2014 Education Day Call for Posters

Have you completed or planned a performance improvement, evidence-based practice, or research project? Share your work with nursing colleagues from around Virginia at our 2014 Education Day –Navigating the Future of Healthcare: Work Environment, Workforce & Public Policy – on September 27 in Richmond, VA! Accepted presenters will receive a 30% discount on Education Day registration fees!

NEW THIS YEAR! 2-4 presenters will be chosen by our Selection Committee ahead of time to present their poster in a small group session.

NEW THIS YEAR! Awards will be given at the conclusion of the conference for outstanding posters.

Important Dates
August 30 – Abstracts due to Selection Committee
September 5 – Conference registration closes
September 17 – Conference registration closes

If you register for Education Day before you receive your poster acceptance, we will adjust your registration fee accordingly and refund the difference to you. Please note that posters cannot exceed 4’ x 4’ in size. If your poster is already completed and does not meet these size requirements, please contact Jessica Shook at shook@virginianurses.com or 804.212.0692 to discuss a size exception.

Diversity Roundtable Emphasizes Need for Inclusion and Cultural Awareness

The Institute of Medicine’s landmark Future of Nursing report: Leading Change, Advancing Health, urges nurses, health professionals and others to step up efforts to increase the diversity of the nursing profession. It calls for a greater emphasis on increasing diversity of the workforce and ensuring that nurses are able to provide culturally relevant care.

In 2011, the Virginia Action Coalition (VAC), an initiative of the Virginia Nurses Foundation and AARP Virginia, formed to implement the recommendations of the IOM Future of Nursing report, and in 2013, VAC received an RWJF Future of Nursing State Implementation grant in 2013. One of the major areas of focus for grant initiatives is diversity in nursing.

On July 24, nursing leaders from more than 50 organizations throughout the state gathered in Richmond for Virginia’s annual nursing roundtable. This year’s event, Cultivating Diversity in Academia and the Workforce, focused on the crucial importance of diversity in nursing and the positive connection between quality patient care and a culturally diverse workforce. Hosted by VAC in partnership with the Virginia Nurses Association and the Virginia Nurses Foundation, this event was a key component of beginning a dialog about the state of diversity in Virginia’s nursing workforce and in academia.

Angela Wilkes, director of supplier diversity and sustainability with Owens & Minor, opened the day with a keynote address, The Big Picture. She focused on the changes necessary to increase culturally competent care and create necessary diversity in health professions.

“People of racial and ethnic minority backgrounds are expected to make up half our population by 2060, and the nursing workforce does not adequately represent the demographics or the growing diversity of the US population. One major solution to achieving adequate diversity in health professions depends upon fundamental reforms to academia,” said Wilkes. “We must become agents of change, become more inclusive, and institute an environment of cultural awareness.”

Following the keynote, Elizabeth Carter, director of the Healthcare Workforce Data Center, provided a comprehensive look at the diversity statistics of registered nurses and nurse practitioners in Virginia. For a comprehensive overview of these statistics, see Carter’s article, “Nursing by the Numbers” in the May 2014 issue of Virginia Nurses Today located in the “Members Only” section of virginianurses.com. Access requires member login.

Panelists representing a variety of minority nursing associations discussed best practices for inclusivity in nursing, while nursing professionals focused on strategies for achieving successful diversity in the workplace. (Panelists included Janet Porter, Central Black Nurses Association; Justine Reyes-Ford, Philippine Nurses Association; Lavoy Bray, Jr, American Assembly of Men in Nursing; Dorothy Tallman, UVA School of Nursing; and Mickel Fuller, Senatara.)

“A greater focus on transcultural nursing will provide more competent and culturally sensitive care to diverse populations. The key to this is to address six primary areas: communication, space, social organization, time, environment control, and biological variation,” said Ford.

Attendees also heard from Pat Polansky, director of policy and communications, AARP Center to Champion Nursing in America. She emphasized the crucial need for experienced nurses to share their knowledge about diversity practices with both students and nurses new to the profession. “It is your responsibility to educate the next generation of nurses,” said Polansky. “If we do not share the important lessons we learn about the importance of diversity, we miss a huge opportunity to shape the profession.”

Matt Thornhill from GenerationsMatter concluded the afternoon with an engaging multimedia presentation covering the important generational dynamics currently at work in the healthcare arena. Attendees left with a better understanding of how to relate to different generations, especially the future of the nursing workforce - the millennial generation.

“Today was an incredible day. It made me realize more than before that no matter what we do as nurses, we must keep the dialog on diversity moving forward,” said VNA member Shokoofeh Mackinnon. “We must always keep going.”

Diversity Roundtable continued on page 4
President’s Message

Greetings, Virginia Nurses!

As my two-year term as VNA president comes to an end, I pause to reflect on this wonderful experience and the many advancements our organization has seen. Some highlights to celebrate include:

- Our membership growth has been incredible. We currently have more than 2500 members – an increase of 24.3% since October 2012! We’ve surveyed our members and have learned that you are joining VNA for a variety of reasons, including networking opportunities, the advancement of their profession, and continuing education.

- Speaking of continuing education, I’ve been proud to be a part of the expansion of VNA’s educational offerings. Since 2012, Education Day has grown from a one-day event into a two-day Fall Conference featuring nationally renowned speakers, panel presentations, a leadership symposium, and poster presentations from 70+ nurses. We’ve been joined by some legendary nurses including Linda Aiken, Joanne Disch, Marlene Kramer, Margaret McClure, and Loretta Ford! At this September’s Fall Conference, we’ll be hearing from Peter Buerhaus and Karlene Kerfoot!

