Global Nursing Leadership Institute (GNLI) Provides Insight on Nursing from an International Perspective

by Jay Douglas, Executive Director, Virginia Board of Nursing

As Executive Director of the Virginia Board of Nursing (BON), I often travel throughout the state to speak with members of the profession, students, licensees and nursing leaders regarding the practice and regulation of nursing in the Commonwealth. With more than 200,000 licensees, BON is the largest of Virginia’s health regulatory boards and is in a unique position to educate and inform practitioners and the public. Recently, I had the opportunity to go global for training from senior practitioners and the public. Recently, I had the opportunity to go global for training from senior nurses with a world view and now look forward to transporting this experience and sharing new perspectives with colleagues and others here at home.

Funded by a scholarship from the National Council of State Boards of Nursing (NCSBN), I was selected as one of three US nursing executives to attend, from September 6 – 12, the sixth annual International Council of Nursing (ICN)-Burkett Global Nursing Leadership Institute (GNLI) in Geneva, Switzerland.

The theme of GNLI’s 2014 Advanced Leadership Program, “Honesty and Ethics” survey, is in a unique position to educate and inform practitioners and the public. Recently, I had the opportunity to go global for training from senior nurses with a world view and now look forward to transporting this experience and sharing new perspectives with colleagues and others here at home.

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The theme of GNLI’s 2014 Advanced Leadership Program, “Honesty and Ethics” could not have been timelier. With hot button issues such as the public health response to Ebola to meeting the healthcare needs of geographically diverse populations and regulating the practice of nursing, attendees had much in common though there was also much to learn. Sessions covered issues ranging from nursing practices to nursing education programs and the need for regulation to keep pace with changes in health care delivery. Over the course of six days, participants also focused on building skills to manage increasingly complex ethical and global challenges.

Time with senior nurses and policy makers from around the world has energized my hope that, together we can improve health systems worldwide by better understanding the mutual challenges and opportunities before us.

My chief observation is that a stronger connection and collaboration between education, regulation and practice is a critical success factor. Additionally, work is needed to prepare through global initiatives the next generation of nurses to provide care.

A diverse panel of guest speakers provided valuable insight on global trends in the nursing community regarding scope of practice issues, continued competency and regulation that compliments the new and emerging needs of the people we serve. Speakers included:

• Dr. Fariba Al-Darazi, Regional Advisor for Nursing and Allied Health Personnel at the Eastern Mediterranean Regional Office, World Health Organization (WHO);

Ensuring that Virginians have access to sufficient numbers of nurses, that an increasing supply of nurses and nursing faculty are positioned to educate the future nursing workforce, and that nursing’s voice is heard on public policy issues is a top priority. We seek the following commitments from the Commonwealth on behalf of Virginia’s more than 100,000 registered nurses who, for the 11th straight year, were identified by Americans as the most trustworthy professionals in Gallup’s annual “Honesty and Ethics” survey.

1. Enable Advanced Practice Registered Nurses (APRNs) to contribute to the health care solution by practicing to their full scope of education and training.

APRNs (nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists) have provided safe and effective care in the United States for more than four decades. When the Affordable Care ACT (ACA) is fully implemented millions will gain coverage under the law. APRNs in the US currently have barriers to practice which include requirements for being supervised by or having a collaborative agreement with a physician, inability to admit patients into hospice or home health and restrictions on prescription of controlled drugs. There is currently a shortage of primary care physicians and the restriction to APRN practice limits patients’ access to care. Advanced practice registered nurses’ autonomy is imperative to avoiding a crisis in the delivery of health care, and should be allowed to practice to their full scope of education and training.

2. Increase 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.

An influx of millions of patients in our health care system in the next several years will result in a nursing shortage. To mitigate this problem, it is imperative that our schools have the capacity to accommodate a growing number of nursing students. In 2007, the Governor submitted a budget request for a 10% increase in nurse faculty salaries at all public colleges and universities. It is imperative, that this again be addressed in order to ensure that Virginia’s educational institutions are able to retain existing faculty and compete to attract new faculty.

Global Nursing continued on page 4

LEGISLATIVE DAY

Nursing’s Public Policy Platform

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While Virginia has enabled collaborative agreements for APRN practice, it’s essential that we continue to remove the barriers that restrict their full scope of practice.

