“Success Is Not Final, Failure Is Not Fatal!”

Ed Briggs, PhD, ARNP

The great Winston Churchill once said, “Success is not final, failure is not fatal! It is the courage to continue that counts.” These are the words Florida’s nurses should recall as we look back over the last year and look forward to the next.

For many years, the Florida Nurses Association has worked tirelessly to advocate for nurses and advance the profession. FNA has been dedicated to advancing safe working conditions, safe/appropriate staffing, and allowing nurses to practice to the full level of their education and training. These issues have become more critical as our nation and Florida face many challenges relating to healthcare. We have not always succeeded, but we have never stopped striving.

In 2014, Florida’s legislators addressed many issues affecting nursing and healthcare through proposed legislation. Legislative initiatives supported by FNA advanced further than ever before, largely because of the commitment and dedication of our members and staff. We had more success than ever before. We have developed new friendships, found new groups to collaborate with, and have new tools at our disposal.

There has never been a more opportune time for nursing! Momentum exists across Florida and the nation to expand the role of nurses to meet our nation’s healthcare challenges. There is strong evidence that nurses are key to expanding access to care and improving outcomes. There are legislators who recognize the gravity of the problem our state faces and understand nursing is part of the solution.

There are groups opposed to our efforts and dedicated to maintaining the status quo. There are entities that believe that the role of our profession is solely to carry out the orders of others! There are forces opposed to expanding the role of our profession, despite the obvious benefits. So let us take guidance from Mr. Churchill’s wise words. History has demonstrated that victory comes to those who are dedicated, tireless, and committed. Our profession’s history demonstrates that persistent changes come in the face of adversity! And our experience tells us that we can act as an instrument to meet the healthcare needs of our state!

So I am here to recruit you! Let us go forward together! In the coming weeks, the legislative process will begin again for Florida. FNA will resume its efforts to advance legislation to increase access to care, improve working conditions for nurses, and improve care delivery. The board and staff of our association will work tirelessly to achieve our goals. In the coming days, members of FNA will receive information regarding the “FNA4Action” Campaign. This grassroots lobbying effort is a program where nurses educate fellow nurses, family, and friends regarding issues and legislation important to nursing and the health of Floridians. We then encourage these individuals to contact their legislators and ask them to support our efforts. Through the “FNA4Action” program, we each have the opportunity to steer the direction of healthcare in our state. With the tools and resources the program will provide, we can educate our colleagues, families, and communities regarding key healthcare issues and legislation. With the guidance the program provides and your grassroots efforts, nurses can assume a leadership role in improving healthcare in our communities.

But remember that FNA cannot do it alone! It is only through YOUR unique courage and contribution can we succeed and make change! By coming together, our profession can advance meaningful healthcare change for the benefit of all. I ask you to step up and join your colleagues in this important effort, because when nurses stand together, success is the only option!
The Florida Nurse September 2014

Notes from the Executive Director

Importance of Clinical Excellence

Willa Fuller, RN

The Florida Nurses Association is dedicated to highlighting the achievements of direct care nurses and nurse practitioners. It was this mission that led to the creation of the Clinical Excellence Conference 27 years ago. Since that time, over 1600 students have been submitted and nearly 500 nurses and nurse practitioners have submitted exemplars that reflect the very best in creative, innovative, and compassionate nursing care. Most importantly, the stories provide scientific evidence of how nursing makes a difference every day in the lives of patients and their families. This year, Dr. Patricia Liehr shared with the conference attendees about the importance of our stories and how they inform nursing practice. This presentation was a great addition to the conference and Dr. Liehr, whose research has been based on nursing stories, was impressed with both the presenters and the concept of the conference.

For the past three years, we have combined the importance of Clinical Excellence with our Annual Nurses’ Retreat and attendees find this to be a perfect match as some love to attend both. The conference this year was held at the Safety Harbor resort which provided the perfect spa environment conducive to relaxing and learning. Attendees look advantage of the spa environment while enjoying their educational or informational sessions which were fun and interactive. Imagine the wafting essence of aromatherapy greeting you in the hall as you enter your session. It was amazing.

Of course, there were the more clinical or informational sessions, but so enjoyable when we walked away. I heard her call my name and I turned around and when our conversation came to a close, I noticed that I didn’t get called as much, and the patients were less anxious, which made me less stressed and anxious. I didn’t think much about it as it was ordered like you would every other medication. So, I tried that, particularly with my chronic daily pain. That day in the mall, I ran into one of the first people that I worked with as a nurse. I have had several profound interactions with patients in public places. I once wrote an article about it in The Florida Nurse called Moments in Shopping Malls. In one instance, I ran into a “frequent flyer” on the Orthopedic Unit at my hospital. Before that, I had attended a pain management presentation by Jo Elaned, who had been an early leader in coordinating the conference. This award recognizes nurses who are committed to professional excellence and will continue as a part of the conference. This award recognizes nurses who are committed to professional excellence and will continue and support the conference today in several ways. She has served as Program Chair, Reviewer, and Conference Moderator over many years of the conference.

