employees to file reports about "near misses" or "close calls"—events that could have resulted in harm but did not because someone became aware of the problem. An example of a near miss is the nurse who misreads a label on a medication mixed by the pharmacy department and almost administers an incorrect dose. These reports can be reviewed by risk managers and clinicians to determine changes that can be made to avoid future harm. In the case of the medication label, for instance, it might mean making the print on the label larger, so it is easier to read. The Joint Commission calls on organizations to recognize employees for reporting both adverse events and close calls, so lessons can be learned and shared.

Incident reports and legal action

In general, incident reports, which should not be part of a patient's health record, cannot be used in legal action. Support for this comes from the Patient Safety and Quality Improvement Act of 2005, which established a voluntary reporting system designed to encourage data sharing so that health care quality could be improved. The act "provides Federal privilege and confidentiality protections for patient safety information, called patient safety work product." (To be eligible for these protections, hospitals establish a patient safety evaluation system that provides data to a patient safety organization.)

However, if the report is not completed correctly, it may end up in court. For example, in a Michigan case, the hospital was arguing that it didn't know the cause of the injury, but a report contained an opinion about how an injury occurred (even though opinions should not be included in incident reports). The report was allowed to be included in the case, and the court issued sanctions against the hospital and its counsel for raising defenses "not well-grounded in fact."

In addition, a few state rulings have noted that incident reports are not always exempt from use in legal action. For instance, an Illinois court ruled that a "quality-related event report" was not privileged and that a patient suing the hospital should have access to it.

Nurses can lessen the likelihood of an incident report being part of a lawsuit by correctly completing it (see sidebar). If the report ends up in court, an accurate document can help provide evidence that the nurse and organization were not at fault for what occurred.

Completing the report

The report should include a detailed description of what happened. Most organizations have a standard form designed to capture key information such as date, time, and location of the event; name of the person who was affected; names of witnesses to the event; names of those who were notified (e.g., the patient's physician); the condition of the person affected (e.g., any visible breaks in the skin after a fall); and actions taken in response (e.g., radiograph obtained, malfunctioning equipment sent to biomedical engineering).

Objectivity is key. Any relevant statements made by the person affected by the event or witnesses should be recorded verbatim. It's also important to note who assessed the patient and the results of that assessment.

Although the incident report is not part of the patient's health record, nurses should still objectively document the event, including what happened, assessment results, interventions, and follow-up (such as physician notification), in the record.

A helpful tool

Incident reports are often seen as something to be avoided. However, if completed properly, they can provide useful information that can help keep patients and staff safe.

How to complete an incident report

Here are some do's and don'ts for completing an incident report:

Do…

- complete the report as soon as possible after the event (but after the safety of the person affected has been ensured and immediate necessary follow-up is completed).
- state only the objective facts that you witnessed or know for certain. For example: "The patient was found on the floor next to his bed." (NOT "The patient fell out of bed." This is an assumption.)
- include a clear, detailed (but concise) description of what happened.
- include relevant direct quotes (use quotation marks) from witnesses and those affected by the event. For example, a family member may have said, "He didn't want to wear his non-skid slippers and slipped on the floor."
- note interventions done in response to protect the person affected by the incident.
- provide a timeline for the event and responses.

Don't…

- include subjective information such as assumptions, opinions, or suggestions for how similar events can be avoided in the future.
- document in a patient's health record that an incident report was completed.
- use abbreviations that aren't readily understood. For example, instead of COPD, spell out chronic obstructive pulmonary disease.

Article by: Cynthia Saver, MS, RN, is president of CLS Development, Inc., in Columbia, MD.

REFERENCES

Albert Henry T. Court should respect privilege tied to quality-related event report. AMA. December 29, 2021. https://www.ama-assn.org/deliveringcare/patient-support-advocacy/court-should-respect-privilege-tied-quality-related-event

Engel EVM. Discoverability of workplace incident reports. American Bar Association. June 9, 2020. https://www.americanbar.org/groups/litigation/committees/products-liability/practice/2020/discoverability-of-workplace-incident-reports/

HHS. Patient Safety and Quality Improvement Act of 2005 statute and rule. HHS.gov. 2017. https://www.hhs.gov/hipaa/for-professionals/patientsafety/statute-and-rule/index.html

Kelly C, Gross S. Do hospitals have an adequate patient safety system> MedCity News. March 30, 2020. https://medcitynews.com/2020/03/dohospitals-have-an-adequate-patient-safety-system/

Kelly C, Gross S. Pennsylvania court interprets scope of Patient Safety Act privileges protections. MedCity News. August 7, 2020. https://medcitynews.com/2020/08/pennsylvania-court-interprets-scope-of-patient-safety-act-privilege-protections/

Schub T, Woten M. Incident report: writing. Nursing practice & skill. Cinahl Information Systems. 2015.

The Joint Commission. The essential role of leadership in developing a safety culture. Sentinel Event Alert. Revised June 18, 2021.

Waranch L. What?! Incident reports can be discoverable? Waranch + Brown. January 25, 2017. https://waranch-brown.com/wait-incident-reports-candiscoverable/

UNDERSTANDING AGITATION IN ALZHEIMER'S DISEASE

1. Behavioral and psychological symptoms of dementia (BPSD) are common and distressing effects of dementia.[1]
2. BPSD include agitation as well as other symptoms such as irritability, delusions, hallucinations, depression, anxiety, apathy, disinhibition, and sleep disturbances.[2,3]
   – The prevalence of agitation ranges from 30% to 80% of people living with dementia, depending on the population studied, and agitation is more common in those with more severe dementia.[4-6]
3. Agitation in Alzheimer's disease (AAD) is associated with accelerated disease progression, physical and mental health deterioration, functional decline, higher risk of hospitalization and admission to long-term care facilities, mental health impairment, higher costs, poor quality of life, and increased mortality.[7-13]

DEFINING AGITATION

- Agitation can be described as increased, often undirected, motor activity, restlessness, aggressiveness, and emotional distress.[4]
- It may include nonaggressive behaviors such as pacing, repetitious movements, and general restlessness, or it may manifest as physically or verbally aggressive behaviors.
- The International Psychogeriatric Association (IPA) Agitation Definition Work Group has published a definition of agitation in cognitive disorders.[6]

Source: Reference 14.

DEFINING AGITATION

International Psychogeriatric Association Consensus Clinical and Research Definition of Agitation in Cognitive Disorders

Criterion A. The patient meets criteria for a cognitive impairment or dementia syndrome (e.g., Alzheimer's disease, frontotemporal dementia, dementia with Lewy bodies, vascular dementia, other dementias, a pre-dementia cognitive impairment syndrome such as mild cognitive impairment or other cognitive disorder).

Criterion B. The patient exhibits at least one of the following behaviors that are associated with observed or inferred evidence of emotional distress (e.g., rapid changes in mood, irritability, outbursts). The behavior has been persistent or frequently recurrent for a minimum of 2 weeks or the behavior represents a dramatic change from the patient's usual behavior.*
- **(a)** Excessive motor activity (e.g., pacing, rocking, gesturing, pointing fingers, restlessness, performing repetitious mannerisms).
- **(b)** Verbal aggression (e.g., yelling, speaking in an excessively loud voice, using profanity, screaming, shouting).
- **(c)** Physical aggression (e.g., grabbing, shoving, pushing, resisting, hitting others, kicking objects or people, scratching, biting, throwing objects, hitting self, slamming doors, tearing things, and destroying property).

Criterion C. Behaviors are severe and associated with excess distress or produce excess disability, which in the clinician's opinion is beyond that due to the cognitive impairment and including at least one of the following:
- **(a)** Significant impairment in interpersonal relationships.
- **(b)** Significant impairment in other aspects of social functioning.
- **(c)** Significant impairment in ability to perform or participate in daily living activities.

Criterion D. While comorbid conditions may be present, the agitation is not attributable solely to another psychiatric disorder, medical condition, including delirium, suboptimal care conditions, or the physiological effects of a substance.

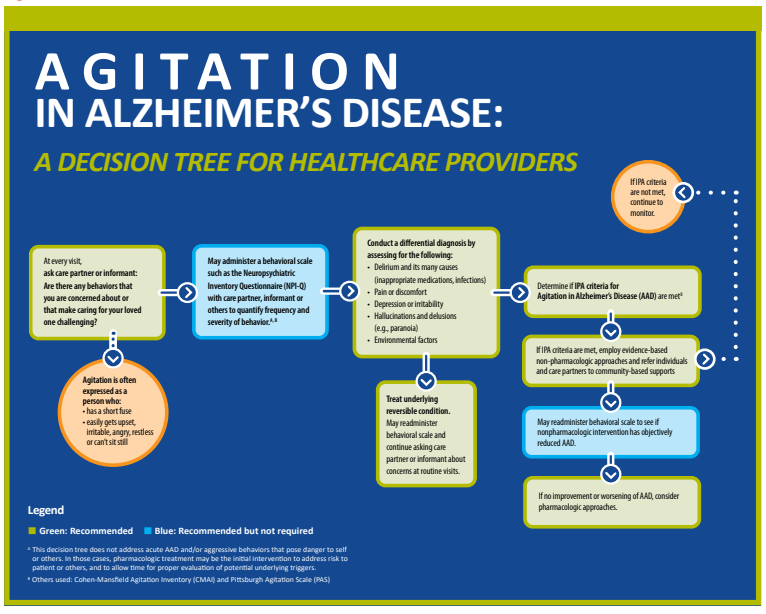
Source: Reference 6.

* In special circumstances, the ability to document the behaviors over 2 weeks may not be possible and other terms of persistence and severity may be needed to capture the syndrome beyond a single episode.

Learn more about Agitation in Alzheimer's Disease

- Use the "Agitation Decision Tree" to **assess and manage** AAD through ongoing assessment for the emergence of symptoms, differential diagnosis, and nonpharmacologic and pharmacologic treatment approaches.[16]
- Some specific **nonpharmacologic modalities** may include music, interactive activities, therapeutic touch, aromatherapy, and acupressure.[17,18]
- Consider adding **pharmacologic treatment** as part of a comprehensive interdisciplinary treatment plan.[19]

Agitation Decision Tree



IPA = International Psychogeriatric Association.

Source: Reference 16.

MANAGING AGITATION

- Employ a person-centered approach to care. **Consider agitation behaviors as clues to the presence of distress in a person** who is no longer able to communicate an issue through other means.[15]
  – Anticipating and avoiding circumstances that may trigger distress is preferred to managing agitation after it starts.
  – Consider: "What is this person expressing, what is causing this reaction, and how can we respond to reduce their distress?" rather than "How do we manage this behavior?"[15]

D I C E

- Utilize the Describe, Investigate, Create, and Evaluate (DICE) approach, a framework for person-centered care.[11]
  – The DICE approach allows for gathering information that can be used to creatively develop individualized care plans that proactively address care recipient needs and inform care interactions.[15]

The DICE Approach to Behavioral Symptom Management

STEP 1: D E S C R I B E
- Elicit a thorough description of the symptoms and the context in which they occur through discussion with the caregiver and the person with dementia (if possible).
- The description should include consideration of possible antecedents or triggers of the behavior.
- Seek to identify which aspects of the symptoms are most distressing or problematic to the person with dementia and the caregiver, as well as their treatment goals.