- In response to suggestions from nurses throughout the state, we revamped our annual Legislative Day to include preparing nurses at all levels of the profession, in addition to student nurses, to be advocates for nursing. We also created more opportunities for grassroots efforts through our new legislative visibility initiative and the work of our government relations commission. Our state lawmakers heard the voices of nurses representing many different organizations as we worked together to develop Nursing’s Public Policy Platform. Our Kitchen Cabinet re-formed to focus on the 2012 gubernatorial race, meeting with candidates and their staff to discuss issues of importance to nursing.

Since 2011, VNA has partnered with the Virginia Action Coalition (VAC), an initiative of the Virginia Nurses Foundation. This partnership focuses on implementing the recommendations of the Institute of Medicine’s Future of Nursing report, as well as the development and hosting of online Leadership and Academic Progression Toolkits. We also collaborated on the application for a Robert Wood Johnson Future of Nursing State Implementation Grant – and were thrilled when Virginia was selected as a recipient state last November.

In conjunction with VAC, we’ve worked to nominate nurses to state boards and committees, helping to position nurses in leadership positions on the Governor’s Taskforce on Improving Mental Health Services and Crises Response, the Virginia Council on Aging, the Virginia Board of Nursing, the Virginia State Board of Health, and the VCU Community Memorial Health Foundation.

Our staff has worked diligently to improve our communications to our members and the nursing community throughout the state. We’ve revamped Virginia Nurses Today (VNT), publishing two editions every quarter – a print edition reaching every registered nurse in the Commonwealth, and an exclusive, members-only electronic flipbook version featuring expanded content. Our other communication channels also received makeovers. VNA Voice, our monthly e-newsletter, got a new, mobile-friendly design, and we overhauled and modernized our website, virginianurses.com. Our social media presence also received an upgrade, and our exclusive, members-only electronic flipbook (VNT)

Since 2012, VNA Voice has partnered with the Virginia Action Coalition (VAC), an initiative of the Virginia Nurses Foundation. This partnership focuses on implementing the recommendations of the Institute of Medicine’s Future of Nursing report, as well as the development and hosting of online Leadership and Academic Progression Toolkits. We also collaborated on the application for a Robert Wood Johnson Future of Nursing State Implementation Grant – and were thrilled when Virginia was selected as a recipient state last November.

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President’s Message continued on page 5

The Flu can ruin any shift

By contracting the flu, health care providers not only place a burden on their coworkers but also run the risk of spreading the disease to their patients.

Fortunately, there’s an easy way to prevent it:

Get a flu vaccination.
For yourself.
For your patients.

or call the Virginia Immunization Helpline at:
1-800-568-1929

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or call the Virginia Immunization Helpline at:
1-800-568-1929
What Your Peers Had to Say About Why They Recently Joined VNA

We recently surveyed our newest members (everyone who joined within the past 18 months) to assess their primary reason for joining, and thought you’d be interested in the results. Themes that rose to the top include:

1. Continuing Education
2. News & Information
3. Networking/Community
4. Advocacy to Advance the Profession
5. To Support their Professional Organization

While these results don’t necessarily surprise me, they are oh so affirming! As someone who has worked in leadership with many healthcare associations – including the Pennsylvania Nurses Association – I know that this is generally the top 5 list for association members.

And this is why the Top 5 list is affirming...

1. **We’re Ramping up our Continuing Education Program**

More than ever before, we’re creating new continuing education programs and opportunities for nurses throughout the Commonwealth. Moreover, we’re creating new ways for you to learn.

In order to reach more of you with quality programming that speaks to your learning style and preferences, we’re working to identify a university partner we can collaborate with to offer distance learning opportunities. So whether it’s a continuing education program we stream to multiple locations throughout the state or a learning opportunity you can take advantage of at your work or personal computer, we plan to bring more of these opportunities to you. The first of these programs will, I’m hoping, be available as early as this November. Be sure you’re checking online, virginianurses.com, to stay apprised of what continuing education programs are available.

We’re also developing a public policy and advocacy module – for which we also expect to have contact hours available – that can be utilized in classrooms, via our website, and at our chapter meetings. We hope to launch this in the fall.

We’re planning a new Spring Conference next April or May. While it’s still very much in the beginning planning stage, I believe we may be focusing on the mental health needs of our communities; an issue that came up time and again when we surveyed our members with the question, “What keeps you up at night?”

One more reason to join: Members receive a significant discount on all continuing education opportunities.

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Age of Respondents

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<th>Age Group</th>
<th>Percentage</th>
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<tr>
<td>31-50</td>
<td>41.8%</td>
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<td>51+</td>
<td>31.7%</td>
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CEO Report continued on page 5
Leadership Acumen Series: Sharpen Your Leadership Skills

Nurse leaders interested in sharpening their skills should take advantage of this on-demand program of five webinars to increase their impact in the current healthcare marketplace. Regardless of your role, you can gain knowledge and insights to apply immediately in your organization.

Nurses who have taken this webinar series say:

“I have been in leadership positions for the past 17 years, including the role of CNO, and found the program to be very informative. The learning format was engaging and I was surprised at how much it made me think about the way I lead. The speakers were very good and I wish that all front-line nurse leaders could hear the content.”

– Teri Wicker PhD, RN
President, Arizona Nurses Association

“Really interesting and insightful! It was very easy to use the webinar information in everyday nursing practice!”

– Catherine Guillard, BSN, RN
Health Assistant, Manhattan Beach School District — California

Up to 10 CNE Available!

Each of the following individual programs offers continuing education and cover important lessons for sharpening your leadership skills:

- **Strategic Thinking:** Examine how your role fits within your organization’s strategy. Results - Oriented Leadership: Explore qualitative and quantitative methods for measuring success.
- **Leading People:** Find positive ways to lead people — and improve health care delivery.
- **Personal Leadership:** Examine leadership behaviors and how they impact teams.
- **Unleashing Innovation and Creativity:** Get tips and techniques for fostering innovation.