We invite nurses to think of a time that they did something that made a difference in a patient’s experience. The presentation by Jo Elaned, who had talked about not waiting for the patient to ask for pain meds immediately post-op, but to give it as it was ordered, you would every other medication. So, I tried that, particularly with patients that I knew would be asking frequently. I noticed that I didn’t get called as much, and the patients were less anxious, which made me less stressed and anxious. I didn’t think much about it but it seemed to be effective and patients were usually amazed to gradually weaning off as they approached discharge.

That day in the mall, I ran into one of the first patients I had tried this with. We chatted for a while and when our conversation came to a closing, we walked away. I heard her call my name and I turned back around and she smiled and said, “I have read so many stories before and I, in your story, because when you were there, I was never in pain.” I will never forget that!

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ATTENTION FNA MEMBERS!

YOUR EMAIL ADDRESS IS NEEDED. FNA communicates via email throughout the year. In order to receive all email updates, please send your personal email address along with your name and member number to membership@floridanurse.org as soon as possible.
Remember taking the NCLEX? Well, many FNSA members have recently taken and passed the NCLEX! Congrats new registered nurses! This means many new nurses will be entering the workforce. In order to make the transition smooth for these new graduates, it is important for seasoned nurses to guide and mentor them.

To all those new nurses out there, be sure to stay connected with FNA and continue to make a difference for the health of Florida individuals and families.

Blake Lynch
FNSA President

Student Forum

To the Editor:

Thank you for publishing the informative three part series on Genomics in the Sept. 2013, Dec. 2013 and March 2014 issues of The Florida Nurse. When I graduated 20 years ago from nursing school, genomics was not part of the curriculum. I am now back in school to complete my BSN and genomics is mentioned in our textbooks. So recent nursing graduates might have some understanding of genomics but I’ve queried nursing peers my age and very few have a grasp on this subject. I would like to urge nurses to be aware of the discrimination people might face from having genetic testing done.

There is currently no legal protection from discrimination regarding genetic test results by long term care and life insurance companies. These companies can insist that applicants disclose genetic test results. The military can legally discriminate based on genetic test results and has considered a manifestation of a genetic disease preexisting and refused medical disability coverage. Most employers are not allowed to discriminate based on genetic results but employers can require a prospective employee’s prior health records which frequently include everything, including genetic tests. So when patients are asking whether they should get a genetic test done, they need to be aware of the ways that the results can be held against them.

Sincerely,
Mary T. Finneran
Registered Nurse
Nursing Student at University of Massachusetts Amherst
615 Main St., Marshfield, MA 02050
thyask@yahoo.com

Letters to the Editor

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Blake Lynch, RN

For more information: www.FNSA.net

Blake Lynch is a registered nurse and a recent graduate from the Seminole State ADN program. He is currently attending the University of Central Florida BSN program and plans to graduate in December. Throughout the program, he has been involved in the state and national nursing student associations. He lobbied alongside nursing professionals during Lobby Days, served as a delegate during FNSA convention, and presented a resolution at the NSNA convention, which passed with 91% of students in favor. Lynch is also the founder of the Banned4Life Project. After completion of his BSN degree, he plans to apply for a dual Master’s degree in nursing and public health.
Swanson’s Theory of Caring

Tiffany Maxton

Nurses are best known for being natural caregivers and Swanson’s Theory of Caring focuses on teaching and healing during pregnancy. Her theory gives insight on how families and healthcare providers deal with miscarriages and the healing process that is necessary to provide closure. When entering the field of Labor and Delivery, I was unawares that I would have to deal with women who have miscarriages and stillborn births. I was very intimidated and nervous when I had to do the actual delivery of a fetal demise, but now I feel very comfortable with this process because I am able to provide these patients with support in their time of need. Swanson’s Theory incorporates adaptive methods that not only help the family through the healing process, but teaches the nurse methods to help the family emotionally and physically.

The human caring theory is a grand theory that was developed by Watson in the 1970’s, then in 1991, Swanson proposed her caring theory which is a middle range theory consisting of five caring processes (Chen & Chou, 2010). Swanson’s five caring processes include knowing, which is striving to understand an event. Being with, which is being emotionally present. Doing for, this is where you do for the patient as they would normally do for themselves, by providing privacy, peri-care, nutrition, and comfort. I help my patient through this unfamiliar event by placing a leaflet on her door so other healthcare workers know that a fetal demise has occurred. I also create a keepsake box that includes a book that the family can write their feelings in. I provide my patients with literature on the healing process, funeral homes for the infant, and support groups that they can attend or websites that they can refer to.