STEP 2: I N V E S T I G A T E
- Identify possible underlying and modifiable causes, including possible undiagnosed medical conditions, such as psychiatric comorbidities, as well as assess the current medication profile.
- Assess the caregiver relationship with the person with dementia, communication styles, expectations, overestimation and underestimation of the person's abilities, and the caregiver's own stress and depression that may inadvertently exacerbate behaviors.
- Evaluate the environment for potential triggers, including whether the environment is overstimulating or understimulating, difficult for the person with dementia to navigate, or lacks predictable routines and pleasurable activities.

STEP 3: C R E A T E
- The multidisciplinary care team, caregiver, and person with dementia (if possible) collaborate to create and implement a treatment plan.
- Any medical or environmental issues identified in the "investigate" step should be addressed (e.g., antibiotics for a urinary tract infection, fluids for dehydration, discontinuing medications that may have behavioral side effects, modifications of the environment, improving sleep hygiene).
- Providers should brainstorm behavioral and environmental approaches with the caregiver, person with dementia (when possible), and other team members (e.g., visiting nurse, social worker, occupational therapist).
- Medications may be implemented if behavioral and environmental approaches are not effective.
- Medications may be attempted initially if:
  – Major depression with or without suicidal ideation (e.g., an antidepressant).
  – Psychosis causing harm or with great potential for harm (e.g., an antipsychotic).
  – Aggression causing risk to self or others (e.g., an antipsychotic or citalopram).

STEP 4: E V A L U A T E
- Assess whether recommended strategies were implemented, whether they were effective, and whether there were intolerable side effects or impacts.
- Because behaviors change and fluctuate over the course of dementia, ongoing monitoring is essential, and removal of interventions (especially medications) should be considered periodically.
- If psychotropic drugs were prescribed, consider a trial of dose reduction or discontinuation.

Source: Reference 11.

respond prevent

Strategies for Care Providers to Prevent and Respond to Agitation

PREVENTING AGITATION

- **Deliver preference-based person-centered care.**
  Use concepts embedded in the Institute for Healthcare Improvement age-friendly initiative (address 4Ms: monitor and address what matters, medications, mentation, and mobility).
- **Create a calm environment.**
  Remove stressors. This may involve moving the person to a safer or quieter place or offering a security object, rest, or privacy. Try soothing rituals and limiting caffeine use.
- **Avoid environmental triggers.**
  Noise, glare, and background distraction (e.g., having the television on) can act as triggers.
  Reduce noise, clutter, or the number of people in the room.
  Keep well-loved objects and photographs around to help the person feel more secure.
- **Monitor personal comfort.**
  Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections, and skin irritation.
  Make sure the room is at a comfortable temperature.
  Be sensitive to fears, misperceived threats, and frustration with expressing what is wanted.
- **Simplify tasks and routines.**
  Try to keep a regular schedule, such as bathing, dressing, and eating at the same time each day.
- **Provide an opportunity for exercise.**
  Go for a walk. Garden together. Put on music and dance.
- **Support self-management.**
  Allow the person to keep as much control over his or her life as possible.

RESPONDING TO AGITATION

- **Listen to the frustration.**
  Find out what may be causing the agitation and try to understand.
- **Provide reassurance.**
  Speak calmly. Use phrases such as: "You're safe here"; "I'm sorry that you are upset"; and "I will stay until you feel better."
  Let the person know you are there and demonstrate empathy if the person is angry, fearful, or frustrated.
- **Redirect the person.**
  Try to distract the person with a favorite snack, object, or activity.
- **Involve the person in activities.**
  Try using art, music, or other activities to help engage the person and divert attention away from the anxiety.
- **Modify the environment.**
  Decrease noise and distractions or relocate.
- **Find outlets for the person's energy.**
  The person may be looking for something to do. Take a walk or go for a car ride.
- **Check yourself.**
  Do not raise your voice; show alarm or offense; or corner, crowd, restrain, criticize, ignore, or argue with the person.
  Take care not to make sudden movements out of the person's view.

Source: References 20-23.

References

1. Scales K, Zimmerman S, Miller SJ. Evidence-based nonpharmacological practices to address behavioral and psychological symptoms of dementia. *Gerontologist.* 2018;58(suppl 1):S88–S102. doi:10.1093/geront/gnx167
2. Lyketsos CG, Lopez O, Jones B, et al. Prevalence of neuropsychiatric symptoms in dementia and mild cognitive impairment: results from the Cardiovascular Health Study. *JAMA.* 2002;288(12):1475–1483. doi:10.1001/jama.288.12.1475
3. Reus VI, Fochtmann LJ, Eyler AE, et al. The American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia. *Am J Psychiatry.* 2016;173(5):543–546. doi:10.1176/appi.ajp.2015.173501
4. Carrarini C, Russo M, Dono F, et al. Agitation and dementia: prevention and treatment strategies in acute and chronic conditions. *Front Neurol.* 2021;12:644317. doi:10.3389/fneur.2021.644317
5. Van der Mussele S, Le Bastard N, Saerens J, et al. Agitation-associated behavioral symptoms in mild cognitive impairment and Alzheimer's dementia. Aging Ment Health. 2015;19(3):247–257. doi:10.1080/13607863.2014.924900
6. Sano M, Cummings J, Auer S, et al. Agitation in cognitive disorders: progress in the International Psychogeriatric Association consensus clinical and research definition. *Int Psychogeriatr.* 2023;1–13. doi:10.1017/S1041610222001041
7. Bransvik V, Granvik E, Minthon L, et al. Mortality in patients with behavioural and psychological symptoms of dementia: a registry-based study. *Aging Ment Health.* 2021;25(6):1101–1109. doi:10.1080/13607863.2020.1727848
8. Peters ME, Schwartz S, Han D, et al. Neuropsychiatric symptoms as predictors of progression to severe Alzheimer's dementia and death: the Cache County Dementia Progression Study. *Am J Geriatr Psychiatry.* 2015;172(5):460–465. doi:10.1176/appi.ajp.2014.14040480
9. Deardorff WJ, Grossberg GT. Behavioral and psychological symptoms in Alzheimer's dementia and vascular dementia. *Handb Clin Neurol.* 2019;165:5–32. doi:10.1016/B978-0-444-64012-3.00002-2
10. Toot S, Swinson T, Devine M, et al. Causes of nursing home placement for older people with dementia: a systematic review and meta-analysis. *Int Psychogeriatr.* 2017;29(2):195–208. doi:10.1017/S1041610216001654
11. Kales HC, Gitlin LN, Lyketsos CG. Assessment and management of behavioral and psychological symptoms of dementia. *BMJ.* 2015;350:h369. doi:10.1136/bmj.h369
12. Porter CN, Miller MC, Lane M, et al. The influence of caregivers and behavioral and psychological symptoms on nursing home placement of persons with Alzheimer's disease: a matched case-control study. *SAGE Open Med.* 2016;4:2050312116661877. doi:10.1177/2050312116661877
13. Knapp M, Chua KC, Broadbent M, et al. Predictors of care home and hospital admissions and their costs for older people with Alzheimer's disease: findings from a large London case register. *BMJ Open.* 2016;6(11):e013591. doi:10.1136/bmjopen-2016-013591
14. Otsuka. Data on file. 2023.
15. Fazio S, Zimmerman S, Doyle PJ, et al. What is really needed to provide effective, person-centered care for behavioral expressions of dementia? Guidance from the Alzheimer's Association Dementia Care Provider Roundtable. *J Am Med Dir Assoc.* 2020;21(11):1582–1586.e1. doi:10.1016/j.jamda.2020.05.017
16. Grossberg GT, Sanford A, Scanland S, et al. Expert insights from the Gerontological Society of America Agitation in Alzheimer's Disease Workgroup. Poster presented at: Gerontological Society of America Annual Scientific Meeting; November 2–6, 2022; Indianapolis, IN.
17. Millán-Calenti JC, Lorenzo-López L, Alonso-Búa B, et al. Optimal nonpharmacological management of agitation in Alzheimer's disease: challenges and solutions. *Clin Interv Aging.* 2016;11:175–184. doi:10.2147/CIA.S69484
18. de Oliveira AM, Radanovic M, de Mello PC, et al. Nonpharmacological interventions to reduce behavioral and psychological symptoms of dementia: a systematic review. *Biomed Res Int.* 2015;2015:218980. doi:10.1155/2015/218980
19. U.S. Food and Drug Administration. FDA approves first drug to treat agitation symptoms associated with dementia due to Alzheimer's disease [press release]. May 11, 2023. https://www.fda.gov/news-events/press-announcements/fda-approves-first-drug-treat-agitation-symptoms-associated-dementia-due-alzheimers-disease
20. Polenick CA, Struble LM, Stanislawski B, et al. "I've learned to just go with the flow": family caregivers' strategies for managing behavioral and psychological symptoms of dementia. *Dementia.* 2020;19(3):590–605. doi:10.1177/1471301218780768
21. Alzheimer's Association. Anxiety and Agitation. Accessed March 30, 2020. https://www.alz.org/help-support/caregiving/stages-behaviors/anxiety-agitation
22. Preference Based Living website. Accessed May 25, 2023. https://www.preferencebasedliving.com
23. Institute for Healthcare Improvement. Age-friendly health systems. Accessed May 25, 2023. https://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

DEVELOPED BY THE GERONTOLOGICAL SOCIETY OF AMERICA

SUPPORTED BY Otsuka

The Four Agreements: Guidance for Unsettling Times

Phyllis S. Quinlan, PhD, RN, NPD-BC
Personal/Career Coach for ANA-NY

It is becoming clearer every day that we are, once again, entering into unsettling times. I offer the wisdom outlined in the *Four Agreements* as guidance to help you navigate.

1. **Be Impeccable with Words**
   - Being impeccable with your words is a lofty was of suggesting to always be truthful. Under times of stress, it is sometimes hard to resist the temptation to convey the version of the truth that serves a personal agenda. It is vital to remember that when this current phase of unsettling times passes (and it will) we all need to still be able to relate and work well together.
   - Please keep in mind that you can be clear without being harsh. In fact, people are more inclined to listen and learn from what you say if your tone is more neutral.
   - During unsettling times, people are often more sensitive and tired than usual. This makes communicating in the kindest and most patient manner possible all the more important.
2. **Don't Take Anything Personally**
   - Since we are all people who have decided to live our lives heart-open, we are more inclined feel the impact of a message rather than hear it objectively and with an open mind.
3. **Don't Make Assumptions**
   - Staying curious is never more important than when things are uncertain and in a state of continuous flux.
   - Resist arriving to a quick judgment about situations or people. Make the phrase *tell me more* your mantra.
4. **Always Do Your Best**
   - Keep in mind that perfection and excellence are illusions that are unachievable. Each day show up and give it your personal best. That is all that anyone can ask of you or that you should ask of yourself.