Take charge of your career and click here to register today! Visit [http://ananaleadershipinstitute.org/Main-Menu-Category/Offerings/Leadership-Acumen-Series](http://ananaleadershipinstitute.org/Main-Menu-Category/Offerings/Leadership-Acumen-Series) for more information.

The American Nurses Association Center for Continuing Education and Professional Development is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

**ANCC Provider Number 0023.**

ANA is approved by the California Board of Registered Nursing, Provider Number CEP6178.

**Non-Members – Series price $240.00**

**ANA Members – Series price $180.00**

Group discounts are available - contact [LeadershipInstitute@ana.org](mailto:LeadershipInstitute@ana.org) for more information.

The Loudoun County Health Department is seeking an RN to assume leadership of the Communicable Disease Section as a Public Health Nurse Supervisor. The Communicable Disease supervisor will be responsible for overseeing the Health Department’s Communicable Disease program, serving as a subject matter expert on Communicable Disease for the county, providing supervision to section nursing staff, contact hospitals and physician offices proactively and as CD follow-up, and serve as a member of the Health Department’s emergency preparedness and response team. This is a full-time position with all benefits. 

Required: Graduate from a school, college, or university with a major in nursing. Licensure or eligible for licensure as a registered nurse in Virginia. Ability to wear an N-95 mask.

Loudoun County Health Department accepts only online applications. Faxed, mailed, or e-mailed applications will not be considered. For a detailed description, salary, and job requirements and to submit your application, please visit [https://jobs.agencies.virginia.gov](https://jobs.agencies.virginia.gov) or mailed to:

Loudoun County Health Department
10000 Government Center Parkway
Leesburg, VA 20176

The ADCP at EMU gave me, a full-time employee and mother, a wonderful opportunity to enhance my education and broaden my career with endless possibilities.”

– Julie Knowles, RN, BSN

It’s time for that next step…

- Attend one night a week on campus
- Accelerated – complete your nursing major in about 17 months
- Accredited academic excellence
- No direct patient care clinical requirements
- Now transferring 45 credits for RN diploma
- Study in a small group with other practicing RNs

<table>
<thead>
<tr>
<th>Student Performance</th>
<th>Average GPA</th>
<th>90% passing rate</th>
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<tbody>
<tr>
<td>Online Learning</td>
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<tr>
<td>Classroom Learning</td>
<td>3.1</td>
<td>90%</td>
</tr>
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**RN to BS program**

- MA - Master of Science in Nursing
- DNP - Doctor of Nursing Practice

**Online Bachelor of Science in Nursing:**
- convenience and flexibility
- small class sizes
- career advancement

**Earn a Credential That’s in Demand Nationwide**

1. Top 15% ranked nursing school
2. Practice specialties for utmost expertise
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5. Outcomes learning opportunities
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7. MSA-DNP options

**ATTN: REGISTERED NURSES**

Become a nurse aide evaluator. Control your own schedule and workload.

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This is an independent part-time opportunity to make a difference.

Go to Nacesplus.org for more information!
2. Peer-reviewed Publications & New Members-only Web Content

In the past year, we’ve formed an editorial review board to further elevate the quality of our quarterly newspaper, Virginia Nurses Today. The edition you’re reading right now has some of those peer-reviewed articles, but our new e-flipbook – available only to members – has even more great content... interviews, evidenced based research, the works. Our new website now has a members’ only section. So while we want to share some information with all nurses, we recognize that as a member-based organization, much of the information should be available only to members. I hope you will see this as just one more reason why you would benefit from membership in VNA; it truly is an investment in your future and that of nursing as a whole.

3. Revitalized Chapter Meetings

We’re working with our 11 regional chapters to provide more programs for which we can award contact hours. We all put in some very long days, and so we want to make sure that chapter meetings offer not only the very real benefit of networking, but also quality educational offerings. We’re developing CE program templates focusing on healthcare reform; the work of our Virginia Action Coalition initiatives surrounding interprofessional team-based care, academic progression, leadership development, and access to care; and much more that can be presented at any of our Chapters. We’re also helping more chapters with plans for fall legislative receptions; a great opportunity to get to know your legislators!

4. We are the voice of nursing in Virginia!

When it comes to advocating on behalf of nurses, we are the only organization that speaks for all 100,000+ nurses throughout Virginia. Our lobbyist, leadership and members work diligently and passionately to educate our legislators and state policymakers about issues crucial to nursing’s continuing advancement. Nurses will be depended on more and more as the impact of healthcare reform is fully realized, and will play a pivotal role in the paradigm shift to an increasingly community-based healthcare system.

More opportunities are now available for all nurses to become involved with public policy and advocacy in Virginia. We’re building a grassroots advocacy network to build constituent relationships at the local level; have launched a legislative visibility initiative during the legislative session; recommend nurses to provide testimony at legislative hearings, and endorse nurses for state government board, committee and task force positions (Board of Health, Board of Nursing, Mental Health Task Force, Council on Aging, etc.).

Our public policy platform, developed in partnership with several other nursing organizations, underscores the importance of:
- enabling APRNs to contribute to the health care solution by practicing to their full scope of education and training,
- increasing educational capacity and faculty salaries at the state’s schools of nursing in order to ensure an adequate supply of registered nurses to meet the future needs of the residents of the Commonwealth,
- ensuring an efficient regulatory process for the Board of Nursing and support excellence in nursing education through effective regulations

Nurses represent the largest segment of Virginia’s healthcare professions and the most trusted profession in America. It’s essential we leverage this in the public policy arena to advance the profession. If the above issues speak to you, please consider joining this association. Your support, whether it’s in the form of a membership or a more active advocacy role, is critical to our success.