Most importantly, I attempt to provide closure by encouraging them to hold the baby. If these patients are able to get closure they will have hope and be able to face a future with meaning.

In my clinical practice, I incorporate all five of Swanson’s caring processes. When I have a patient who has just gone through a miscarriage I provide empathy and strive to understand her grief, I give the family space and time, and I listen when they are ready to talk. I show my patient that I am emotionally connected by touching her on her arm or hand and letting her know how deeply sorry I am for her loss and that I can’t imagine what she is going through at this fragile time. I do for my patient what they would normally do for themselves, by providing privacy, peri-care, nutrition, and comfort. I help my patient through this unfamiliar event by placing a leaflet on her door so other healthcare workers know that a fetal demise has occurred. I also create a keepsake box that includes a book that the family can write their feelings in. I provide my patients with literature on the healing process, funeral homes for the infant, and support groups that they can attend or websites that they can refer to. Most importantly, I attempt to provide closure by encouraging them to hold the baby. If these patients are able to get closure they will have hope and be able to face a future with meaning.

References

Tiffany Maxton received her BSN from Broward College. She is a Labor & Delivery nurse working in a variety of roles including: specializing in high risk/complicated pregnancies, circulating in operating room, triage, antepartum, recovery room, and assisting with fetal demise.

When on the Labor & Delivery unit, Tiffany observed the health care profession which often overlooked the need to show empathy, resources, and compassion to families experiencing a fetal demise. She has a strong urge to provide critical nursing care and strives to show compassion not only to patients delivering a baby, but to those experiencing a loss. She seeks to gain a connection with her patients by listening, understanding, and anticipating their needs.
From candidate endorsements to pre-session research, the lobbying team and staff at the Florida Nurses Association spent a good portion of the summer dedicated to political activities that would advance the organization’s legislative priorities.

FNA’s lobbying team, which is comprised of Topsail Public Affairs and Robert M. Levy & Associates, spent the early part of the summer interviewing candidates seeking House and Senate seats in the primary and general elections.

The FNA’s political action committee (FNPAC) met Aug. 2 to discuss which House and Senate candidates would receive a coveted endorsement from the organization. FNPAC issued its first round of endorsements for about two dozen candidates in the Aug. 26 primary election. A second round of endorsements will be announced prior to the Nov. 4 general election.

Among the candidates endorsed by FNPAC was Belita “B” Grassel, a long-time educator and RN as well as a member of the FNA. She was among five Republican candidates seeking House District 31 vacated by Rep. Bryan Nelson, who was unable to seek re-election due to term limits.

FNPAC endorsements were based on candidate interviews and survey questions focusing on FNA’s priority issues, including safe staffing legislation, ARNP independent practice, and healthcare expansion for uninsured residents. Endorsements for existing lawmakers were also based on their voting records on nurse-friendly legislation.

A news release announcing FNPAC’s endorsement can be found under CapWiz at www.floridanurse.org.

We’d like to thank those nurses who volunteer their time to serving on FNPAC’s board. Also, thanks to Kristina Pickins and Samantha Laurel of Robert M. Levy & Associates for assisting in door-to-door neighborhood walks for candidates including House District 74 candidate Richard DeNapoli, Senate Majority Leader Senator Lizabeth Benaquisto, and for Rep. Matt Caldwell, all Republicans in the Southwest Florida area. Erica Chanti, also of Robert M. Levy & Associates, has been working the polls in Miami-Dade County for the primary and will be walking and working the general election polls in South Florida for the next two months as well.

If you are interested in assisting with the political campaign of an FNPAC-endorsed candidate, please make sure the FNA office has an updated email address on file. The FNA frequently sends an email blast to members announcing opportunities to assist with various political campaigns.

The FNA is permitted by law to make such announcements to its membership due to its status as a 501(c)6 business league whose primary interest is not political activity. The FNA is not a 501(c)3 as stated in a previous issue of TFN.

Legislative updates:

- The Legislature will convene a post-election organizational session on Nov. 18. We expect committee chairmanships and membership assignments to be announced around that time.
- The FNA is researching a safe-staffing bill that would require hospitals to establish collaborative councils that would determine staffing levels for each unit based on patient acuity, nurse experience, and other factors.
- We expect to see legislation in 2015 that would allow ARNPs to prescribe certain medically necessary controlled substances and permit them to practice without a physician protocol agreement.
- The 2015 session of the Florida Legislature will convene on Tuesday, March 3.