Public Policy continued on page 7
President's Message

Amplify the Voice of Nursing!

Every year, the Gallup organization asks Americans to name the profession with the highest honesty and ethical standards. In 2014, nurses topped this list, as we have for the last 15 years (with the exception of 2001, when firefighters received a well-deserved place at the top after the events of 9/11). I hope you all will take a moment to reflect on the trust that our communities and patients have in us and realize the duty each nurse has to be a strong voice for our profession and our patients.

We must not waste this faith our patients and communities have in us! We must become advocates for our profession. From state legislatures to the White House, nurses have a unique opportunity to lend their expertise in influencing policy at all levels of government. Who better to speak about the needs of patients than nurses? Who better to understand the true needs of the nursing profession than nurses?

The Virginia Nurses Association, along with the American Nurses Association, works to ensure that the interests of registered nurses in Virginia are heard by elected officials who lack first-hand knowledge of the issues facing nursing at the bedside - and beyond. Ensuring that Virginians have access to sufficient numbers of nurses, that an increasing supply of nurses and nursing faculty are positioned to educate the future nursing workforce, and that nursing’s voice is heard on public policy issues is a top priority. You can read more about our public policy platform on page 1.

One of the benefits of VNA membership is the opportunity to get informed and get involved in the legislative arena. During the General Assembly session, we provide members with up-to-date information on relevant legislation weekly bill tracking and a weekly legislative update conference call with our lobbyist. Additionally, through our Legislative Visibility Initiative, we organize groups of nurses and student nurses to greet legislators as they arrive for the day, meet with them, and observe relevant subcommittee meetings. If you’re interested, but new to the legislative process, this is a great opportunity for you to “learn the ropes” of advocating for the nursing profession. Each day we’re at General Assembly building, we will pair those nurses new to advocacy with experienced nurses who will serve as mentors and help you set appointments with your legislators. For more information on these initiatives, please visit the Policy & Advocacy section of virginianurses.com.

Thomas Jefferson said “We in government do not have government by the majority who participate.” We represent the people of Virginia and our communities have in us! We must become advocates for our profession. From state legislatures to the White House, nurses have a unique opportunity to lend their expertise in influencing policy at all levels of government. Who better to understand the true needs of patients than nurses? Who better to understand the true needs of the nursing profession than nurses?

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Spring’s just around the corner and with it comes our new Spring Conference. The conference is the latest addition to VNA’s growing calendar of continuing education opportunities.

We recognize, and you’ve confirmed, that nurse staffing is an ongoing concern. This important topic, which influences the safety of patients and nurses alike, will serve as the foundation of our upcoming conference. So mark your calendars and go online to register today!

April 10, 2015
NEW! Annual Spring Conference
Focusing on Nurse Staffing
The Place at Innsbrook, Short Pump (Richmond)

ANA Executive Director Debbie Hatmaker, PhD, RN, FAAN will launch the conference as our keynote speaker. Dr. Hatmaker’s responsibility for ANA’s programmatic and government relations areas and her role as a key member of the ANA executive leadership team uniquely position her to offer information on national initiatives, insights and efforts countrywide to address staffing challenges.

We’ll also examine:
• How to select the best staffing model for your work setting,
• Increasing revenue, efficiencies and staff morale with staffing committees and Supplemental Pools, and
• Staffing for Emergency Preparedness: Two Unique Pathogen Case Studies.

Addressing nurse staffing concerns has been shown to:
• Reduce medical and medication errors
• Decrease patient complications
• Decrease mortality
• Improve patient satisfaction,
• Reduce nurse fatigue
• Decrease nurse burnout
• Improve nurse retention and job satisfaction

Plus, there will be plenty of time to learn about best practices and engage with your peers to examine challenges in your work setting.

I hope you will join us for what we believe will be a top-notch conference and one that will leave you excited to implement new and innovative strategies.

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Providing you with quality lifelong learning opportunities is VNA’s priority. We know that everyone has a preferred learning style, so we’re also expanding our VNA continuing education offerings to include distance learning, chapter programming, and regionally presented programs in addition to our highly renowned annual Fall Conference, our new Spring Conference and our Legislative Day.

CE You Can Trust!