5. Supporting your Professional Organization

The bottom line: Your support as a member of your professional association makes a difference! Please support our efforts by joining today. Together we have an undeniably strong voice and truly can make a difference.

Virginia Nurses Today

August, September, October 2014

Page 5

President’s Message

Looking forward, you can expect a ramp-up of our continuing education programming, an expansion of our communications efforts, a campaign to revitalize our chapter meetings, and much more. (For an expanded view of what to expect in the next year, check out the CEO Report on page 3.)

Though it is bittersweet to step down from the helm of this incredible organization, it is made easier because I am certain that VNA and the voice of nursing in Virginia will be in the capable hands of our next president, Lauren Goodloe, PhD, RN, NEA-BC. Dr. Goodloe will officially assume the office on October 1, 2014, and you can connect with her at vnapresident@virginianurses.com.

Thank you for the opportunity to serve Virginia nurses in this leadership role. It has truly been my honor. I look forward to continuing to work with the VNA board, and know the future will bring continued growth and advancement of this great organization!

2014-2015 CONTINUING EDUCATION CONFERENCES

September 5
Mid-Atlantic Interprofessional Leadership Conference

October 16-17
FOCUS: The Pediatric and Neonatal Care Conference

October 20
The Good Grief Conference

October 21
VCU Palliative Care Symposium

November 1
Perianesthesia Nursing Conference

November 3
25th Annual LPN Conference

November 21
The Heart Matters Symposium

January 24, 2015
Advanced Practice Nurse Pharmacology Conference

March 17, 2015
Odyssey Acute & Critical Care Conference

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www.vcuhealth.org
Or Call:
804-828-0418
Endowed Chair in Nursing

The University of Virginia’s College at Wise, a branch of the University of Virginia, invites applications for the Thurston H. Strunk Endowed Chair in Nursing. The College seeks an experienced professor with record of scholarship appropriate for a tenured appointment. For more information, visit our web page at http://www.uvawise.edu/hr/employment/faculty.

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ANA Leadership Institute - Innovation and the Triple Aim: Advancing Leadership in Transforming Health Care

“What an amazing experience for hopefully an up and coming nursing leader. I took multiple take-aways from each speaker with pages of ideas and future strategies. The material definitely solidified and gave relevant meaning to much of what I have learned in my DNP classroom coursework.”

- Randee Masciola, RN, MS, CNP
Clinical Instructor at The Ohio State University and Doctor of Nursing Practice Candidate at Case Western Reserve University

Are you prepared to lead your organization in the pursuit of the Triple Aim? The ANA Leadership Instituteâ”¢ has partnered with the Leadership Academy for Peak Performance, an initiative of The Ohio State University’s College of Nursing, to offer a 2-day Immersion Program, September 23-24, 2014, “Innovation and the Triple Aim: Advancing Leadership in Transforming Health Care.” This program provides nurse executives with the knowledge and skills necessary to optimize health care performance to improve patient experience, advance the health of populations, and reduce per capita costs of health care.

This personalized immersion program allows you to engage with instructors and peers to gain a depth of understanding, best practices, and real-world strategies that will drive your leadership action plan. Participants will leave behind the old constructs of leadership in health care and emerge with a mindset that harnesses experimentation, risk-taking, and innovation to advance the goals of the Triple Aim. The program takes you through leading self, leading others, leading in the organization, and creating community partnerships – breaking down key concepts for easy assimilation and application into your current leadership role.

After the 2-day program, each participant has access to 12 months of coaching that will support the participant’s leadership action plan and pursuit of the Triple Aim.

To register, visit http://ana-leadershipinstitute.org/innovationtripleaim.

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Please visit our website at www.hopva.org for our latest job openings.

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875 Peter Jefferson Parkway, Suite 300, Charlottesville, VA 22911
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To register, visit http://ana-leadershipinstitute.org/innovationtripleaim.

Join recognized industry experts in exploring case studies, best practices, and innovation to tackle your toughest staffing challenges. ANA’s second annual staffing conference offers strategies and solutions you can adopt and implement in your practice and at your hospital. Register today to shape, influence, and drive optimal staffing solutions in your practice.

Benefits of attending include how to:
- Use available technology to better align staffing with demand.
- Apply strategies and metrics to drive successful innovation.
- Employ key competencies and skill mixes in managing staffing in real time.
- Re-examine your staffing model and take the first steps to adopt a fresh approach.
- Gain new ideas on how to maximize the value of your staffing committee.
- Ensure appropriate staffing levels in times of crisis.
- Communicate effectively with the C Suite to ensure that you have the appropriate resources.

Keynote Speakers:

- Chris McCarthy, MPH, MBA
  Director, Innovation Learning Network, Kaiser Permanente

- Linda H. Aiken, PhD, RN, FAAN, FNID
  Chief Science Officer, The Sarah H. Harkness Center for Research and Practice, University of Pennsylvania

Check the website for additional speakers.

Early bird rates until August 31, 2014!

Register by August 8 to be entered to win an iPad Mini!

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RN to BSN Nursing Degree Completion
Master of Science in Nursing with a Family Nurse Practitioner specialization
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Position Open Until Filled
Fall Conference | September 26-27

The Jefferson | Richmond, VA

Membership Assembly | Leadership Symposium | Education Day

Leadership Symposium NEW THIS YEAR!
September 26 $125 members | $150 nonmembers

Bedside to Boardroom: Nurses Leading the Way
Don’t miss this half-day dynamic event focusing on the leadership skills every nurse needs - from the bedside to the boardroom.