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East Central Region Meeting

The East Central Region has been very quiet over the summer giving members the opportunity to spend time with family and friends. I hope you were able to get some quality rest and relaxation in this summer. I look forward to the arrival of the cooler fall season after surviving a very hot Florida summer. The East Central Region held a quarterly meeting at the FNA office in Orlando on August 21, 2014. We want to thank Mike Jolly for presenting the topic on hepatitis. Please mark your calendars for our next East Central Region meeting on November 20, 2014 at 6:00pm at the FNA office in Orlando. Topic to be determined. We look forward to seeing you there!

North Central Florida Region Update

The North Central Florida Region scheduled a telephone conference before the Membership Assembly in September to touch base and pre-plan our Region Meeting. A survey was sent out to our NCF members. I encourage our NCF region members to complete the survey. I would like to review the results with the planning committee so we can plan for the coming year and decide what we would like to do and see accomplished.

I would like to take this opportunity to thank everyone for their continued support of FNA. We all know the value of belonging to our professional organization. I hope you had a great summer!

Update on the Northeast Region

This summer the NE Region has been busy surveying the membership regarding the types of programs you would like to see for the 2014-2015 season. We had an excellent response to the first survey that was sent out to the members of the NE Region, and we found some interesting information. First of all, the majority of you felt that the programs should be held in the Southern end of the region and also central Jacksonville. You also felt that the types of programs that you would like to see in the region are:

a) Educational Programs
b) Updates on Trends in Healthcare and Nursing
c) Career Development.

Your region leadership met in August to discuss this survey and to plan for future programs. If any of you would like to suggest program ideas or volunteer to serve on the leadership committee, please e-mail me at dberman1@bellsouth.net or call me at 904-261-2258.

Northwest Region Update

It has been a relaxing but HOT summer here in the Northwest Region. I hope that everyone was able to take a vacation and enjoy some time away from the daily activities of our everyday lives. We are in the beginning stages of planning for the 2015 Northwest Region conference. Please contact Patricia Posey-Goodwin at ppgo@uwf.edu if you would like to participate in the planning stages.

Regional News

Shirley Hill
Regional Director
shill2000@att.net

Volusia, Lake, Seminole, Orange, Osceola, Brevard, Flagler, Sumter Counties

Marsha Martin
Regional Director
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Leon, Wakulla, Jefferson, Madison, Taylor, Hamilton, Suwannee, Lafayette, Dixie, Columbia, Union, Gilchrist, Alachua, Levy, Marion, Gadsden, Citrus, Bradford Counties

Dr. Dan Berman
Regional Director
dberman@healthcarefutureinnovations.net

Nassau, Baker, Duval, Clay, Putnam, St. Johns Counties

Northwest Region

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Regional Director
Marsha Martin
Regional Director
mmartin74@aol.com

North Central Florida Region Update

State Health Care Facility

The Florida State Hospital is a state operated, in-patient, mental health treatment facility, serving approximately 1000 residents. The Hospital is the largest mental health treatment facility in the state and is actively recruiting for a Director of Nursing. This position requires licensure as a Registered Professional Nurse or Certification as a Physician’s Assistant, a Master’s Degree in Psychiatric Nursing, and an active State of Florida license or able to obtain licensure in the State of Florida. The Hospital offers a competitive salary and excellent benefit package to include retirement, health, dental, vision and disability insurance, deferred compensation, annual/life leave and state housing.

If interested, please contact Tony Reed, Recruiting Consultant, at (352) 621-7356 or by e-mail at treed@uwf.edu.

The Florida Nurse September 2014
Regional News

Three hundred (300) nurses and nursing students attended the Nurse Week Marlin’s game vs. Los Angeles Dodgers on Saturday, May 3, 2014. The large group, wearing shirts identifying their hospitals, nursing programs, or professional nursing associations, paraded around the warming track prior to the start of the game.

South Region Update

FNA Royal Palm Coast Chapter hosted a dinner meeting for Members and Guests on June 5, 2014 at the fabulous Edison Restaurant in Fort Myers. Sixty nurses attended the dinner meeting. Dr. Todd Broder, M.D., presented “The Reality of Chronic Mental Illness in Our Community: Important Information for SW FL Nurses Regarding Treatment of a Challenging Disorder – Schizophrenia.” Nurses enjoyed an evening of networking, professional development, and fun! FNA Member, Jose Castillo, displayed several wonderful essential oils during the networking portion of the evening in our continued focus on self-care for the nurse in maintaining healing and balance.

Dinner meetings will be held in the fall in Naples and in the spring in Fort Myers. Dates and locations to be announced.

We thank all of our loyal Southwest Region Members for your continued support of our Region!

If you are not a member of FNA and live or work in the Southwest Region, please consider joining FNA and be a part of our Region. We have a great group of nurses who would welcome you with open arms!

Southwest Region

May offered two different opportunities for the members of the West Central Region to gather together. Our traditional wine and cheese reception was held during Nurses Week. The reception provided an opportunity for visiting and networking. After the reception, many decided to stay and have dinner at the restaurant.