WELCOME NEW MEMBERS

Dinah Foster Brooklyn
Donnette Kelly Bronx
Sharon Kennedy Brooklyn
Cathy hill Hempstead
David Stanghellini White Plains
Marlen Martinez Bronx
pressy thomas Albertson
Ann-Marie John Williamsville
Maja Krzyston Delhi
Patrice Alexandre Cambria Heights
Shirley Gradis Dix Hills
Relington Bastien Tannersville
Shannon McCarthy-Leone Fairport
Kelsey Pearl Scottsville
Angela Azuma Mechanicville
Cherry Zablan Westbury
Doreen Paladino Smithtown
Shelly Potts Marathon
Safia Boti Brooklyn
Rosemarie Dispo Island Park
Joanna Foley Lake Grove
Jennifer Moore Clifton Springs
Thomas Hagerty New York
Jennifer O'Brien Wantagh
Nancy Chiocchi McMorrow Pearl River
Toni Demarco Copiague
Elizabeth Michel Brooklyn
Laura Thorpe Mount Vernon
Liza Panicker Staten Island
Linda Castillo Newburgh
Matthew Pernice Hurley
Veronica Ruffin-Ellis Nanuet
Renee Barnes Bronx
Lisa Tesoriero Bellmore
Laura Butler Thiells
Marcos Jacela South Ozone Park
Candice Hamer Queens Village
Karen Armao Worcester
Ikponmwosa Uhunmwangho Bronx
Katherine Eck East Aurora
Kristin Kurtz Manorville
Peter Buckley Cheektowaga
Devon Schumacher Auburn
Krista Moss Deer Park
Nina Clarke Rochester
Anila Faizy Hicksville
Allyson Medina New Windsor
Lisa Graziano Buffalo
Rosely Mathew New Hyde Park
Ryane Parsons West Seneca
Iddan Brown Brooklyn
Christina Stiklickas Massapequa
Tamei Wilson Yonkers
Loveleen Saini Westbury
Kristen Hannan Pavilion
Jiji George New Hyde Park

Terri Miller New York
Michelle Reid-Thomas Elmont
Melba Raby New York
Daniela Gambino Croton ON Hudson
Bibiane Sykes Pomona
Sharon Shorter Brooklyn
Lacey Ferraro Brooklyn
Emily Finkel Massapequa Park
Valerie Burger Bay Shore
Sherry Griffo Rochester
Jennifer Brown Rochester
Ryan Young Buffalo
Mercy Panicker Hopewell Junction
Kimberly Davies Childwold
Suzanne Heffernan Rochester
Rachel Kaplan Bellerose
Rebecca Tong New York
Denver Cheng New York
Ray Briggs Arverne
Shaiina Marston Freeport
Lillian Turner Rochester
Colton McCance New York
Deena Gutleizer Oceanside
Kasmira Reiph Brooklyn
Lorriann Alexander Brooklyn
Adlin Briscoe-Antoine Bronx
Tanya Pagett Brooklyn
Kimberly Block Deer Park
Leah Matteson Cambridge
Zerena Khan Brooklyn
Michelle Ramos Brooklyn
Lisa Gray Poughkeepsie
Maria Jeanniton Brooklyn
Andrea McLaren Macedon
Patricia Zalewski-Gibson Ithaca
Annie Mensah Staten Island
Caitlin Carpenter Garden City
Jessica Yao Rochester
Xiao Morris-Xu Staten Island
Kafui Belle Brooklyn
Ingrid Ayana Custodio White Plains
Mary Lui Rochester
Melanie Russ Waterloo
Lisa Edwards Bronx
Cheryl Jonas Amherst
Jason Gray Norwich
Latoya Duncanson Brooklyn
Janet Shehata Hauppauge
Danielle Weidel New Hampton
Amanda Rambach Batavia
Vanessa Ruiz Rochester
Patsy Aversa Oneida
Charles L'Hommedieu Farmingville
Nancy Wohlberg Brooklyn
Tanya Higgins Amityville
Courtney Irwin New Windsor

Sally Francisco West Harrison
Erica Webber Lynbrook
Yvette Maiello Glendale
Gabriella Romeo Dlabola Babylon
Elise Beshlian Melville
Laila Alidani Staten Island
Mary McGuire-Gallo Queensbury
Kaila Disciglio Newburgh
Meghan Meade New City
Jeannine Fraser Elmsford
Amy Staley Newburgh
Susan Jacob Elmont
Tanner May New York
Marvie Paez Yonkers
Ivonne Bonfante Bronx
Victoria Cecilio New York
Wendy Walker Batavia
Radhaisi Gomez Dobbs Ferry
Brittany Haughton Nanuet
Beannca Angeles Elmhurst
Giselle Clarke-Cabezas Trumansburg
Neysha Cruz New York
Shaquana Jones West Monroe
Alessandro Rendina Oneida
Kimberly Fazzary Henrietta
Rubi Varughese Elmont
Sandra Aquino Barahona Middletown
Rianne Rae Javier Brooklyn
Elena Caunt Farmingville
Arianne Aguilar Guevara Islip Terrace
Sarah Doumbia New York
Katherine Ambrosia Ransomville
Shannon Depuy Port Jefferson Station
Sandra Ajimavo Brooklyn
Enrique Fernandez White Plains
Jennifer Kim Great Neck
Nadine Powell Brooklyn
Kristina Muradyan Rego Park
Leya Sreekanth Hicksville
Jennifer Wiler Brooklyn
Amy Millington Pottersville
Vanessa Mejia Flushing
Victoria Averill Brooklyn
Tanya Manalil New City
Desiree Amor Gardon Valley Stream
Monica Wilson Cheektowaga
Delilah Costen Brooklyn
Alexandra Samadi Staten Island
Tamara Crudup Saint Albans
Mauricio Vergara Lynbrook
Naomi Flinchum-Marquez Poughkeepsie
Kayla Strebel Manorville
Henrietta Bediako New York
Ariel McCreary Dewittville
Allison Toth Rochester

Victoria Marin Ridgewood
Pamela Ayers Batavia
Pritma Dhillon-Chattha Mountlake Terrace
Alexandra Cornachio Oyster Bay
Lisbet Perez Chavez Clifton Park
Robert Lemay Pattersonville
Kathleen Cammarota Babylon
Julie Hall Oneonta
Anita Bueti Poughkeepsie
Amanda Klug Naples
Serena Lafayette Gouverneur
Elizabeth Norris-Randa Peru
Ilona Kaziyeva Flushing
Annalise Marotta Gansevoort
Danielle Thorn Camden
Jenene Basant South Ozone Park
Emily Simone Brooklyn
Susan Chen Staten Island
Dina Nicklas Deer Park
Tinamarie Cieri Grand Island
Isgoohi Washington West Henrietta
Erin McCauley Levittown
Deysi Fuentes Brooklyn
Hannah Fitzpatrick Merrick
Dawn Tirabassi Niagara Falls
Rochelle Foote New Windsor
Sheleema Harinandan South Richmond Hill
Donna Powers Horseheads
Elizabeth Farrat Astoria
Anna Trocchio East Islip
Clover Schwartz Saratoga Springs
Xiaoyi He Maspeth
Colleen Hopkins Elbridge
Sukhmeet Kaur Glen Oaks
Danielle Weeks Patchogue
Xiao-Lei Qiu Central Islip
Jessica Babolal Springfield Gardens
Mary McVey Ithaca
Jessye Marquez New York
Jessica Jaigobin Elmont
Shantie Jagnarine Hollis
Jennifer Sanchez Oyster Bay
Myra Cordero Brooklyn
Anna Rekosz Croton ON Hudson
Patricia Jones Yonkers
Katie DeMelis Lynbrook
Amanda Sodano Massapequa
Diane Trinkle Wallkill
Oumar Mbaye Brooklyn
Tiffany Beckford Jamaica
Erica Neal Rochester
Patricia Rowe Long Beach
Nancy Guglielmo Mamaroneck
Julia Sombrotto Syosset
Ramon Jr. Balocating Cooperstown

Aba Fynn-Aikins Buffalo
KATHRYN Pagliaroli Oswego
Ashley Heywood-Cooper Brooklyn
Stephanie Sharpe Laurelton
Phyllis Gooding White Plains
Abisola Adenuga Lynbrook
Denise Phelps Walden
Meghan Elkin Niskayuna
Tonya Fisher New York
Marjorie Montfort Brooklyn
Nephala Deabreu Amityville
Wilhemina Laryea Bronx
Chantelle Fraser Brooklyn
SAMANTHA Lestage Poughkeepsie
Kelly Hey Fayetteville
Shanice Rodrigues Brooklyn
Victoria Kirsch Hudson
Brooklyn Wilson Gouverneur
Endorra Mauge Valley Stream
Lisa Losito Central Square
Kristen McGee Grand Island
Roxanne Rose Hollis
Sharon Williams Bronx
Kristin Bednarz Buffalo
Bertina Gaston-Vieux Baldwin
Janet Cantrell Cooperstown
Danielle Pisano Staten Island
Kiersten Lopez Coram
Ellita Nezbeth Bronx
Kenie Jean-Baptiste Nanuet
Regine Thermidor Deer Park
Amanda Martinez Queensbury
Andrea Roizman East Northport
Jenna Balk Staten Island
Sydney Alexander New York
Oluwafunmilayo Adekanbi Rosedale
Emily Johnson Webster
Stephany Semexant Cambria Heights
Breanna Pariti Farmingville
Daniela Ulloa Ronkonkoma
Lisa Kitko Rochester
Sara Scheuermann Florida
Shannon Keeney Yorktown Heights
Anna Aradi Maspeth
Devu Jose Briarcliff Manor
Jacqueline McDonald Brooklyn
Tracy-An Archer Brooklyn
SHERIFAT Oladapo Brooklyn
Christina Tobar Nesconset
Ijeoma Okafor Bronx
Christopher Narine Lindenhurst
Cindy Walkersoto Yonkers
Gina Canen Beacon
Nina Ramirez Selden
Christina Lagrega Staten Island