Nurses in Virginia seeking to renew an active nursing license are required to provide evidence of continued competency through at least one of the following options:

- Current specialty certification by a national certifying organization;
- Completion of a minimum of three credit hours of post license academic education relevant to nursing practice, offered by a regionally accredited college or university;
- A board-approved refresher course in nursing;
- Completion of nursing-related, evidence-based practice project or research study;
- Completion of publication as the author or co-author during a renewal cycle;
- Teaching (or developing) a nursing-related course resulting in more than an average of three semester hours of college credit (a 15-week course) or specialty certification;
- Teaching (or developing) nursing-related continuing education courses for up to 30 contact hours;
- 15 contact hours or workshops, seminars, conferences, or courses relevant to the practice of nursing and 640 hours of active practice as a nurse; or
- 30 contact hours of workshops, seminars, conferences, or courses relevant to the practice of the nurse.

All of VNA’s continuing education programs are recognized by the Virginia Board of Nursing for relicensure.

Get Approved!

We are also the largest continuing education approver in Virginia, accredited by the American Nurses Credentialing Center’s (ANCC’s) Commission on Accreditation. We review and approve hundreds of quality educational programs from organizations throughout Virginia.

Visit Our Continuing Education Portal

We invite you to explore our online continuing education portal at http://bit.ly/VNAACE.

Don’t see what you’re looking for? Email Kate Semp, our continuing education coordinator at ksemp@virginianurses.com or call 804-282-1808 so we can help you.

Visit the Virginia Nurses Today website for our latest job openings.

www.virginianurses.com

ATTENTION PERIOPERATIVE NURSES SIGN ON BONUS

Sentara Northern Virginia Medical Center, Woodbridge, VA has initiated a major construction project to enhance its surgical services. The new facility will offer state-of-the-art operating rooms (ORs) and provide for a continued focus on exceptional patient care. It will establish Sentara Northern Virginia Medical Center as the surgical provider of choice by elevating the standard of care using proven best clinical practice. We know it will create an atmosphere that fosters and supports patient, physician and staff experience.

We are seeking to attract and retain top nursing teams to come and grow in our new Surgical Services area. Opportunities for compassionate and ambitious Nurses exist in OR, ICU, Endoscopy and Same Day Surgery. Interested candidates should submit a statement of teaching philosophy, a current curriculum vitae, and names, addresses and telephone numbers of three references from academic and professional sources to: https://jobs.odu.edu

For more information, please apply online at www.sentara.com/employment or contact Jane Velarde at 703-524-6901 or jvelarde@sentara.com

Undergraduate Nursing Faculty Simulation and Nursing Lab Coordinator

The School of Nursing at Old Dominion University invites qualified candidates to apply for a full-time, non-tenure-track faculty position as Simulation and Nursing Lab Coordinator for the undergraduate nursing program. We are building a diverse faculty, and searching for a faculty member who will support and contribute to our mission to transform healthcare by preparing exceptional nurses, extending nursing science and partnering with our global community through the use of simulation technologies.

An earned Master’s degree in Nursing and possession or eligibility for a Virginia RN license is required. Participation and experience using simulation technologies and partnering with our global community through the use of simulation is required. Experience using high fidelity simulators, including designing, implementing, and delivering scenarios is required. Clinical teaching and student remediation in a variety of settings in a baccalaureate program is required. Experience teaching and coordinating lab courses (scheduling, mentoring and managing supplies and equipment) is preferred. The ideal candidate works well as part of a simulation team and communicates effectively orally and in writing.

The School of Nursing is an equal opportunity, affirmative action institution. Minorities, women, veterans and individuals with disabilities are strongly encouraged to apply.

www.virginianurses.com
Post-deployment life can be challenging for veterans and their families, and both need support during this transition. Challenges can include PTSD (post traumatic stress disorder) and suicidal thoughts. Estimates show that Virginia active duty and veterans have a combined suicide rate of 25.6 per 100,000. By comparison, the overall rate for Virginia civilians over ages 18 and over was 13.0 for the same time period (Virginia Violent Death Reporting System, 2012). The Virginia Department of Health’s (VDH) Suicide Prevention Program offers *Family of Heroes*, an online simulation that gives families of Virginia’s veterans and active duty service members the chance to learn critical skills to manage the challenges of adjusting to post-deployment life.