Later in May, the Tampa Bay Rays’ held Nurses Appreciation Night. There was a good crowd on hand. Three ceremonial first pitches were thrown; the first was Karen Reynolds DNP, CNS-BC, FCGNA, a nurse from Sarasota Memorial Hospital. http://sarasonặtomorialtumblr.com/post/36599086931/sarasota-memorial-advanced-practice-nurse-karen. The second pitch was from a physician who runs marathons, completing one in the arctic with a Ray’s shirt worn over his cold weather gear. The third was a social studies teacher from Safety Harbor Middle School.

We held our annual Nurse Advocacy Summit on September 6, 2014 at St John’s Episcopal Church in Clearwater, FL. There were presentations on empowerment, practicing to the full extent of licensure, as well as mandatory CE, nurse practice act, and medical errors. New for this year was “Nice Talks,” short 10-15 minute presentations on current topics in nursing. If you missed out on attending, please mark your calendar for our next annual Nurse Advocacy Summit next fall. Date and location to be determined.

West Central Region

Patricia Messmer, FNA South Region member, receiving an award from Billy the Marlin, for coordinating the Nurse Week functions since 2006.

Southeast Region Report

We invite you to join us as a member of the Southeast Region. This past year, we participated in monthly telephone calls at 8pm on the first Tuesday of each month, and were able to plan some interesting meetings. We worked with the League of Women Voters, to present a webinar on the Affordable Care Act, and planned a Nurses’ Day program with Ed Briggs, our FNA President, on “Nursing Rules.” We were excited to see our Southeast Region members at the Membership Assembly in September.

What programs would you like to see? Please plan to join us!

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Part 3 – Is your workplace toxic? Ways to diffuse workplace bullying

Bullying is a growing concern across the country. However, it is not illegal. Therefore, a company does not have to do anything in response to a bullying complaint, unless of course, the complaint includes allegations that the bully is bullying the victim based on a protected category. Though there is no current federal or state law explicitly prohibiting workplace bullying, many states are considering legislation that would make bullying conduct illegal and create remedies for aggrieved employees.

When confronted by a workplace bully, you should consider the most effective way to address the problem. You may first attempt to resolve it through a private, one-on-one discussion with the bully. If your employer has an HR department, you may seek the assistance of an objective third party to try to limit the potentially emotional reaction. If that doesn’t lead to a satisfactory resolution, you can seek help from your direct supervisor, especially if your productivity or health is being negatively impacted. The proper time and place to bring up the subject will be important, so that you are not viewed as a complainer or tattletale, but are instead viewed as an employee concerned for the good of the company.

Your employer may have some kind of anti-bullying policy, usually contained in an employee handbook or code of conduct. An employer’s response to bullying allegations depends on the circumstances but could include suspension, termination, reassignment, or mandatory anger management training. Employees with claims emanating from bullying behavior may seek recourse and establish liability under federal, state, and local laws prohibiting discrimination, harassment, and retaliation. Employees looking to bring claims under these laws must demonstrate a connection between the alleged mistreatment and his or her membership in a protected class, such as race, religion, color, national origin, sex, or disability. It is also very important to document the dates, locations, and content of the harassment or bullying to which you are subjected along with the steps you have taken to try to address the problem.

If you have been a victim of bullying in the workplace and would like to share your experience and stories with me, I can be reached at 407-896-3261 or by email at jdemshar@floridanurse.org.
ANA’s New President Takes the Helm, Lays out Priorities

The Florida Nurses Association welcomes new ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN! Cipriano was elected at the ANA Membership Assembly on June 14 to a two-year term. Here is a little more about President Cipriano and her hopes for the future of ANA and the profession.

Getting to Know ANA’s New President

Prior to becoming ANA president, Cipriano served as senior director for health care management consulting at Galloway Advisory by iVantage. She also has held faculty and health system leadership positions at the University of Virginia (UVA) since 2000.

Cipriano is known nationally as a strong advocate for health care quality, and serves on a number of boards and committees for high-profile organizations, including the National Quality Forum and the Joint Commission. She was the 2010-11 Distinguished Nurse Scholar-in-Residence at the Institute of Medicine.

A longtime ANA member, Cipriano has served two terms on the ANA Board of Directors and was the recipient of the association’s 2008 Distinguished Service Award. She acted as the inaugural editor of American Nurse Today, ANA’s official journal, from 2006-14, and is currently a member of the Virginia Nurses Association.

Vision for the Future of ANA

In a recent conversation with The American Nurse, Cipriano shared her vision for ANA by outlining three priorities for her presidency.

First, she will focus on ANA’s “core strengths,” which include: political advocacy, efforts around safe staffing and healthy work environments, and fighting for nurses’ rights to control their profession and practice to the full extent of their education and licensure.