Stephen Horan, PhD Keynote Speaker

Stephen Horan is the founding president of Community Health Solutions, bringing more than 25 years of professional experience to each client and project. Under Steve’s leadership Community Health Solutions has helped hundreds of organizations achieve better results through focused assessment, design, learning, and execution. The CHS team has also done pioneering work in bringing web-based performance support to health service providers, including safety net service providers. Individually, Steve has been an advisor to consumer groups, nonprofit organizations, corporations, foundations, and public sector leaders. His broad perspective informs his ability to think at the system level as well as the street level, and help people bridge gaps between policy and practice. Steve holds a PhD in Education specializing in research and evaluation, and brings a spirit of continuous learning to his work.

Interactive sessions to include:
Conversations with Emerging and Experienced Nurse Leaders
Nurses on Boards

Membership Assembly and VNA President’s Reception
September 26 Free for members | $25 nonmembers

Join us for a comprehensive update on VNA’s activities and a keynote address from ANA’s newly elected president, Pamela Cipriano, PhD, RN, NEA-BC, FAAN.
Dr. Cipriano is a VNA member from Charlottesville, Va. and served two terms on the ANA Board of Directors, including one term as treasurer. She has served for more than 30 years on state and national committees for ANA and the American Academy of Nursing. From 2010 to 2011, she served as the Distinguished Nurse Scholar in Residence at the Institute of Medicine, where she helped study the safety of health information technology assisted care. She currently chairs the Task Force on Care Coordination at the American Academy of Nursing.
Navigating the Future of Healthcare: Work Environment, Workforce & Public Policy

Healthcare in Virginia is changing rapidly, and nurses need to be ready to face the challenges these changes will bring. Join us for a comprehensive day of discussion related to nursing work environments, the nursing workforce, and public policy that affects the nursing profession.

Peter Buerhaus, PhD, RN, FAAN
Dr. Buerhaus is a recognized authority on the dire nursing shortage our country will face due to an aging population and retiring nursing workforce being on a collision course with a large population—estimated to be 80 million strong—of aging and retiring Baby Boomers. He is the author of *The Future of the Nursing Workforce in the United States: Data, Trends and Implications*, as well as many peer-reviewed articles on health services research and nursing. From 1992 to 2000 he was an assistant professor and director of the Harvard Nursing Research Institute at the Harvard School of Public Health.

Marianne Baernholdt, PhD, MPH, RN, FAAN
Dr. Baernholdt is the director of the Langston Center for Quality, Safety, and Innovation at the Virginia Commonwealth University School of Nursing. She is focused on the development of rigorous learning opportunities in the area of quality and safety and developing innovative practices and education models leading to enhanced quality and safety to patient health outcomes. Her research— which focuses on quality of care in global rural areas—has uncovered compelling evidence about rural nurses’ importance to rural health across the care continuum in home care, community clinics, hospice, and hospitals and highlights issues in global rural health that are often absent in research, practice and policy.

Karlene Kerfoot, PhD, RN, CNAA, FAAN
Dr. Kerfoot has held a variety of positions in nursing and patient care administration, clinical practice, academic positions in nursing and MHA and MBA programs and healthcare consulting and is currently the Chief Clinical Integration Officer at API Healthcare. She has been the Corporate Chief Nursing and Patient Care Officer at three of the largest healthcare systems in the country. Dr. Kerfoot’s passion has been to improve the care of patients by improving the quality of work life for clinicians on the front line.

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NEW THIS YEAR! Awards will be given at the conclusion of the conference to the outstanding posters as determined by judges.


Ross Airington, MPA
As the Health Policy Analyst for the VCU Office of Health Innovation, Ross Airington advises VCU Health System leadership on federal and state health care legislation and regulatory change. Mr. Airington has spent the last three years writing, speaking, and teaching about the impact of the Affordable Care Act on both the health care safety net and the Commonwealth of Virginia. Mr. Airington has advised academic departments, government agencies, private corporations, and nonprofit organizations on a range of health reform and policy issues.


This activity has been submitted to the North Carolina Nurses Association for approval to award contact hours. The North Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Get to Know Pam Cipriano, ANA President Elect

Editor's Note: Pam Cipriano was elected president of the American Nurses Association in June at the ANA Membership Assembly. Pam is a resident of Charlottesville – and a member of VNA!

Background
Pam has been a nursing leader from the early days of her nursing career, beginning with the time she served as president of the National Student Nurses Association. She participated on ANA committees as the student president and quickly became an active member of her state nurses association as well as ANA. Pam has served ANA in numerous elected and appointed positions throughout her career including serving as treasurer, on the Board of Directors, and as chair of the Nursing Congress. She has been on the boards of three state nurses associations – DC, Utah, and South Carolina. She has also served on the board of the American Academy of Nursing (AAN) and as a fellow, has made major contributions as chair of the Workforce Commission and Task Force on Care Coordination. She also helped craft the first ANA document on the role and scope of the Clinical Nurse Specialist.

As a staff nurse Pam specialized in adult critical care, in particular cardiothoracic, burn, and trauma nursing. She experienced labor relations on the front lines as a shop steward and vice president of her collective bargaining unit that staged the first strike by registered nurses in the District of Columbia.

As a clinical nurse specialist she played a key role in the care of the first artificial heart patient at the University of Utah.

As a leader in administration, Pam has managed various clinical areas and served as a chief nursing officer, chief clinical officer, and chief operating officer at several academic medical centers. She led the University of Virginia to its first Magnet designation. She was the 2010-2011 Distinguished Nurse Scholar in Residence at the Institute of Medicine where she helped study the safety of health information technology assisted care, and worked in the Office of the National Coordinator for Health IT on Meaningful Use. She has received numerous honors and awards including the ANA Distinguished Member Award.