“Adjusting to post-deployment life can present some significant challenges for the returning veteran and their families. *Family of Heroes* equips families with information and skills to help make the transition smoother,” says State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP. “Importantly, the training also helps family members recognize if their loved one is at risk for suicide or PTSD, and gives them tools to get help quickly.”

In the one-hour simulation, users enter a virtual environment, assume the roles of different family members and engage in three realistic practice conversations with virtual veterans who act and respond like real veterans experiencing different types of post-deployment stress. Conversation scenarios are based on real stories gathered in interviews with veterans and their families.

“As a military spouse, I’m particularly thankful for the Family of Heroes resource for our military and veteran families,” says Brandi Jancaitis, executive director Virginia Wounded Warrior Program. "Often it is a family member who notices first that their service member is not quite the same after a combat deployment, military training or other event, and equipping them with the skills to promote help-seeking behaviors is paramount.”

Funding and support for this program is made available by VDH and the Virginia Wounded Warriors Program, and is the result of a collaboration between Kognito, mental health experts at the U.S. Department of Veterans Affairs, and military families.

*Family of Heroes* has been proven effective in a randomized controlled study and is listed in the National Registry of Evidence-based Programs and Practices (nrepp.samhsa.gov) and the Suicide Prevention Resource Center’s Best Practices Registry. It was also awarded a gold medal in the government/military category.

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**University of Wisconsin**

**Green Bay**

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- Medical/Surgical
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**Virginia Department of Health Offers**

**Free Online Training for Veterans and Their Families**

(Richmond, Va.) Post-deployment life can be challenging for veterans and their families, and both need support during this transition. Challenges can include PTSD (post traumatic stress disorder) and suicidal thoughts. Estimates show that Virginia active duty and veterans have a combined suicide rate of 25.6 per 100,000. By comparison, the overall rate for Virginia civilians over ages 18 and over was 13.0 for the same time period (Virginia Violent Death Reporting System, 2012). The Virginia Department of Health’s (VDH) Suicide Prevention Program offers *Family of Heroes*, an online simulation that gives families of Virginia’s veterans and active duty service members the chance to learn critical skills to manage the challenges of adjusting to post-deployment life.

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**Virginia Nurses Today**

February, March, April 2015
In November, 21 national organizations came together to announce a new, nationwide effort to get 10,000 nurses onto boards of directors by 2020. Members of the “Nurses on Boards Coalition” include AARP, the Robert Wood Johnson Foundation, and 19 national nursing organizations.

These coalition members recognize that nurses are historically underrepresented on hospital and other boards, where major health care decisions that affect consumers and their families are made daily. This new effort seeks to ensure that nurses—and their frontline perspectives—have a seat at these decision-making tables.

The Virginia Action Coalition (VAC), an initiative of the Virginia Nurses Foundation and AARP Virginia, has been working since 2011 to increase the number of nurses on boards in Virginia.

“We realize that nurses have a unique, important voice that needs to be heard on boards. Our Leadership Workgroup is working to provide the tools and information nurses need to develop their leadership skills and prepare for leadership at the board level,” said Lindsey Cardwell, leadership workgroup co-lead.

Get Ready to Lead!
Visit our interactive online Leadership Toolkit! Our toolkit provides:
links to self-assessment leadership tools and relevant journal articles and books, a directory of statewide boards, information on gubernatorial board appointments, tips for becoming a board member, leadership mentoring information, and a resume submission portal for nurses interested in board positions. Visit http://tinyurl.com/VACLeadershipToolkit/

Recognize Emerging Nurse Leaders! VAC and the Virginia Nurses Foundation will recognize 40 exceptional emerging nurse leaders from around Virginia with the 40 Under 40 award at the Virginia Nurses Foundation Gala in November 2015. Recipients will be provided with opportunities for leadership mentoring, networking, and continuing education.

Join the Virginia Action Coalition Leadership Workgroup! Become a part of the campaign to get nurses on boards in Virginia! The workgroup meets once monthly via conference call. Email Kristin Jimison at kjimison@virginianurses.com for more information.

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The Virginia Nurses Career Center is a dedicated search and recruitment resource for nursing professionals and employers. We offer simple and easy-to-use tools to make finding qualified professionals faster, more efficient and more successful than ever before.