Second, Dr. Cipriano will lead membership growth and retention. “I strongly believe in the old saying, ‘There’s strength in numbers,’” she said.

The third priority for her first term includes positioning nurses to exert greater influence in the transformation of health care. “It’s very important for ANA to make sure nurses are in prime positions and key decision-making groups so our voice is there at every turn,” she said.

Finally, what does President Cipriano want members around the country to keep in mind? Optimism. “We are making a number of strides,” she said. “We’re going to need all of our members...if we want to truly achieve a new direction in health care.”

To read more about President Cipriano, please visit: www.theamericanurse.org/index.php/2014/06/30/meet-anas-new-president/
The topic of Community Health Workers (CHWs) came up during the July FNA membership telephone “Chat with the President,” Ed Briggs. As nurses, we need to be up-to-date on this growing occupational field in health services. Who are they? What do they do? How might nurses work with them?

Who are CHWs? The American Public Health Association (APHA) defines a CHW as a “frontline health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison, link, and intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.” (apha.org) CHWs are sometimes volunteers and sometimes paid employees.

The Community Health Worker Center in Boston has existed since 1993, so the role is not new. The growth of CHWs has resulted in part from the Affordable Care Act, because of the value placed on disease prevention and health promotion programs that are community based. In 2010, the US Department of Bureau Labor Statistics officially recognized the CHW occupation by adding it to its Standard Occupational Classification system, although the definition is slightly different from the APHA definition (bls.gov). In order to create a more unified workforce through consensus, the creation of the nationally endorsed APHA definition was deemed necessary. The Florida Community Health Worker Section. The BLS revises occupational definitions approximately every ten years and given the consensus among role and contributions to society. What is toward embracing the APHA definition, including in the State of Florida, many organizations submitted letters requesting the BLS adopt the nationally recognized APHA definition of CHW as the official definition.

What do they do? CHWs serve as lay educators and resource people who are especially suited to provide health information in culturally-appropriate ways. Although some CHWs work with health insurance enrollment, like navigators or Certified Application Counselors, many have a more generalized approach to health services. There are a variety of education programs that fit the work that CHWs do in their communities. Their education varies from state to state. Although in Florida there is currently no required certification, the Florida Community Health Worker Coalition has spearheaded the process to formalize a pathway to certification and is expected to begin in late 2014. There is an impressive 11-minute video with perspectives of CHWs, Florida legislators, and leaders of the coalition available on the Health Council of Florida’s Website, Miami Matters.

How might nurses work with CHWs? RNs and ARNPs are skilled coordinators of patient care and education. We are in the position to help develop and support CHWs in the communities they serve. As nurses we are often hoping to delegate work and empower others in the delivery of care. I can see CHWs working with ARNPs who have their own businesses, with nurses in parish ministries, and with nurses who develop and lead health promotion and patient education programs. This is an ideal opportunity for nurses to share our skills in a way that improves health literacy and disease prevention, wherever linkages can be formed with academic institutions and provider and community organizations. When CHWs, RNs, and ARNPs collaborate, there will be an increase in public awareness of each respective role and contributions to society. What opportunities do you see? How do you want to be involved?

I wish to thank Maria-Teresa de Cespedes, MPH, Community Health Specialist at the Health Council of South Florida, who provided basic information and links to websites. Ann-Lynn Denker, PhD, ARNP, former President of FNA, is a Board member of the Health Council of South Florida.

Learn more:
- The Urban Institute has a series of papers on the CHW:
- ACA Opportunities for Community Health Workers, a paper about credentialing
- The Florida Community Health Worker Coalition
- Miami-Dade Health Action Network Community Health Worker/Patient Navigator Work Group https://adobeformscentral.org/home/flows/12369/FxWo6C
- American Public Health Association: http://www.apha.org/membergroups/sections/other_conmas/chw/
The Florida Center for Nursing has published three new nurse supply reports – LPNs, RNs, APNs. Our nurse supply reports are based on information that you provided when you renewed your nursing license – so thank you for taking the time to complete our survey! Below are a few highlights from the reports. Visit our website to read the full reports.

- The LPN workforce size has remained flat, at 50,580 LPNs. The number of LPNs who left the workforce in 2012-2013 is almost equal to the number of people who joined the workforce.
- 41% of LPNs are employed in long-term care, 17% in home health care, 10% in health provider offices, and 10% in hospitals.
- The number of RNs working in nursing has grown by almost 13,000 from 2010-11 to 2012-13. Most of this growth is due to new nursing graduates entering the workforce.
- 51% of RNs have an RN diploma or Associate’s degree, 35% have a BSN, and 4.5% have a Master’s in Nursing.
- The most common employment settings for APNs are hospitals and health provider offices. 43% of APNs work in primary care settings.

www.FLCenterForNursing.org/StatewideData/NurseSupplyReports.aspx

Simulation has long been a standard technique for training pilots, military personnel, and astronauts. Healthcare is beginning to do the same. In healthcare settings, simulation is growing as a way to learn new procedures before they are implemented and to practice rare but acute events. Simulation is also being used more for team training; OR, OB, and rapid response teams. The literature is growing to support healthcare simulation as a technique that can improve patient safety.