Q: What do you see as the future of care delivery?
A: In recent years, my work has helped transform care delivery and prepare organizations to confront the realities of a health care system that is being forced to reevaluate its traditions, break from the status quo, and create change at an uncomfortable pace. Increasingly, we are moving from providing care that is measured in value instead of volume; nurses have rarely had the opportunity or luxury of providing too much care.

Nurses need to drive approaches to meet the triple aim: improving the patient experience of care, improving the health of populations, and reducing the per capita cost of healthcare. We can do this by keeping patients safer, instilling practices that improve quality of care, and creating relationships with our communities and consumers. We are on the front lines of the implementation of care-improving technology, making nurses incredibly well-equipped to revolutionize care coordination and team based care.

Q: How can the nursing community combat the risk for declining employment?
A: For decades, we have relied on hospital employment to lead job growth and salaries. The trajectory for jobs slipping to outpatient areas never materialized – until recently. We need to ensure flexibility and work to make sure that the presence and penetration of registered nurse care is available in other settings. The impact of the expertise of the experience registered nurse cannot be underestimated, although in some settings it has been undervalued monetarily.

We also need to partner with other organizations to ensure nurses have available education to prepare for roles requiring different skills, such as those in ambulatory, home, and community settings. As the market and reimbursement shift to favor lower cost care environments, one way to anticipate where these changes may occur is by employing advanced analytics to track hospital financial performance. Some hospitals will undoubtedly fail, and we need to be able to predict where that will happen and anticipate the movement of jobs.

Q: Why do you think it’s important for nurses to be part of ANA and VNA?
A: It’s important for us to have a united voice, and ANA represents that voice. Again thinking about strength in numbers, it’s important for us to be able to accelerate change that is good for the American people. We need to have as many nurses as possible united under the ANA umbrella to be able to do that. Ultimately being a member of ANA and VNA allows nurses to have a voice at the local, regional, state and national level, which gives us the power to influence change.

ANA and VNA provide a whole array of benefits that are really important for nurses professionally and personally.

Q: What are your top priorities?
A: I want to maintain and continue to strengthen ANA’s marquee programs and core strengths: political advocacy, our efforts around safe staffing and healthy work environments, and exercising our influence and political muscle to help shape health policy. We need to make sure nurses have available education to prepare for roles requiring different skills, such as those in ambulatory, home, and community settings.

We also need to partner with other organizations to ensure nurses have available education to prepare for roles requiring different skills, such as those in ambulatory, home, and community settings. As the market and reimbursement shift to favor lower cost care environments, one way to anticipate where these changes may occur is by employing advanced analytics to track hospital financial performance. Some hospitals will undoubtedly fail, and we need to be able to predict where that will happen and anticipate the movement of jobs.

We also need to reach out to more specialty nurses associations to join us as organizational affiliates and create opportunities for nurse members to have a relationship with ANA. It’s a great way to unite nurses around a common purpose.

And, we need to position nurses to exert greater influence in the transformation of health care. We need to move beyond understanding that the importance of ANA to students, new graduates and their staff. We also need to reach out to more specialty nurses associations to join us as organizational affiliates and create opportunities for nurse members to have a relationship with ANA. It’s a great way to unite nurses around a common purpose.

As parents and health care providers you want to do everything you can to protect your children’s and younger patients’ health.

HPV (Human Papillomavirus) is a common virus that can cause cancer if left untreated. About 17,000 women and 9,000 men are affected by HPV related cancers in the United States every year.

The HPV vaccination is a simple and preventive solution and recommended for preteen girls and boys age 11-12 years. The immune response to this vaccine is better in proteins and could mean more effective future protection.

The HPV Vaccine can be safely given at the same time as other recommended vaccines, including Tdap, meningococcal, and influenza vaccines and is completed with a series of 3 doses over 6 months.

To learn more about HPV and all of the recommended preteen vaccines visit:
www.cdc.gov/vaccines/teens.

For more information contact us: Virginia Department of Health Division of Immunization 1.800.568.1929
Newborn Screening Online Education Helps
Virginia Nurses Learn Ins and Outs of
CCHD Screening – for Free

By Kathleen Moline, RN, BSN, MA,
Program Supervisor at the
Virginia Department of Health

The mission of newborn screening is to prevent intellectual disability, permanent disability or death through early identification and treatment of infants who are affected by certain heritable disorders and genetic disease. This year, the Newborn Screening Education project, a joint venture between the Virginia Department of Health (VDH), the University of Virginia Office of Continuing Medical Education and the University of Virginia Children’s Hospital, is offering a new online education module for hospital and healthcare professionals, which emphasizes critical congenital heart disease (CCHD) screening.

The online CCHD module – as well as another online learning module related to newborn dried blood-spot screening – is free to Virginia healthcare professionals, thanks to a grant from the Virginia Department of Health via the U.S. Department of Health and Human Services – Health Resource and Service Administration.

Approximately one in 100 infants are born with some type of congenital heart disease (CHD). Some forms of CHD cause little or no problems; but other forms, referred to as CCHD, present a significant risk of morbidity or mortality if not diagnosed soon after birth. For years, oximetry has been used for diagnostic purposes, but now it is utilized effectively as a newborn screening tool for CCHD.

The challenge is that CCHD may not be encountered often; a professional may get only one positive screen per 1,000 deliveries. That means that professionals must be extra vigilant and prepared to catch CCHD on that rare occasion, and be familiar with how to use oximetry successfully for this type of nuanced screening.

How is CCHD Detected?
• Prenatal ultrasounds will detect about half of babies with CCHD.
• Most, but not all, of the remaining babies with CCHD will be diagnosed clinically before discharge.
• Between 2-4% of all babies with CCHD will be discharged undiagnosed.