WELCOME NEW MEMBERS

Mary Rose Rempis Cooperstown
Claudine Biscocho New York
Archie Visorro Cooperstown
Hannah Gregory Staten Island
Jahanara Juthe Jackson Heights
Sabrina Martin Staten Island
Margaret Gordon Brooklyn
Facelli Chan Bronx
Michele Popowytsch Massapequa
Caroline Williford Pine Bush
Kathryn Gordon Buffalo
Catherine Kingston-Bain Cambria Heights
Michele-Ann Townsend Brooklyn
Emily Johnson Syracuse
Brittany Richardson Brentwood
Olgina Gjini Brooklyn
Crystle Moscato South Plymouth
Trice-Ann Walters Rosedale
Boucari Sow Bronx
Mame Ndiaye New York
Shamma Ranjitsingh Bellerose
Simone Phillips Schenectady
Laura Henniger Halfmoon
Betsy Abramova Brooklyn
Denise Keyoskey Waterford
Christopher Nazzaro Staten Island
Nahtinqua Odam Brooklyn
Hillary Guerrier North Baldwin
Natalia Perry Cornwall On Hudson
Kisha Edwards Coram
Jone Steverson Williamsville
Melanie Rampiaray Bay Shore
Danielle Brown New York
Julia Scholl Hewlett
Sophia Martinez Huntington
Kim Denis Tupper Lake
Jennifer Layug Yonkers
Gina Gazdak Jamestown
Jill Myers Oneida
Romeo Cayanan New York
Maria Tereza Lopez-Cantor Elmhurst
Oluchi Nwokocha Brooklyn
Anna Bilar Staten Island
Lindsay Swan Chestertown
Ancella Defreitas Jamaica
Geeta Mohabir-Sewnarine Baldwin
Sara Venth Sidney Center
Ranessa Nelson North Baldwin
Zenocratti Carina Ozone Park
Elizabeth Tobison Albany
Paola Joan Palafox Wantagh
Quacian Smith Rosedale
Adam Ullman Clinton
Emmanuel Agyekum Bronx
Leiquan Moore Bronx
Sophia Strouble Far Rockaway
Lo-Ruchama Hilaire Brooklyn
Sheree Prescott Brooklyn
Kachi Nweke New Rochelle
Sari Maenza Shenorock
Carine Lamonier Uniondale
Cathy Ann Lombardo Centerport
Anike Egbetokum Shirley
Themesa McLeod Brooklyn
Dean Ostrofsky New York
Jessica Chichester Brooklyn
Rory Carroll HARTSDALE
Maritza Barber Brooklyn
Cecilia Scharschmidt Corona
Marianne Brulhardt Wantagh
Angellia Mennell Bronx
Sally South Smithtown
Maryellen Horan East Atlantic Beach
Yvonne Holmquist East Syracuse
John Lyons Williston Park
Patricia Paulynn Mallari Elmhurst
Jacquelyn Kochan Huntington Station
Jennifer Lagman Dix Hills
Dorothy Drake Huntington Station
Michelle Campisi Staten Island
Janine Cenica Jackson Heights
Alex Romero-Cortez Inwood
Madeline Gaggi Islip
Monique Stines Smithtown
Anna Semchenko Brooklyn
Dhanya Varghese New Hyde Park
Cecile Holmes Queens Village
Mary Kiley Farmington
Sylvia Seecharan South Ozone Park
Ashli Hadley Marion
Emily Flyer Glen Head
Breanna Andrews Medford
Ingrid Berges Little Neck
Mary Hall Brooklyn
Desmarie Ximines New Hyde Park
Ainsley Nowakowski West Islip
Christina Deda Brooklyn
Kulsum Soopy West Hempstead
Vanessa Hetmeyer New Hyde Park
Monique Folkes Saint Albans
JESSICA Jellen Port Jefferson Station
Nickesha Gunter East Patchogue
Angelica Soto Bronx
Steven Connors East Meredith
Nickisha Mortimer Brooklyn
Carla Jeanbaptiste Long Beach
Kathleen Levchuk West Sand Lake
Justine Persaud Hollis
Catherine Ludlow Rochester
Yisely Calderon Cruz Bronx
Nino Giacomelli Rochester
Ruth Merisier Brooklyn
Jolette Layens Brooklyn
Colleen Field Syracuse
Olivia Barletti Yorktown Heights
Mary Vales Spring Valley
Rosemarie Lewis-Hyatt Jamaica
Sheeja Shaji Elmont
Kimberly Montana New York
SYLVIA LEE Mercado Astoria
Bryan Williams Brooklyn
Alicia Seitz Melville
Vivek Thomas Hartsdale
Latoya Wilson Brooklyn
Juliet Davis Rosedale
Gabriella Giarrusso Fort Salonga
Dannielle Hurlbur Whitney Point
Carly Serro-Masula Saugerties
Annie McMenamin New York
Mark Blazey Rochester
Alicia Fernandez Ridge
Cherryl Klass Springfield Gardens
TSHAYE Scarlett Roosevelt
Nirvannie Goberdan Mount Vernon
Carolyn Mahoney Albany
Nicole Szafranski Glen Cove
Melanie Groom Rochester
Kayla Williams Albany
Gloria Pinzon Brentwood
Yeonseo Hong Brooklyn
Daniel Sershen Brooklyn
Mary Loretta Brooklyn
Shannon Roth Niagara Falls
Amy Dieffenbacher North Chili
Andrise Simon Brooklyn
Heather Smith Brooklyn
Francina Egad Brooklyn
Roxanna Insaidoo Bay Shore
Laura Nishii New York
Brianne Bogue Schaghticoke
Brittany Baker Seneca Falls
Alexis Felicio Coram
Casey Ackerman New York
Theresa 11772 Patchogue
Kimberly Spiteri East Meadow
Rowan Tomas Far Rockaway
Renee Perchtl Bemus Point
Alyssa Maldonato Yonkers
Michelle Jorgensen Oxford
Casey Koehl Plainview
Marie Constant Valley Stream
Shandell Hubbard Jamaica
Brianna Durant Rome
John Moon Jersey City
Kristyn Pote Franklin Square
Marcella Dimino Brooklyn
AUDREY Napierkowski Patterson
Gina Borta Bronx
Nicole Rosenberg Port Washington
Tasnia Nokib Oceanside
Abigail Izrailova Rego Park
Christopher Reyes Woodside
Jonicko Gaspar Jackson Heights
Duyen Nguyen New Windsor
Kathleen Boyle West Nyack
Diana Bamfo Corona
Rachel Fried Brooktondale
Nash Moti Jamaica
Debbia Henry Jamaica
Chloe Klug Port Washington
Michelle Grippo Holbrook
Alexis Ramirez Middle Vlg
Karen O'Connor Rochester
Marilin Choumane Port Jefferson Station
Nicole Kneaskern Morris
Kimmerly Jackson Amherst
Jeannelle Macpherson Akron
Allyson Kiss Wappingers Falls
Deneisha Evans-Kelly Brooklyn
Lisa Wu Brooklyn
Sandy George Bronx
Juliet West Poughkeepsie
Latisha Stephen Brooklyn
Colleen Harren Ballston Lake
Kristen Peck-Sanford Boonville
Ingrid Salas Brooklyn
Mitchangela Roderos Yonkers
Gillian Cipriano Staten Island
Kristin Deluca Mahopac
Amy Davis Hornell
Aviance Gaines Ronkonkoma
Ezechias Pierre Brentwood
Sydney Joacin Kings Park
Deanna Frustaglio Hawthorne
Melissa Russo Coram
Grace Opoku-Mensah Bronx
Logan Kelly Miller Place
Jodie Nardi Miller Place
Jose Zapata Brooklyn
Elizabeth Chiulli Scarsdale
Jey Young Moon New York
Kayla Achan Howard Beach
Meaghan Wakefield Saugerties
Janene Pearson Brooklyn
Jenna Sivulich Staatsburg
Jennifer Gill West Harrison
Joyce Jackson Amity Harbor
Annie Mei Albertson
Thelma Green Elmont
Zennat Habir Lackawanna
Theodora Levine Bronx
Aimee Carlson Halfmoon
Mary Grieser Hicksville
Melissa Stockman Medford
Angela King Larchmont
John Green Granville
John Sanger Brooklyn
Janice Blair Queensbury
Kelly Vecchio Nanuet
David Sexton Katonah
Lindsay Palmer Monroe
Joseph Collins Macedon
Joseph Collins Macedon
Larissa Yossefi Roslyn Heights
Mirline Fertil Massapequa
Julie Labarr Hall
Dominique Sicile Brooklyn
Tonye Opusunju-Bello Middletown
Stephnie Miller Brooklyn
Tiffany Lau Little Neck
Penny Bloom Rochester
Simone Campbell Rosedale
Kathleen Corrente Lindenhurst
Chanelle Hill Queens Village
Brian Scuderi Wantagh
Aneita Morgan Yonkers
Helen Nazario Monroe
Laura Bentivenga Cortlandt Manor
Louise Purcell Mineola
Kirstie Toussaint Mineola
Darline St Victor-Viau Elmont
Benedette Ibenegbu Staten Island
Oluwatoyin Alonge Brooklyn
Colleen Fischer New York
Junie Jeudy-Cox New York
Christine Fontenelle Brooklyn
Danielle Barbara Varas Kew Gardens Hills
Keisha Ballentine-Cargill Bronx
Jennifer Egbert Valley Stream
Krystle Collins Lancaster
Ebony Samuel Stewartsville
Fidelia Jordan Copiague
Michele Natwora Elma
Pamela Harris Rochester
Brittany Gillen Fort Plain
Joyce Sweeney Shrub Oak
Thomas Cristello Woodhaven
Anne Cummings Brooklyn
Evelyn Mulvaney Hicksville
Lauretta Tomaso Scarsdale
Victoria Bonder Staten Island
Krystal Plummer North Babylon
Juan Ortiz Calcano Brooklyn
Eileen McStay New York
Carol Ann Doherty Yorktown Heights
Hope Okoroh Mckinney
Michael Pepe Staten Island
Deborah Nischo-Foley Schenectady
Gina Van Eer Freeport
Susan Ruocco Hampton Bays
Rasmi Nair Staten Island
Shatika James White Plains
Marie Wajda-Becher Bayport

MEMBERS ON THE MOVE

CCNE Board of Commissioners Elects 2024 Officers

PRESS RELEASE

FOR IMMEDIATE RELEASE

November 8, 2023

CCNE BOARD OF COMMISSIONERS ELECTS 2024 OFFICERS

Philip R. Martinez, Jr., EdD, MSN, APRN-BC, CCRN-CMC, an Advanced Practice Registered Nurse in the Department of Pulmonary and Critical Care Medicine at Middlesex Hospital in Connecticut, has been re-elected as Chair of the Commission on Collegiate Nursing Education (CCNE) Board of Commissioners. Dr. Martinez's second term as Chair commences on January 1, 2024.

At its meeting on October 3-6, 2023, the CCNE Board additionally re-elected Lori Escallier, PhD, RN, CPNP-PC, FAAN, Dean and Professor, College of Nursing, SUNY Downstate Health Sciences University, in Brooklyn, New York, as Vice Chair. Cindy Greenberg, DNSc, RN, CPNP-PC, FAAN, Professor of Nursing, College of Health and Human Development, California State University, Fullerton, was elected as Treasurer; and Sarah Greterman, PhD, Talent Development Manager, Danaher Corporation, in Fargo, North Dakota, was elected as Secretary. Each officer was elected to a one-year term of office.

Following the election of officers, Dr. Martinez stated, "I look forward to working with the CCNE Board of Commissioners and our national community of interest throughout 2024, as CCNE completes revisions to its Standards for Accreditation of Baccalaureate and Graduate Nursing Programs and prepares for their implementation in 2025. As CCNE celebrates its 25th anniversary of conducting accreditation reviews, I am honored to work with leaders from nursing education programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship and residency programs as we continue to serve the public interest through quality accreditation."

The Commission on Collegiate Nursing Education *is an autonomous accrediting agency contributing to the improvement of the public's health. CCNE strives to promote the quality and integrity of baccalaureate, graduate, and residency/fellowship programs in nursing. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education and nurse residency/ fellowship programs.*

Contact:
Benjamin Murray
Deputy Executive Director
202-887-6791 x275
bmurray@ccneaccreditation.org

ANA-NY Member

Dr. Escallier has worked at Stony Brook for 36 years and now serves as Dean of the Downstate College of Nursing. Her innovative works developing educational engagement strategies for diverse students has been nationally recognized by the American Association of Colleges of Nursing (AACN) and the Robert Wood Johnson Foundation (RWJF). She has been the recipient of numerous grants totaling more than nine million dollars that have supported the academic success of underrepresented, minority students.

Her mentorship models support students from all degree levels and have impacted the national RWJF/ AACN New Careers in Nursing (NCIN) Program's success in preparing thousands of baccalaureate and master's level nurses. These mentorship models have been supported through seven consecutive years of funding (the maximum) under the NCIN Program by RWJF, and for over ten years by HRSA, thereby imparting the healthcare workforce with a broader and more culturally and experientially diverse group of professional nurses.