Tools for Job Seekers
- The VNA Career Center provides unique opportunities and career tools to help you find the right fit.
- Advanced Job Search
  Find the most relevant nursing jobs from top employers
- Customized Job Alerts
  Stay up-to-date on the latest opportunities by receiving automated notifications.
- Apply for Jobs
  Create an anonymous profile and receive ready-to-apply jobs and have employers come to you.

Advantages for Employers
- Employees can fill positions faster at a lower cost than other job websites by reaching highly qualified and targeted audiences of nursing professionals.
- Exclusive Access
  The VNA Career Center provides unique and exclusive access to market your opportunities to the thousands of qualified members who have joined their association to advance their career.
- Passionate & Qualified Professionals
  Association members are qualified and career-oriented professionals with degrees, certifications and experience to increase quality of hire and candidate success.

Visit the Virginia Nurses Association Career Center
Discover the difference the career center can make for you.
To search jobs, post jobs or learn more, visit
www.virginianurses.org

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4-8 years of clinical nursing experience is preferred
3. Ensure efficient regulatory process for the Board of Nursing and support excellence in nursing education through effective regulations. Timely action by the administration will ensure a timely turn-around on regulations.

4. Increase the number of nurses on public policy and regulatory boards. Nurses have a wide spectrum of health care knowledge and expertise, and should be engaged at the board level to benefit from their acumen. Nurses are also pivotal to addressing the challenges we will confront with implementation of the Affordable Care Act, and their voice should be part of public policy discussion as a voting member of key boards and councils.

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**LEGISLATIVE DAY**

**Public Policy continued from page 1**

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**2015 Legislative Day Poster Winners**

**Research**

Cheryl Dumont “Measuring Perception of Alarm Safety”
Winchester Medical Center

**Innovation**

Maria DeVapine “Health Policy Collaborative (HPC): An Interprofessional Initiative to be the Change for Health in all Policies.”
James Madison University

**Performance Improvement**

Karen Saunders “Hourly Rounding – Our Safety Culture”
Sheltering Arms Hospital

**Evidence Based Practice**

Sonya Wilson “Establishing a New Standard: Building a Better Chemotherapy Biotherapy Oncology Provider Program”
Sentara Princess Anne Hospital

**Student (TIE)**

Kate Berry “Women’s Perceptions of Sexual Assault Screening by Healthcare Providers in Primary Care”
Old Dominion University

Katelyn Overstreet “Identify and Contain Fecal Incontinence Management and CAUTI”
University of Virginia Health System

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Who are APRNs?
APRNs are registered nurses, who receive additional education at the graduate-level, or a post graduate certificate from an accredited program, and are board certified nationally in their areas of specialty. At the national level, APRNs include nurse practitioners (NP), certified nurse- midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). In Virginia, the law currently licenses APRNs including nurse practitioners, nurse anesthetists and nurse-midwives as nurse practitioners who are jointly regulated by the Boards of Nursing and Medicine. Clinical nurse specialists are regulated by the Board of Nursing and are not currently defined as APRNs under Virginia law.

APRNs Play an Integral Role in Improving Access to High-Quality, Cost-Effective Care.
• Nurse practitioners provide comprehensive primary or specialty care including diagnosing, treating and managing acute and chronic illnesses and diseases. This includes ordering, performing and interpreting laboratory and imaging studies; prescribing medication and durable medical equipment; and making appropriate referrals.
• Nurse-midwives provide a full range of primary health care services to women throughout the lifespan including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth and care of the newborn.
• Nurse anesthetists provide the full spectrum of anesthesia care and anesthesia related care for individuals across the lifespan, whose health status may range from healthy through all levels of acuity, including immediate, severe, or life threatening illness or injury.
• Clinical nurse specialists provide patient care and expert advice in nursing specialty practices related to setting, population, type of care, or disease, with primary goal for continuous improvement of patient outcomes and nursing care.
• APRNs practice in hospitals, outpatient settings including birthing centers, free clinics, community health centers, schools, universities, private offices, public health departments, long-term care settings and patient’s homes. In other words, wherever Virginians seek care, you find a practicing APRN.