Why is it Missed?
• Murmurs may be absent
• Pulses may be strong in the presence of a patent ductus arteriosus
• Cyanosis may be subtle
• A professional may get one positive screen per 1,000 deliveries; therefore must be prepared for this rare occasion

The online module was developed to train nurses who may be new to this type of screening and use of oximetry for CCHD screening. The content focuses on how to apply the screening correctly by visually indicating where to put probes, how to apply the probes correctly and what to look for when reading the algorithms. The online learning also shows nurses how to anticipate what the doctor may request, and how to communicate with parents in a reassuring way as the newborn goes through additional testing.

Until now, the majority of newborn screening education has been paper-based and has lacked an actual demonstration of the screening. Online education modules, such as the one for CCHD, increase the availability of training, and allow nurses to review screening content when and where they need access, attain certification, and demonstrate that knowledge to meet hospital and nurse administration needs.

Nurses can earn contact hours by visiting The Newborn Screening Education website (www.newbornscreeningeducation.org) and taking the new course titled Critical Congenital Heart Disease Screening. Upon registration, Virginia healthcare professionals will be alerted that they receive the online course for free.

The CCHD module offers evidence-based content for nursing professionals on the identification and implications of CCHD, assistance in establishing a screening program and resources for helping parents understand the testing process and results.

Upon completion of this course, nurses should be able to:
• Describe two congenital cardiac defects that produce a failing result on pulse oximetry screening.
• Explain screening eligibility guidelines for CCHD screening.
• Identify safe and correct methods for performing pulse oximetry on an infant.
• Describe critical pulse oximetry screening results, and
• Describe available resources for helping parents understand the reason for screening and where to receive help when a test result is positive.

CCHD screening is just one of several online education modules developed by the Newborn Screening Education Project to meet a growing need by nursing administrators to offer quality training to nurses on a range of newborn screening requirements. Today, nurses can access both CCHD and newborn dried blood-spot screening eLearning at www.newbornscreeningeducation.org. Newborn hearing screening is on its way in fall 2014.

Immunizations are not just for children.

Regardless, of age, all adults need immunizations to help them prevent getting and spreading serious diseases.

Make sure your patients are up-to-date with all recommended vaccinations.

And talk with them about any vaccines that they may have missed.
Preventing Falls Among Psychiatric Patients

Falls among hospitalized psychiatric patients can occur for reasons that differ from the causes for other hospitalized patients. The criteria and resulting scores on fall scales used in inpatient and long term care settings may not be an accurate reflection of causes for falls among this population. Psychiatric hospital patients are more mobile and are at increased risk of falling due to the types of medications they receive and the nature of their illnesses, and prevention strategies differ. Bed or chair alarms with cords to alert staff may be a danger to the very ill psychiatric patient. Prediction and diligent monitoring is the primary safety tool with safety checks on all patients at frequent intervals.

A psychiatric facility explored characteristics among patients who fell. The purpose was to identify risk factors of the psychiatric patients that fell during the third quarter of 2011 at a rate of 7.33 per 1000 inpatient days.

The records were reviewed with the following notable findings:

Patients age 40-60 had the greatest number of falls. Gender was evenly distributed. Of 16 falls, 11 occurred on day 1-3 of hospitalization. The time of day was evenly distributed.

A change in systolic blood pressure (BP) of >10mmHg in the BP prior to the fall occurred in half of the patients. 15 of 16 patients were on one medication that may cause drowsiness, confusion, or orthostatic hypotension.

Medications given within 24 hours prior to the fall include:
- Antipsychotics 14
- Benzodiazepines 9
- Antidepressants 8
- Anticonvulsants 7
- Beta blockers 6
- Opiates 2
- Anticholinergics 2

The two most common medications administered prior to falls were trazadone and lorazepam.

The authors used the information gathered during the record review to create two tools:
1) A list of the most common medications that could lead to a fall and the duration and half-life of each medication.
2) An electronic worksheet tool that would provide caregivers with the most recent blood pressure, history of falls, age, weight, and medications from the list that were administered within the previous 24 hours. The tool required no additional documentation and was set to automatically print each shift.

Laminated copies of the medications with the onset, duration and half-life were distributed within the psychiatric and then within the acute care settings of the facility. The worksheet tool was implemented during the safety huddles and incorporated with the safety checks. After using the tool for a few weeks, nurses recommended only including medications administered within the previous eight hours so this was changed. Use of the electronic tool was expanded to the acute care setting with additional columns added to also include medications that could lead to injury if the patient fell and physical therapy consults.

The rate of falls began to steadily decline with use of the tools and was under 5 during the third quarter of 2012. The electronic tool provides the patient care team with a view of the entire unit’s risk for falls. By using the tool during the safety huddle, teamwork around fall prevention improved.

References

Preventing Falls continued on page 13
A Predictive Fall Risk Scale for Behavioral Health Psychiatric Inpatients

Anne Kidd, R.Ph, BCPP (anne.kidd@hcahealthcare.com) Judy Plemmons, MSN, RN, CDE, CWOCN (judy.plemmons@hcahealthcare.com), Diana Hakenson, MSN, RN (diana.hakenson@hcahealthcare.com)

LewisGale Medical Center, Salem, VA.

Introduction

The authors explored the reasons Behavioral Health (BH) inpatients fell during Q3 of 2011 compared with patients who fell during Q3 of 2012 after an electronic prediction tool was implemented.

PICO (Problem, Intervention, Comparison, Outcomes) Question:

By identifying the commonalities among BH inpatients that fell during Quarter 3 of 2011, can an effective predictive tool be developed for predictability?

Method

1. Data was collected on patients that fell: time of fall, length of stay at time of fall, medications prior to fall, vital signs before and after.