Learn more about how healthcare simulation will be changing the way nurses improve their skills to promote better patient outcomes. Consider joining the Florida Healthcare Simulation Alliance. Learn more at the FHSA web site www.floridahealthsimalliance.org.

Did you know you must now provide proof that you have complied with the Board of Nursing’s continuing education requirements before you can renew your professional license online? It is a new and important change from the Florida Department of Health, but the Florida Nurses Association and CE Broker are here to support you and help you fulfill your requirements.

Here’s where the partnership pays off:
- All courses you complete through the Florida Nurses Association will be reported into CE Broker on your behalf - in fact, all courses completed with educational providers approved by the Board of Nursing will be reported for you. Most likely you will not have to do anything but complete your hours and you can renew without issue.
- CE Broker offers a free Basic Account so you can see reported courses and submit additional hours, but through the FNA you can also use CE Broker’s Professional Account only $24 a year (regularly $29). With the Professional service, you can use your CE Compliance Transcript that shows you your unique requirements each license cycle. Contact the FNA to receive an Association Discount Code and get the reduced rate, then visit CEbroker.com to create your account.
Edward Hitchcock Award for Outstanding Contributions in College Health

Doreen A. Perez, MS, RN-BC, from the University of North Florida, received the Edward Hitchcock Award for Outstanding Contributions in College Health. This award honors American College Health Association (ACHA) members who have made outstanding contributions to advancing the health of all college students. Doreen exemplifies commitment and dedication to college health. In 1994, she started her work on nurse certification, a legacy of work which has profoundly affected the practice of nursing nationally. For over 10 years, she dedicated her efforts to upgrading and formalizing nursing training, education, and certification so that college health nurses are given the respect, responsibility, and acknowledgement they deserve. Her drive to create a meaningful credentialing system for college health nurses will be her legacy with ACHA.

Quality and Safety Education for Nurses (QSEN) Forum

Roberta Christopher (left) & Dr. Teri Chenot

Jacksonville University (JU) nursing professor and FNA member, Dr. Teri Chenot, was spotlighted at the national Quality and Safety Education for Nurses (QSEN) Forum on May 27-29, 2014 in Baltimore, MD. Dr. Chenot, who has devoted years to improving patient care and safety, was recognized nationally for her work and research. She was given the honor of presenting twice at this prestigious event, which is geared toward highlighting and training the most innovative nursing leaders in the country.

Dr. Chenot first spoke on her study of efforts to boost the quality of patient health by combining the efforts of QSEN with the national Magnet Recognition Program, which recognizes healthcare organizations for their patient care, nursing excellence, and innovation. Dr. Chenot and co-presenter, Roberta Christopher, Director of Nursing Research and Magnet at UF Health Jacksonville, then presented an overview of their efforts to help create QSEN workshops across the state culminating in a Florida QSEN Summit, which will ensure residents have access to safe, high-quality nursing and healthcare.

The FL QSEN Summit is scheduled to take place in 2016 and is part of an effort funded by a $45,000 Florida Blue Foundation Grant to JU’s College of Health Sciences to help develop training modules that will aid nurses in improving the quality and safety of the health care systems in which they work. The three year project, which began Jan. 1, 2014, is titled “A Statewide Initiative Integrating Quality and Safety Education for Nurses (QSEN) Through Academic/Clinical Partnerships to Improve Health Outcomes.” It will be examined as a potential pilot program to be rolled out statewide.

The two presentations by Dr. Chenot and Roberta Christopher were “Taking It to the Next Level: Integrating QSEN and Magnet to Improve Health Outcomes” and “A Statewide Initiative Integrating QSEN through Academic/Clinical Partnerships to Improve Health Outcomes.”
We are sad to inform you of the passing of our colleague Sima Gebel. Her career traces the history of nursing in the last 70 years. She experienced many obstacles and discrimination, racial quotas, limiting the number of Jewish students, and segregation. She led the charge for AfroAmerican Nurses, welcoming all nurses with open arms into District 28 FNA.

Sima received her RN from Cook County Hospital in Chicago in 1945 where she worked 7 days a week during World War II due to the nurse shortage. Staffing was reduced from 400 nurses to 100. She worked in the middle of a discharge/admission, ask/insist the provider to stay on the phone while you enter orders (i.e. I'm in my car, I don't have access to my computer/laptop, I'm in the midst of a discharge/admission, ask/insist the provider to stay on the phone while you enter the order). The longer it takes for you to enter the order, the less likely they will ask the next time.