APRN Numbers (September 2014):
• 6,064 nurse practitioners (NP) licensed in Virginia
• 259 nurse-midwives (CNM) licensed in Virginia
• 1,992 nurse anesthetists (CRNA) licensed in Virginia
• 428 clinical nurse specialists (CNS) registered in Virginia

Current Status for APRNs in Virginia
• In 2012, HB346 (O’Bannon) classified nurse practitioners as APRN. In Virginia, the term nurse practitioner is defined by regulation to include CNMs and CRNAs.
• CNSs are not currently defined as APRNs.
• Labeling CNMs and CRNAs as NPs creates confusion among the public, as well as health providers, given the significant practice and legal differences between NPs, CNMs and CRNAs.
• One recognized title will eliminate confusion on the part of the public and foster uniform recognition for APRNs.

Reference: Institute of Medicine (IOM) report. The Future of Nursing: Leading Change, Advancing Health through the Center to Champion Nursing America, Initiative of AARP, the AAPR Foundation, and the Robert Wood Johnson Foundation
Updated 11/6/2014 12:58 PM

Facts about Advanced Practice Registered Nurses (APRNs) in Virginia

Doctor of Nursing Practice
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• Preparing nurses to be systems-level leaders in complex health care environments
• Executive format ideal for APRNs working full-time nationally
• Join us for an online information session (see website for details) or call to set up an individual meeting

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Riverside Rehabilitation Institute
Riverside Shore Memorial Hospital
Riverside Walter Reed Hospital
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Sheltering Arms Hospital Hanover
Sheltering Arms Hospital South
St. Mary’s Ambulatory Surgery
University of Virginia Health System
UVA Health System
Valley Health
Valley Health-Winchester Medical Center
Valley Health-WRC
VCNP
Veterans Health Administration
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Army
Greenbrier OB/GYN
LCVN
Lutheran Family Services of Virginia
Maryview Medical Center
Merc/VATNP
MedStar Orthopaedic Institute
MYC Associates
Naval Clinic Quantico
Orange County Free Clinic
Performance Improvement of VA
VATNP
Virginia Department of Health
Virginia Emergency Nurses Association
Virginia Nurses Association
Virginia Poison Center
Winchester Medical Center
AANP
ACC
Aspen University
Bryant and Stratton
Fortis College
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Liberty University
Liberty University School of Nursing
Longwood University
Marymount University
Medstar Georgetown University
MedStar Georgetown University Hospital
Mountain Empire Community College
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Legislative Day Tweets continued from page 9

Janet Haebler: “The most powerful tool you have is your vote.” #ANA #VNA #LDay15va

@PamDeGuzman

Cathie Collins @Cathie Collins

#uvawise Senior Nursing Students at #lday15vna

@vmaclinic

Miow Carhart @MiowCarhart

3K people lined up for one chance/yr in 2 days for medical care in Wise, VA. This is what not having healthcare means -J. Lee, MD #lday15vna

breeandapple @breeandapple

See it all the time - Acute care inpatient blurring lines with longterm care/d/t regs. We can’t serve patients in silos. #LDay15va

Desinee @DesineeSL

Longwood University senior nursing class at Legislative Day #lday15vna

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The message was clear throughout the Virginia Nurses Association’s Legislative Day: nurses must have a strong political voice. As nurses, it is ingrained in us to be advocates for our patients. We are the voice for the voiceless in a healthcare system that is difficult to navigate. We speak up as staff nurses, charge nurses, clinical leads, nurse managers, and CNOs of hospitals. However, challenges exist in healthcare work environments that sometimes make it challenging to provide the best care to the patient population. We don’t always have the equipment or staff support available to properly care for patients, and these challenges can feel isolating. It is only when we begin to collaborate we realize these issues are seen at all levels of the healthcare system. When nurses work together and speak up in the policy arena, our voice can be heard loud and clear, and this was the message we heard at Legislative Day.

The morning quickly got underway with a group of 50 nurses and nursing students walking to the General Assembly building in Richmond. Small groups went to talk with the representatives serving on the Senate and House health committees, while others visited their local representatives and discussed VNA’s Nursing Public Policy Platform. A large group of nurses listened to the current debate in the House Health, Welfare, and Institutions Committee meeting. The bill that got the most attention was HB 2153 related to medically or ethically inappropriate care: cessation of care. This bill addressed the ethical decisions a practitioner (doctor) must make when deciding to stop treating a patient if they believe the treatment is doing more harm to the patient than good. While this bill did not get out of committee, it provided a great insight into how intense the debate on a proposed bill can become while still in committee.