Dr. Escallier co-authored a national award-winning resource book for diverse nurses: the RWJF/AACN Transition to Practice Toolkit. Her influence has been recognized through the RWJF Innovation Award, as well as the Above and Beyond Award in 2015. These innovative models continue to be adopted across the nation and have garnered international interest.

Dr. Escallier engaged additional avenues for diversifying the nursing workforce through a response to the federal Vow to Hire Heroes Act of 2011. Her innovative HRSA-funded Veteran to BS Program expanded university enrollment to veterans from diverse backgrounds. Her work with veterans has forged change in how substantive experience is translated to academic credit.

2023 ANA-NY President's Awardees

Kenya Beard, EdD, RN, AGACNP-BC, ANEF, FAAN

Dr. Kenya Beard is the Inaugural Dean and Chief Academic Officer at Mercy College's School of Nursing; immediate past-chair of the New York State Board for Nursing; immediate past-chair of the American Academy of Nursing Equity, Diversity, and Inclusion Committee; co-author of the Commission to Address Racism in Nursing's 2022 foundational report titled, *Racism in Nursing;* co-author of the National Academy of Medicine's Perspectives, *Dismantling Systemic Racism and Advancing Health Equity throughout Research*; and lit up the room as an invited speaker at the American Academy of Nursing's 50th Anniversary Celebration.

Lauren Lodico, President, National Student Nurses' Association

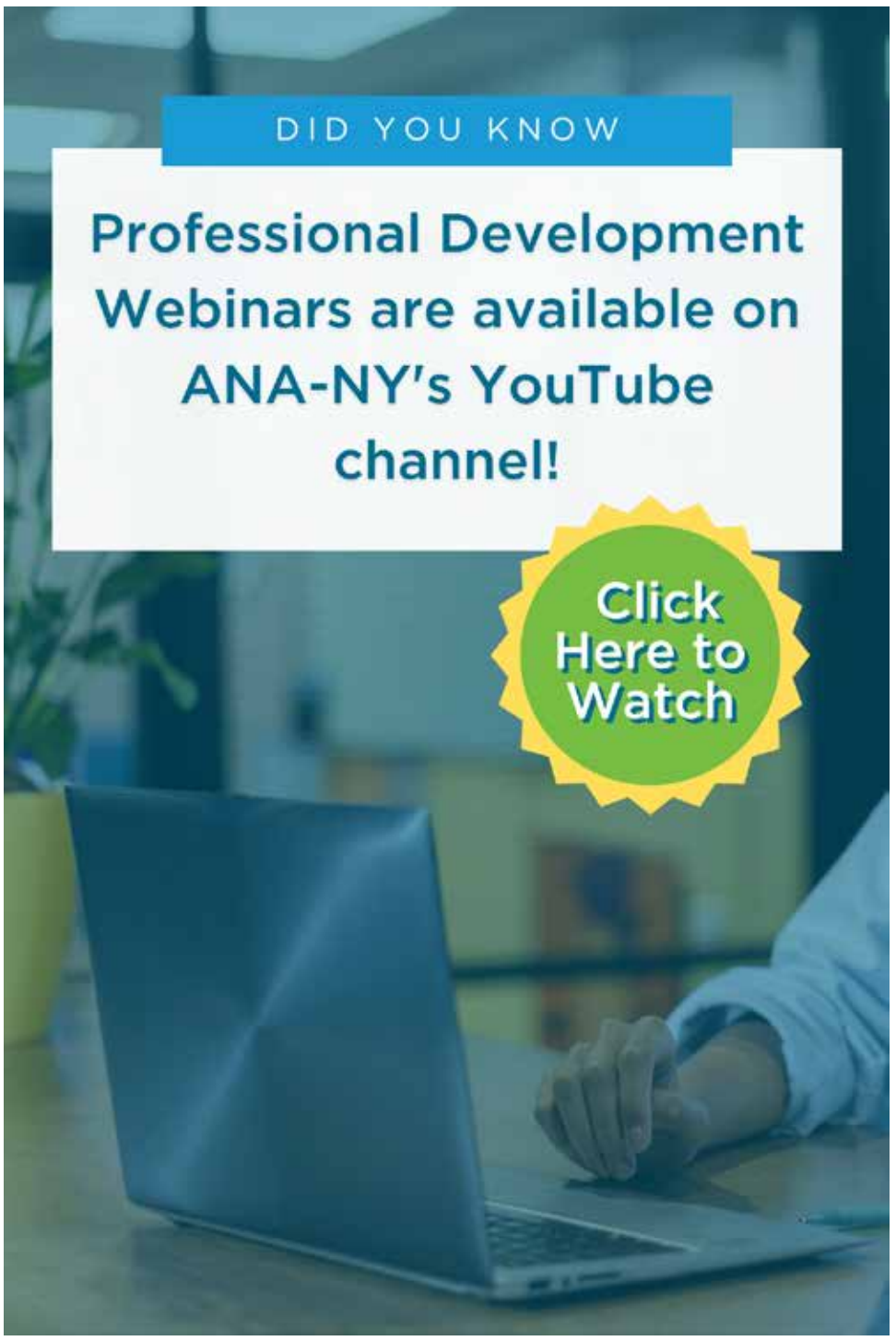
Lauren is a nursing student at Molloy University who serves as President of the National Student Nurses' Association (NSNA). Her work with the National Student Nurses' Association showcases her exceptional grasp of health equity, social justice, anti-racism, and cultural humility. Aligning with the organization's core values of leadership, autonomy, quality education, advocacy, professionalism, care, and diversity, she dedicates a significant portion of her time to promoting these principles in any setting or with any collaborative partners.

ANA-NY Members can access the reputable CINAHL Database, an authoritative index of nursing and allied health journals designed to support nurses, allied health professionals, researchers, nurse educators, and students in researching their subject areas.

ANA-NY Members receive:

- Complimentary Access with ANA-NY Membership
- Full-Text Articles
- Unlimited Access during the Account

Click Here to Learn More & Gain Access



Nursing is so Unique it Needs Two Unique Identifiers

Katheren Koehn, MA, RN, FAAN, Executive Director, MNORN

There is an age-old problem when it comes to finding the cost of nursing services in a hospital bill, because nursing is buried in the room charge. We talked about this issue in the 1970's when I became a nurse, and we are talking about it today.

This is not a subject that just a few of us are talking about. This is a subject nurses at every level are talking about. You can see some of the discussion by doing a quick Google search. Enter "where is nursing in the hospital bill?" and out pops myriad articles. Among the articles I found were:

- allnurses.com - Should nursing charges be separate from the room charges? (2003)
- beckershospitalreview.com: Want to Fix the Nursing Shortage? Change this 100-year-old policy (2023)
- thefreelibrary.com - Nursing is the room rate (2012)

HISTORY

"Want to Fix the Nursing Shortage?" explained how nursing got into the room charge in the first place. In the 1920-30's, medical science expanded. More people were admitted to hospitals and the need for 24-hour nursing care also expanded. Rather than billing patients separately for nursing care, as they had done when patients paid for their own private duty nurses, hospitals rolled the cost of nursing services into the hospital bill - where nursing has stayed for nearly 100 years. Nursing has changed greatly in the past 100 years, but billing has remained the same.

History is important to know how we got where we are. Now it is time to change.

CURRENT DEBATE

Discussions about the need for a unique nurse identifier have turned into a debate about where the unique identifier should be located. The two options are within CMS as the Unique Provider Identifier (NPI) or within NCSBN within Nursys. Notice the word "debate." There are those who think that CMS is the best place, others who think NCSBN is the best place. It turns out that this isn't an "either or" - this is an "and!"

Currently, most APRNs are registered in the CMS NPI Registry; they have to be in order to bill for Medicare and Medicaid services. Most registered nurses have not registered, but they can. There is no charge. All nurses who hold licenses are automatically assigned a unique identifier by the NCSBN for their Nursys database. One way to think about it is that the NPI via CMS is for billing; the NCSBN ID is for the use of aggregate data on nurses for research on nursing.

The ANA Position is that all nurses should enroll into the NPI Registry, so that registered nurse payment can be extracted from the room charge.

ANA - NURSE PROVIDER IDENTIFIER

"Registered nurses (RNs) are integral parts of the health care team and spend significant time with patients providing clinical services. In the current health care financing system, this work is generally not accounted for, other than in the physician's practice expense (PE) relative value unit (RVU). The lack of NPIs for nurses makes it extremely difficult to record, measure, and value the services they provide and their impact on patient outcomes…obtaining and recording NPIs in appropriate health care data systems would allow health systems, payers, and enterprise resource planning systems to extract nursing services from other providers. This then allows for a quantitative analysis and substantive demonstration of the nurse's role and value as an integral member of a patient's health care team."

The NCSBN Position is that all nurses have a NCSBN identifier that uniquely identifies all nurses, which could provide aggregate data to research nursings contributions through the care continuum.

NCSBN - UNIQUE NURSE IDENTIFIER

- UNI (nurse's NCSBN ID) allows you to uniquely identify a U.S. nurse regardless of how many states in which the nurse is licensed. It is an eight-digit public identifier assigned to a nurse for life upon getting their first U.S. nurse license (LPN/VN or RN) and will never expire or be recycled, just like SSN is to an individual.
- Federal, State, Non-profit, For profit, Hospital systems, Educational institutions – ALL have nurse data sets for nurses in their systems and databases. With UNI embedded in their data sets, protected nurse personally identifiable information (PII) such as SSN, DOB, etc., will no longer be needed for nurse identification and will facilitate data sharing and exchange for research, as well as operational and important public protection work. UNI is publicly available; however, it is the responsibility of each organization to securely protect their nurse data sets.
- Information systems can relatively easily record nurse's patient care contributions throughout the care continuum by simply using the UNI. Aggregate data analysis can help with meaningful evidence-based decisions. Searching for a nurse in databases can be made easy using ONLY the UNI.

NEXT STEPS

It is time to end the debate on either or - ANA's position on NPI or NCSBN's position on UNI and begin the process of ensuring that all nurses have both. Since nurses are automatically enrolled in the NSCNB database, this means that we need to be encouraging all nurses to enroll in the NPI at https://nppes.cms.hhs.gov/#/. It is free and easy to do. It's the first step in making sure our history does not become our future. It is time to bring nursing out of the room charge.