2. A list of medications administered prior to the fall was compiled. (Handout 1).

3. An electronic tool was implemented that included the medications from the list that had been administered in the previous 8 hours and the other identified factors. (Handout 2).

4. Falls during Q3 2011 was compared with Q3 2012 to determine effectiveness of the tool.

Results

Falls declined from 20 to 17. Falls throughout 2012 had also declined among the population. Falls in this population occur for reasons that differ from the causes for other hospitalized patients. Only 4 of the 37 patients fell because of toileting. Dizziness was often a reason. Most patients were age 40-60. Most were female.

Conclusion

- The tool developed led to a decrease in falls.
- Trazadone and Ativan were most prevalent medications used prior to the falls. Combined with blockers can contribute to orthostasis.
- The Falls Team analyzed falls during August 2012 and found 2 of the 3 patients that fell also had been administered medications from the list. The tool developed provides greater predictability and is now used facility wide.

Most Common Medications


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Accredited Continuing Nursing Education Programs Meet New BON Requirements

by Sharon Brocious, VNA Continuing Education Committee Chair

The Virginia Nurses Association Continuing Education Approval Committee is accredited by the American Nurses Credentialing Center (ANCC) as the approver unit for the Virginia Nurses Association and has been accredited since 1978. As part of the Commission on Education, the Continuing Education Approval Committee (CEA) is defined in the VNA bylaws.

The ANCC accreditation program began as part of the American Nurses Association in 1974. It has since become a separate organization and is governed by the ANCC Commission on Accreditation (COA). The mission of ANCC is to promote excellence in nursing and health care globally through credentialing programs. ANCC also accredits healthcare organizations that provide and approve continuing nursing education (CNE).

What are some of the benefits of providing CNE programs approved by ANCC?

1. Demonstrates that evidence-based criteria have been utilized to plan, implement and evaluate the program.
2. The CNE program meets certification and/or licensure requirements.
3. Your organization is recognized as providing high quality CNE programs that provides nurses with the knowledge and skills to stay at the top of their profession.
4. Recognizes your organization as one that promotes nursing excellence and quality patient outcomes.
5. Improved visibility of your organization as ANCC approved programs are trusted and respected.

What is the relationship between the new Virginia Board of Nursing (BON) competency requirements for licensure and accredited CNE?

Two of the activities a nurse can participate in to show continued competence and renew an active license involve participating in contact hours:

1. Fifteen contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing and 640 hours of active practice as a nurse; or
2. Thirty contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing, (18VAC50-20-221).

The BON goes on to explain:

To meet requirements of subdivision A 8 or 9 of this section, workshops, seminars, conferences, or courses shall be offered by a provider recognized or approved by one of the following:

1. American Nurses Credentialing Center (ANCC)/American Nurses Association (ANA);
2. National Council of State Boards of Nursing (NCSBN);
3. Area Health Education Centers (AHEC) in any state in which the AHEC is a member of the National AHEC Organization;
4. Any state nurses association;
5. National League for Nursing (NLN);
6. National Association for Practical Nurse Education and Service (NAPNES);
7. National Federation of Licensed Practical Nurses (NFLPN);
8. A licensed health care facility, agency, or hospital;
9. A health care provider association;
10. Regionally or nationally accredited colleges or universities;

Accredited continued on page 15
Accredited continued from page 14

11. The American Heart Association, the American Health and Safety Institute, or the American Red Cross for courses in advanced resuscitation; or

12. Virginia Board of Nursing or any state board of nursing.

Programs offered by the twelve entities listed here are the only programs the BON will accept as meeting the requirements to award contact hours that are acceptable for licensure renewal.

It is important for nurses to understand that contact hours for programs through entities not on this list will not count toward licensure requirements. Nurses must be accredited to the selection of programs they attend for contact hours. The BON does not accept CEUs (continuing education units) in the new regulations and does not approve programs.

VNA, as an accredited approver, has demonstrated our ability to judge and attest to the quality of continuing nursing education activities offered by other organizations or individuals. These continuing education activities must be planned, implemented and evaluated based on educational standards and adult learning principles. ANCC defines continuing education as learning activities designed to augment the knowledge, skills and attitudes of nurses and therefore enrich the nurses’ contributions to quality health care. Educational programs submitted for contact hours can be live presentations or independent learning activities.

The CEA Committee is responsible for the continuing education approval process from managing to evaluating applications. In addition, the committee also develops and implements guidelines for approval of programs consistent with the criteria from ANCC.

The committee is composed of the chair (nurse peer review leader) and volunteer members representing a variety of practice areas and geographical areas of Virginia. Committee members must hold a minimum of a baccalaureate degree in nursing.

There are two types of applications reviewed by the committee members—provider applications and single educational activities offered by agencies external to the VNA.

Approved Provider

An Approved Provider is able to award contact hours for continuing education activities, planned, implemented and evaluated by the Approved Provider. The Approved Provider may offer an unlimited number of educational activities during the period of approval. To assist nurses in identifying programs offered by approved providers and to provide contact hours, look for the following statement on the advertising material or certificate:

(Name of the approved provider) is an approved provider of continuing nursing education by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

The VNA website also contains a list of providers approved by the VNA.

Single Educational Activities

The second type of applications reviewed by the CEA committee are those submitted from any group/agency/organization outside of the VNA who offers a single nursing educational activity and wants to provide nursing contact hours. The group does not have to be located in Virginia. We encourage any group who provides nursing education to submit an application to the CEA committee to provide contact hours. Look for the following statement on their advertising material or certificate:

This continuing nursing education activity was approved by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

For more information about having your programs approved for contact hours see the VNA website www.virginianurses.com or contact the CE Coordinator at the VNA office 804-282-1808.

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