Points for reflection: Have you witnessed another nurse entering orders and remained silent? Are you allowing physicians and mid-level providers to take advantage of you? Have you completed a variance when a provider refused to enter electronic orders. Before deciding what to say, think about how entering orders for them negatively impacts the quality of your patient care. You know you have the support of your Manager and CNO, so think about the education you received for this new role responsibility. You can handle these types of issues smoothly.

Two situations: in-person (verbal) requests and phone requests. With an in-person request, it should be as simple as saying, “nurses cannot enter verbal orders.” If this does not work (i.e. I don’t know how to order XYZ, the other nurses enter my orders, can’t you do it for me…), ask the physician if they have a NP or PA who can help them or offer to call informatics (IT) for them. If you have been asked over the phone to enter orders (i.e. I’m in my car, I don’t have access to my computer/laptop, I’m in the midst of a discharge/admission, ask/insist the provider to stay on the phone while you enter the order), the less likely they will ask the next time.

In many cases demand, adequate nursing time delivering cutting-edge care. Our hospital has electronic medical records (EMR) and no paper chart. With that comes computer documentation and physician order entry. I am spending too much time at the computer entering doctor’s orders. How do I politely tell the doctors, nurse practitioners (NPs), and physician assistants (PAs), “enter your own orders?”

A. There are several positive ways to handle requests from physicians and mid-level providers to enter electronic orders. Before deciding what to say, think about how entering orders for them negatively impacts the quality of your patient care. You now know you have the support of your Manager and CNO, so think about the education you received for this new role responsibility. You can handle these types of issues smoothly. There are two situations: in-person (verbal) requests and phone requests. With an in-person request, it should be as simple as saying, “nurses cannot enter verbal orders.” If this does not work (i.e. I don’t know how to order XYZ, the other nurses enter my orders, can’t you do it for me…), ask the physician if they have a NP or PA who can help them or offer to call informatics (IT) for them. If you have been asked over the phone to enter orders (i.e. I’m in my car, I don’t have access to my computer/laptop, I’m in the midst of a discharge/admission, ask/insist the provider to stay on the phone while you enter the order), the less likely they will ask the next time.

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Sima received her RN from Cook County Hospital in Chicago in 1945 where she worked 7 days a week during World War II due to the nurse shortage. Staffing was reduced from 400 nurses to 80 for the 2,000 bed hospital.

Sima started her nursing career in South Florida in 1951. She is a graduate of the first class of nurses from the College of Arts and Science and the University of Miami in 1953. She was the
Do you know that saying, “Life is not measured by the number of breaths we take, but by the moments that take our breath away?” This was one of those moments for me. It came on a day where I felt like I was a clinical robot on a treadmill, just keeping my head above water.

It made a difference for me that day, and to this day, it generates a feeling of warmth when I think of it.

Connect to your stories and share them. Nursing needs them. The nomination form is in this issue.

Clinical Excellence Presenters 2014

Clinical Excellence Conference

Special thanks to Kay Fullwood, Moderator Extraordinaire, and Panelists: Dr. Mary Tittle, Dr. Mary Lou VanCott, and Dr. Jean Wortock.

To Dr. Frances Smith for her continued support and her explication of Benner’s Theory.

And to Dr. Patricia Liehr for sharing her fascinating research and her very informative and interesting keynote.

Nurses Retreat

Special Thanks to Speakers:
Stacy Brzezinski, Willa Fuller, Dr. Susan Garbutt, Nyssa Hangar, Sylla Hangar, Dr. Jean Kijek, Becky Kwitowski, Anthony Pennington, Ellen Reising, Deborah Rivard, Meryl Williamson, and Patricia Posey-Goodwin (Moderator).
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It was a simple mistake…

A woman with recurrent kidney infections was admitted to a hospital in Pennsylvania. Her nurse inserted a PICC line in the patient’s right arm for antibiotic therapy. The patient subsequently complained of pain and numbness in her right arm, and the PICC line was removed 24 hours later.

The woman filed a lawsuit, claiming that the placement of the PICC line damaged her right medial nerve. The damage caused paralysis of her right thumb and index finger, which had to be corrected with surgery. After the surgery, the patient continued to experience pain and numbness in her right hand and partial loss of use of her right arm.

A jury awarded the plaintiff $927,000 in damages.

It’s because of cases like this that the American Nurses Association (ANA) offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

Get the protection you need — without paying more than you need. To take advantage of special rates for ANA members, visit proliability.com/65042 for an instant quote and to fill out an application.

We all make mistakes. But as a nurse, one mistake can lead to disaster. Consider this real-life example.