REFERENCES:

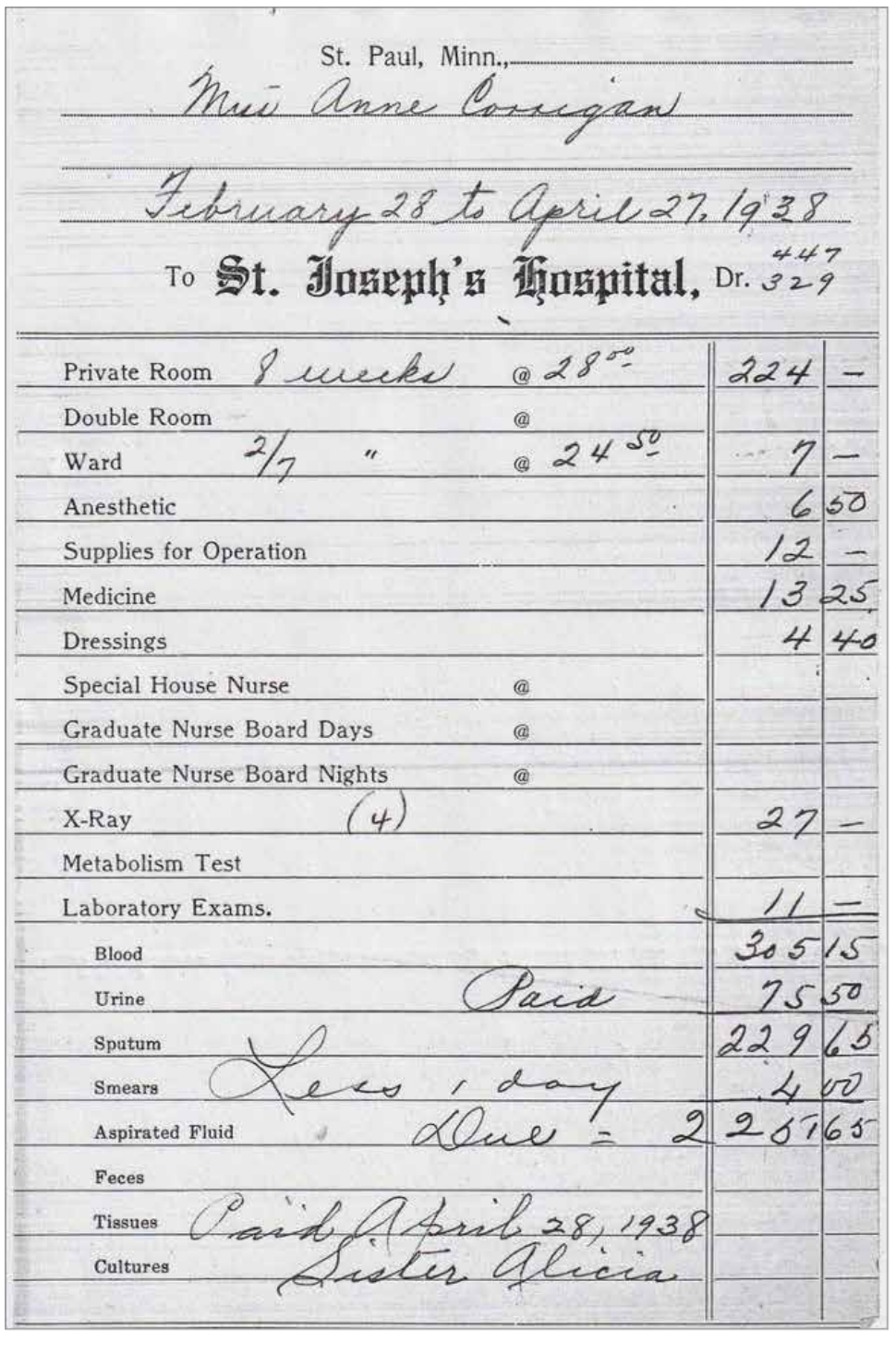
An Overview and Policy Implications of national nurse identifier systems: A Call for unity and integration https://www.nursingoutlook.org/article/S0029-6554(22)00180-4/fulltext

A Unique Identifier: Frequently Asked Questions (FAQ) https://www.allianceni.org/sites/allianceni/files/wysiwyg/inline-documents/Unique_Nurse_ID_FAQ_Final.pdf

NPI: What You Need to Know https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf

Position Statement: National Patient Identifier (NPI) as the Unique Nurse Identifier https://www.nursingworld.org/~493c6b/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/nursing-practice/npi-position-statement.pdf

Want to fix the nursing shortage? Change this 100-year-old policy https://www.beckershospitalreview.com/want-to-fix-the-nursing-shortage-change-this-100-year-old-policy.html



St. Paul, Minn.,

Miss Anne Corrigan

February 28 to April 27, 1938

To St. Joseph's Hospital, Dr. 447/329

Private Room	8 weeks	@ 28.00	224	–
Double Room		@		
Ward	2/7 "	@ 24.50	7	–
Anesthetic			6	50
Supplies for Operation			12	–
Medicine			13	25
Dressings			4	40
Special House Nurse		@		
Graduate Nurse Board Days		@		
Graduate Nurse Board Nights		@		
X-Ray	(4)		27	–
Metabolism Test				
Laboratory Exams.			11	–
Blood			30	15
Urine	Paid		7	50
Sputum			22	65
Smears	Less 1 day		4	00
Aspirated Fluid	Due = 2		26	65
Feces				
Tissues	Paid April 28, 1938			
Cultures	Sister Alicia			

ANA FREQUENTLY ASKED QUESTIONS
ABOUT THE NPI

What is an NPI? NPIs are unique identifiers used by providers to bill Medicare and Medicaid for services they provide. They are currently the only identifiers allowed by the Centers for Medicaid and Medicare Services (CMS).

Why should I obtain an NPI? NPI numbers are the only numbering system currently approved for providers like APRNs to bill Medicare and Medicaid.

How do I obtain an NPI? Applications for NPIs can be found through CMS' website: https://nppes.cms.hhs.gov/#/,

Why is it important to have an NPI to track the care that nurses provide? As nurses, we know that our care is a crucial component of health care quality and health outcomes. Yet an RN's time and expertise are now completely invisible to the systems that pay for patient care. As a result, the value of RN care to the system is not quantified. Nursing care should be counted! Tracking that care with an NPI is an essential first step in changing how health systems and other practitioners view nurses and the work that they do. The ultimate goal is changing health care reimbursement to account for the role of RN care.

What is the cost for an NPI? There is no cost to obtain and maintain an NPI.

How long do I keep my NPI? The NPI lasts throughout your professional career and travels with you from position to position. Make sure to update the NPI system when you change employers.

How do I obtain more information from ANA on NPI? To obtain more information, please contact ANA's policy team at gova@ana.org.

Who administers the NPI process and why? The process is administered by CMS. Congress passed legislation requiring CMS to create a unique identifier for providers and the result of this was the NPI. CMS requires NPIs to process Medicare payments and to support data analysis for the Medicare program.

Do private payers require NPI numbers? Most private payers require NPI numbers for billing, but it is not a legal requirement.

Does the NPI cross state lines? Yes. NPIs are nationwide and cross state lines.

I am an APRN and bill under my practice/hospital NPI, why should I get an NPI?

Unless one has an NPI, it is impossible to track the work you do versus the work done by other clinicians in the practice. Additionally, if one chooses to start their own practice, they would need an NPI to bill Medicare and Medicaid for reimbursement.

I am an RN and I don't bill separately, why should I get an NPI?

It is true that RNs do not currently bill, but we believe that nurses are not paid appropriately for the work they perform. There is currently no way to track all the work that nurses do to show their full value, but by registering for an NPI we can start building the data to show the impact of nurses.

Other organizations are requesting that I use my NCSBN ID. Does this conflict with an NPI? This does not conflict with ANA's recommendation of obtaining an NPI. Key organizations using NCSBN IDs are doing important research that can also help show the value of nursing. They are using this ID as all nurses are automatically given an NCSBN ID. The NPI was developed specifically for billing and reimbursement purposes, which is an area of priority focus for ANA advocacy. Both identifiers are important to changing how systems value and reimburse nurses.

When nursing became part of the room charge...

Look at this hospital bill from St. Paul, MN, in 1938.

The patient was in the hospital for 8 weeks.

Note that the categories special house nurse, graduate nurse board days, and graduate nurse board nights are blank.

This bill suggests the hospital had at one time billed for nursing services, then stopped.

It is time to remove nursing from the room charge!

DONATE LIFE New York State

Story of Hope: Todd Farrell

Among the many customer photos hanging on the wall in Todd Farrell's auto repair shop office in Hudson, NY, the young man pictured in a black frame just over the owner's shoulder holds profound significance. Not far removed from his high school years, he stands at attention with both hands grasped behind his back. He wears a black baseball cap and black hoodie with short sleeves. Sporting a scruffy chin, he stares solemnly back into the lens.

"Who's the kid?" customers not familiar with Todd's story will often ask, pointing to the photo.

"That's my hero," Todd responds. Pointing to his torso, he clarifies his statement. "His liver is in me."

Todd battled his demons since a time when he wasn't much older than Christopher, the young man pictured. It took an angel to give him a second chance at life and redirect him back on the right path.

Todd is unapologetically frank about his life. He is a recovering alcoholic. His problem drinking started in his mid-20s and progressively worsened throughout adulthood. Multiple medical specialists warned him that he needed to quit or face dying of liver cirrhosis. His drinking would stop briefly but then resume again. His drinking nearly cost him his life.

In January 2022, he finally agreed to seek treatment at a rehab facility in eastern Pennsylvania. But while his health should have steadily improved, his weekly blood tests revealed his liver function was declining. When his wife, Amy, came to pick him and she laid eyes on Todd for the first time in nearly a month, he instantly suspected that something was seriously wrong. "She didn't say it, but I could see. I looked horrible," he recalled. "I looked worse than when I left."

After running additional bloodwork, he was instructed to head to the nearest emergency room. There, doctors confirmed Todd was experiencing liver failure and would need to be rushed to Westchester Medical Center for consideration for a transplant.

In March 2022, Todd underwent a comprehensive battery of medical and psychologically tests before deemed eligible. Within less than a week, he received the miraculous news that a match had been found. He later learned his donor, Christopher, lost control of his vehicle while driving with his pregnant wife on a back road in rural Virginia. She and their unborn child survived the crash but Christopher suffered irreparable brain injuries. Passing away tragically at 20, Christopher was to become Todd's liver donor.

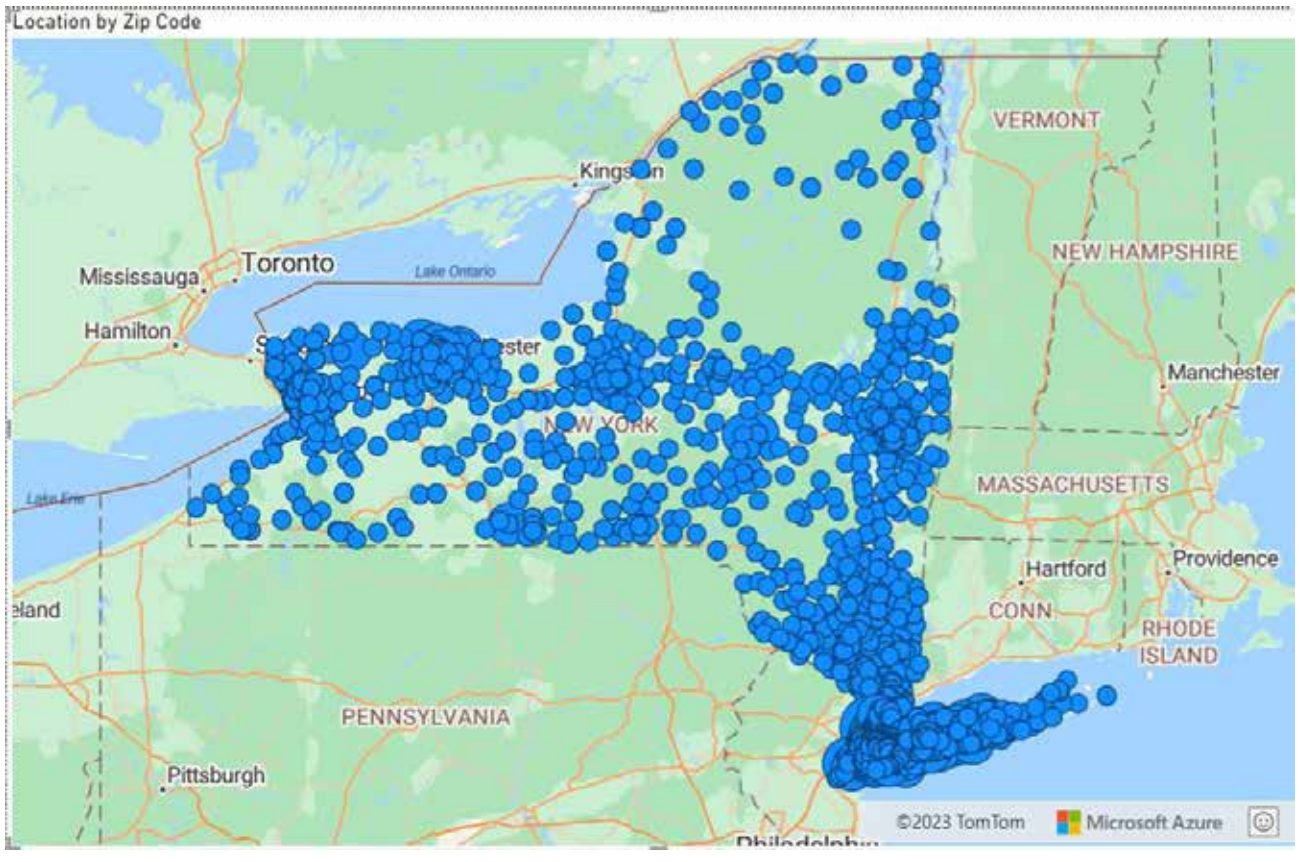
On March 20, 2022, thanks to Christopher's generous decision to be an organ donor, he received his liver transplant.

Todd has been sober for more than a year and nine months, nor does he have any urge to drink. However, his incredible story of overcoming adversity is still being written. He's suffered a series of frustrating medical setbacks, including a stroke and subsequent seizures.

But he appreciates the second chance he's been given, savors the little things in life like hearing birds chirp on a cool summer morning, and remains optimistic about the future.

"I wake up every morning and thank God that I'm alive."

ANA-NY Member Demographics



Nurse-to-Patient Staffing Ratios: Necessary Legislation for Improved Patient Care

Ashley N. Galardi
New York Institute of Technology, Department of Nursing NURS 472: Nursing Leadership
Dr. Jessica Varghese June 7, 2023

Introduction

The ongoing issue of nurse-to-patient staffing ratios has been highly debated in healthcare, with both advocates and opponents on each side. As the demand for healthcare services continues to increase and the complexity of care required by patients rises in a post-COVID world, the need for appropriate and safe staffing ratios becomes more critical. As a student nurse, I stand firmly in my belief and advocacy that nurse-to-patient staffing ratio legislation in New York State is absolutely necessary for improved patient care and outcomes.

The key stakeholders in the legislation under review are patients, nurses, and healthcare facilities; each identified stakeholder plays a crucial role and has a vested interest in the establishment and maintenance of safe staffing levels. The correlation between safe staffing numbers and better outcomes is supported by research conducted by Rosenberg (2021), which highlights that implementing minimum nurse-to-patient staffing ratios in Queensland, Australia has shown positive effects on nurse staffing, patient outcomes, return on investment, patient mortality rates, readmissions, and length of stay.

Stakeholders

Patients

First and foremost, the primary stakeholders of appropriate nurse-to-patient staffing ratios are patients. With appropriate staffing, patients are more likely to receive high-quality care, with fewer medical errors and complications. Upon reviewing the available literature, I found a study conducted by Needleman et al. (2002), which examined the relationship between nurse staffing levels and the quality of care in hospitals. The data presented in the study revealed that lower nurse staffing levels were associated with higher rates of adverse events such as urinary tract infections, pneumonia, and shock. Furthermore, Needleman et al. (2002) established that higher nurse staffing levels were associated with lower rates of patient mortality, shorter hospital stays, and higher nurse job satisfaction. These findings suggest that nurse staffing levels are critical to providing high-quality patient care, and inadequate staffing levels compromise patient safety and outcomes, leading to a snowball effect of negative outcomes. This may include increased risk of errors, delayed response times, decreased patient satisfaction, increase in potential adverse events, and inability to appropriately monitor the patients leading to missed or delayed recognition of critical changes in vital signs or symptoms. With appropriate staffing, patients can receive more individualized attention from nurses, leading to better communication, understanding of their medical condition, and adherence to treatment plans.

Nurses

Nurses are also critical stakeholders in the implementation of nurse-to-patient staffing ratios. Adequate staffing ensures that nurses can perform their duties effectively and efficiently, leading to increased job satisfaction, decreased burnout, and lower turnover rates. When nurses are not burdened by an excessive workload, they are significantly more equipped to provide high-quality care. When examining the association between registered nurse staffing levels and patient outcomes in hospitals, Kane et al. (2007) found that higher registered nurse staffing levels were associated with lower rates of patient mortality, shorter hospital stays, and fewer adverse events. These findings suggest that increasing registered nurse staffing levels could improve patient outcomes and quality of care in hospitals. One of the primary roles in the profession of nursing is patient advocacy in regards to safety and quality care. Nurses understand the importance of adequate staffing ratios in providing safe and effective care, and they play a vital role in advocating for optimal nurse staffing to protect patient well-being. This closely ties into the professional standards and code of ethics that guides the nursing profession, as according to the American Nurses Association, nurses are expected to advocate for the rights, safety, and well-being of their patients.

Healthcare Institutions

Finally, healthcare institutions, including hospitals, clinics, and several other healthcare settings, are key stakeholders in the legislation of nurse-to-patient staffing ratios in New York State. While the cost of increased staffing may be a concern for some facilities, findings by Rosenberg (2021) have shown that appropriate staffing can lead to significant cost savings due to reduced length of hospital stays, decreased readmissions, and fewer medical errors. In turn, healthcare facilities can benefit from improved patient satisfaction, which can lead to increased revenue. Circling back to the aforementioned study conducted by Rosenberg (2021), findings concluded that the reduction in readmissions and shorter lengths of stay resulted in a significant cost savings, exceeding twice the expenses incurred for the additional staffing required to comply with the new policy. Furthermore, the quality of care and patient outcomes are historically associated with the reputation and performance of healthcare institutions. Adequate nurse staffing levels contribute to positive patient experiences, improved clinical outcomes, and overall organizational reputation. Healthcare institutions have a vested interest in maintaining staffing ratios that support positive performance data and enhance their standing in the healthcare industry. By healthcare institutions supporting legislation that ensures reasonable workload and promotes job satisfaction among nurses, it in turn demonstrates their commitment to the well-being of their employees and contributes to staff retention and recruitment efforts.

Impact

The implementation of nurse-to-patient staffing ratios legislation in New York State holds the potential for significant positive impacts across multiple dimensions of healthcare. Patients will receive higher quality care, nurses will have more manageable workloads, and healthcare facilities will benefit from improved patient satisfaction and cost savings. Firstly, patients stand to receive higher quality care as a result of appropriate staffing ratios. With adequate nurse-to-patient ratios, patients can expect increased attention, timely responses to their needs, and enhanced monitoring of their condition. Secondly, nurses themselves will experience more manageable workloads with the implementation of staffing ratios. Adequate staffing allows nurses to provide focused and attentive care to each patient, reducing the risk of burnout, stress, and job dissatisfaction. Furthermore, healthcare facilities will reap several benefits from appropriate staffing ratios. Improved patient satisfaction is a direct outcome of optimal staffing, as patients receive the attention and care they need in a timely manner.

Satisfied patients are more likely to report positive experiences, leading to better facility ratings, reputation, and potential for increased patient volume. By ensuring appropriate staffing levels, this legislation can contribute to a healthcare system that prioritizes patient safety, enhances nursing work environments, and promotes the overall well-being of all stakeholders involved. Considering the potential positive impacts on patient care, nurse satisfaction, and healthcare facility costs, I firmly believe it is imperative that the proposed legislation for nurse-to-patient staffing ratios in New York State is passed.

References

Centers for Disease Control and Prevention. (2021). *Managing Healthcare Operations During COVID-19.* National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html

Centers for Disease Control and Prevention. (2022). *Strategies to Mitigate Healthcare Personnel Staffing Shortages.* National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Kane, R. L., Shamliyan, T. A., Mueller, C., Duval, S., & Wilt, T. J. (2007). The association of registered nurse staffing levels and patient outcomes: systematic review and meta-analysis. Medical care, 45(12), 1195-1204.

Needleman, J., Buerhaus, P., Mattke, S., Stewart, M., & Zelevinsky, K. (2002). Nurse-staffing levels and the quality of care in hospitals. New England Journal of Medicine, 346(22), 1715-1722. doi: 10.1056/NEJMsa012247

Nursing scope of practice: American Nurses Association. ANA. (2017, October 14). https://www.nursingworld.org/practice-policy/scope-of-practice/

Rosenberg, K. (2021). Minimum nurse-to-patient ratios improve staffing, patient outcomes. AJN, American Journal of Nursing, 121(9), 57–57. https://doi.org/10.1097/01.naj.0000790644.96356.96

Meet 2024 Conference Speaker Bruce Weinstein

Meet Bruce Weinstein, otherwise known as The Ethics Guy. Bruce will be one of our featured speakers at the 2024 Annual Conference at The Sagamore Resort in Bolton Landing, NY.

Bruce is the CEO of the Institute for High-Character Leadership and shares his expertise in Forbes' magazine online. Bruce is the author of the books "Ethical Intelligence," "The Good Ones: Ten Crucial Qualities of High-Character Employees," and for tweens and teens, "Is It Still Cheating If I Don't Get Caught?"

Bruce received his B.A. in philosophy from Swarthmore College and an M.A. and Ph.D. in philosophy with a concentration in bioethics from Georgetown University and the Kennedy Institute of Ethics. Bruces's clients include, but are not limited to, the Ford Motor Company, the National Football League, the Association of College and University Auditors, and the Home Depot.

Bruce offers an engaging and entertaining presentation on ethical leadership, so make sure to join us at the 12th Annual ANA-NY Conference for this unique opportunity!

Central New York/Syracuse Nurses Honor Guard

By Faith Terry, RNC

The Central New York- Syracuse Nurses Honor Guard is comprised of a group of Volunteer Nurses (RN, LPN, NP, Nurse Midwives) who choose to serve and honor deceased Nurses at the time of their death by attending their funeral or memorial service. We invite all CNY Nurses to join us; whether they are active, retired or a Student Nurse, women or men. They will be welcomed with open arms, in what might well be one of the toughest jobs they may ever love. We serve the families of fallen Nurses in CNY and beyond. We go wherever the call is needed.

The first Nurses Honor Guard was started in 2003 by the Kansas Nurses Association and brought to the Hospital CNO and Professional Practice Council to see if there would be any interest in supporting them. They approached the Hospital Foundation and Nurses Union (OPEIU) for funding, and they all were happy to help.

The National NHG Coalition was formed when Julie Murray heard about it in 2011, she was so inspired and knew she had to bring this to the rest of the nation. Gradually, with the help of social media they have grown to over 250 groups nationwide including Alaska and Hawaii! We will have a National NHG Conference in KY in May of 2024. Julia has made this her mission to have enough groups so any nurse can have this when they need it. It is my mission in NYS, too. This is a way to bring back the dignity and respect to our profession which has taken quite a beating lately. It helps restore our souls for nursing. We want to remember NO NURSE IS FORGOTTEN.

Central New York Syracuse Nurses Honor Guard was formed when Faith Terry heard about it in February 2021 when she watched a video on Facebook of a Memorial Service being presented. She was hooked, her heart was touched, and knew we had to have this in CNY-Syracuse. Covid delayed starting, but plans started in Jan. 2022 and our first tribute was 4/10/22 and started with 4 members. This was the first group in CNY; there is one in Plattsburg, NY. We now have over 40 members and have done over 120 tributes since 4/22. We have done 2 Honor the Living Tributes. There is over 1000 years of nursing experience in our NHG. Our logo was created depicting NYS with a flame over Western NY. The core city has a red cross over it, depicting each chapter. Each Chapter in NY can use the logo representing their chapter.

We use our TRADITIONAL UNIFORM AND SYMBOLS:

Our Nurses Uniform and cap were designed by Florence Nightingale when she went to work with the wounded in the Crimean War in 1860's.

Our Nurses Capes date back to WWI, with military nurses in battlefield who wore navy capes with scarlet lining. One side is tossed over the shoulder because it made them more visible and signaled to others when they were treating a soldier.

For our tributes we wear white nurse's dresses or scrubs, white stockings and shoes, cap and cape. Men wear white scrubs and white nurse's shoes. The traditional Nurse's uniform is a symbol of our profession.

White rose: symbolizes a nurse's devotion to her profession.

Nightingale lamp: The Lamp of Knowledge is the official symbol of the Nursing Profession. This was received at our capping ceremony.

The illumination of the light is a portrayal of the Sanctity of Life and represents all of what Florence Nightingale, the "Lady with the Lamp", stood for: courage, compassion, gentleness, kindness and an unwavering devotion to duty and higher education. Nursing is the light that never waivers! We also acknowledge the loved ones who made a difference, and the sacrifices they and the supportive family made as well, when they are given a lamp.

TRIBUTES WE PERFORM:

HONOR THE LIVING CEREMONY: We go to hospice and end of life facilities and perform a ceremony for nurses while they are still alive. They receive a rose, Certificate of achievement, small Nightingale Lamp, and 'comfort blanket'. The quilts are made and donated as a gift from the Nurses Honor Guard. We place it over the nurse we are honoring as a blanket of love and appreciation to our nurse colleague.

NIGHTINGALE TRIBUTE: The Nightingale Tribute is performed at the funeral home or church and a white rose is placed on the casket or beside the urn, a final call to duty is announced, with the Nurse being called three times (bell rings out with each call) after the third call, the Nurse is then released from their Nursing duties, as their work is done. The Nightingale lamp being forever extinguished and presented to the family (much like a flag presentation at a Military Funeral). This is followed by a recitation of the Nurses Prayer, and we process out. We move forward to minister to the bereaved family members, who are now grieving the loss of their loved one. This ceremony is very healing for the family and is such a great way to honor our profession with dignity.

EVENTS WE HAVE ATTENDED: Our chapter has been busy. As stated, we have done over 120 Nightingale Tributes. Crouse Hospital Memorial Ceremony was held May '22 honoring 19 Crouse nurses who had died and May '23 honoring 13 Crouse nurses who had died. We've marched in 2 Memorial Day Parades and attended a Veteran's Memorial Ceremony in November '23. We were invited to exhibit and perform the Nightingale Tribute at NYSIDDDNA Annual Nursing Conference in '22 and '23 and ANA-NY Annual Nursing Conference in '23. Other events were Funeral Directors Associations, BOCES Career Day Fair '23, TV segments on Bridge Street and Spectrum News, and Radio. Our NHG was also invited to several Crouse CON Presentations and St. Joseph's CON for pinning and commitment as a speaker.

NYS Nurses Honor Guard: My Dream was to have NHG chapters across NYS, and we now have 20+ chapters: Syracuse, Utica, Albany, Batavia, 2 in Rochester, Bath (Southern Tier), Hudson Valley, Capital District, Buffalo, Cooperstown, NYC-Long Island, Binghamton, Cattaraugus, Northern Tier and Plattsburgh- the first NYS chapter. Soon we will unite as NYS NHG. We have filled in the map of NYS with beautiful colors depicting chapters!!

ACKNOWLEDGEMENTS:

We have been so humbled by the response we have received so far and are very thankful and proud of those who have joined our endeavors. We would like to acknowledge first, the members of our chapter. These are nurses, many still working full time, some retired, but they are available to attend the funerals of nurses often even receiving the call the night before the calling hours or service. They are faithful and so thankful they can honor our fallen colleagues and are so proud of our Honor Guard. They purchase their own uniforms and capes.

Bayberry Uniform and Shoes, Liverpool for publicizing this and giving us the caps and lamps at his cost as well as discounts to the Honor Guard Nurses.

Crouse Hospital/ Upstate Hospital/and Community at Upstate St. Joseph's Hospital for fully supporting and publicizing us.

Crystal Joy, graphic designer, who created our logo for CNYSYR plus 1 for every region across NYS. Many other chapters have adopted it for their region.

Funeral Directors Association - They give brochures to families of nurses who have died and invite us into their Funeral Home or church where service will be performed.

Senior Living Facilites, Wegmans, Calico Gals, Clubs/ Organizations, and Hospice/Francis House.

CNY Syracuse Nurses Honor Guard wishes to thank you for making our NHG Chapter a wonderful success! God has richly blessed us, and our mission remains **No Nurse is Forgotten.**

Splashes of Hope at the 11th Annual ANA-NY Conference

ANA-NY was thrilled to sponsor Painting For A Purpose at the 11th Annual Conference at the Turning Stone Resort Casino in November 2023. The Splashes of Hope artists, Grace Barrett, Steven Blum, Sandy Caracciolo, Elizabeth Schafer and Karen Smith created "I-Spy Buffalo" for this year's recipient, John R. Oishei Children's Hospital of Buffalo.

"Your thoughtful gift has made an immediate, positive difference for the moms, kids, and babies receiving care in our walls, assisting our Child Life Specialists as we provide support, facilitate coping, minimize emotional trauma and encourage normal growth"

-Andrew Bennett, Chief Development Officer, The Children's Hospital of Buffalo Foundation & The Kaleida Health Foundation

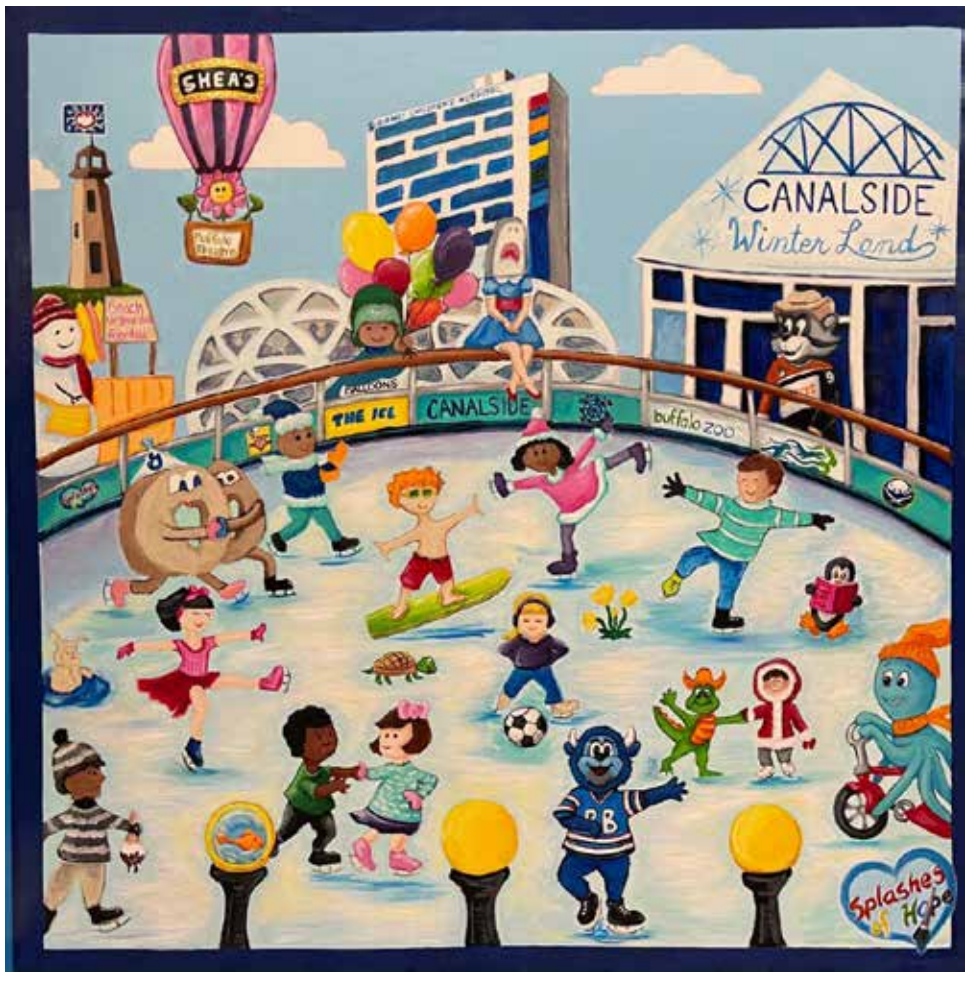
Founded in 1996, Splashes of Hope is a 501(c)3 nonprofit organization dedicated to creating art to transform spaces, enrich environments, and facilitate healing.

Our custom-designed artwork is designed to comfort patients during treatment, healing and recovery by providing a soothing and uplifting visual focus. Each mural is designed to address the unique needs of the patients, their family and the staff that cares for them.

Splashes of Hope has reached ALL 50 states across the US, and internationally in France, Italy, and Ukraine.

Splashes of Hope was founded in 1996 by Heather Buggée in reaction to her own experience in typical, dreary medical settings. During her art school years, Heather had a friend who was afflicted with Hodgkin's Disease being treated in a local hospital. They discussed ways to improve the hospital's aesthetics. Their idea that positive imagery would improve a patient's outlook to support the healing process was the genesis of Splashes of Hope.

Heather's friend, sadly, did not survive his illness, but their dream lives on. Heather and her team of artists and volunteers have made the dream into reality. After 25 years, Splashes of Hope continues its mission to brighten the world with art!



It takes a special kind of Nurse to be at Calvary. Very special.

Now's the time to be a Calvary In-Patient or Home Hospice Nurse.

Hospice & Palliative Care Registered Nurses - PT & FT
in Nassau, Queens, Brooklyn, Bronx, Manhattan, Westchester & Rockland

Salary Range: $94,496 - $122,786
No Mandatory On-Call • Exceptional Benefits & Pensions
Important Work Life Balance • Up to 12-Hour Shifts

Switch to Calvary today!

Call 718-518-2000 ext. 2290
Learn more & apply at
www.calvarycareers.org

CALVARY HOSPICE

For 125 Years
Where Life Continues