As we walked back to the conference, the participants, with new knowledge and interest, discussed ways to become more involved with local political issues. The individuals talked to were impressed with the depth of the questions asked during the committee meeting, and how few of the committee members were involved in healthcare related professions. It became more and more clear to us that healthcare workers, and especially nurses, have a responsibility to educate their legislators and share knowledge about healthcare-related issues.

The opening speaker for the conference was Dr. Jennifer Lee, Deputy Secretary of Health and Human Resources for the State of Virginia. She stated “when (nurses) come together with one voice, the message is unstoppable.” Dr. Lee explained the facts surrounding the current Medicaid qualifications and then described a case where a single mom with two children making $10,000 a year makes too much for Medicaid benefits in Virginia. Dr. Lee described the importance of becoming a trusted advisor to your representative by building working relationships prior to the general assembly session and stressed the importance of identifying the issue that gets you “tired up,” as passion works as a dynamic advocate for the nursing profession, explaining that it is often best to meet with your representative when the general assembly is not in session in order to build a stronger relationship. He also stressed the importance of spreading the word — reviewing multiple options for communicating Nursing’s Public Policy Platform, including social media, email, letters, and phone calls to individual legislators.

The next speaker, Kevin Shimp, focused on Advocacy 101. He reviewed how a bill becomes a law and offered tips for getting started in advocating for the nursing profession, explaining that it is often best to meet with your representative when the general assembly is not in session in order to build a stronger relationship. He also stressed the importance of spreading the word — reviewing multiple options for communicating Nursing’s Public Policy Platform, including social media, email, letters, and phone calls to individual legislators.

James Pickral, VNA’s lobbyist, focused on the healthcare-related bills that are currently in session and discussed the current breakdown of the general assembly. Pickral discussed a current bill SB 901: Restricted volunteer license for registered and practical nurses and nurse practitioners. This legislation would allow nurses to continue to practice in a free public health or community setting under a restricted license that should not be ignored.

The final speakers of the day were Dr. Kathy Baker and Dr. Pat Selig. Together they discussed the future of nursing practice, the expansion of the nursing workforce, and the barriers to practice currently in place – hot button issues that should be on the minds of every legislator.

Navigating the political arena can be confusing and intimidating. Knowing who is on what committees, where a bill is in the process, and what committee is reviewing the bill can all be daunting. But as nurses, we must be proactive and educate ourselves about what changes are being proposed at the General Assembly during each session. As Legislative Day transpired, I spoke to attendees from across the Commonwealth who were eager for suggestions on best practices.

The message we received at Legislative Day (to borrow from a famous shoe company) is to just do it. Get involved and active in advocacy. There is no better time than now. The way nurses practice is rapidly changing, and we must stand up for our profession and work with legislators so we can meet the health care needs of the patient population. No matter where you work, or how long you have been a nurse, your voice and become involved when choices are made in the political arena. Otherwise, those decisions will be made for us.

So where to start? Here are the best practices I learned from Legislative Day:

- **Write!** There is something powerful about writing to your own delegate or senator. Write emails or letters about issues important to you.
- **Start Locally!** Your voice will be heard the loudest with the people you have the direct power to reach, especially as next year is an election year.
- **Get Informed — and Speak Up!** Become a vocal resource and subject matter expert to your elected officials through emails, visits, and phone calls. Be the first person they think of when a nursing issue comes across their desk.
- **Stay Connected!** Get on their email list. Follow your representative on Facebook and interact with them on twitter. Schedule a time to meet with them in your home district or in Richmond, and try to do this when they aren’t in session.

Stasia Kodadek is a practicing registered nurse working with VNA to complete her practicum in policy and advocacy.

**Make Your Voice Heard in the World of Healthcare Policy: A Reflection on Legislative Day 2015**

by Stasia R. Kodadek, BSN, BA, RN

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 classify the primary language of the text as English.
Public Ranks Nurses as Most Honest, Ethical Profession for 13th Straight Year

As the American Nurses Association (ANA) embarks on a yearlong campaign to highlight the importance of nursing ethics and their impact on patients and health care quality, the annual Gallup survey on trust in professions shows the public continues to rate nursing as the most honest and ethical.

For the past 13 years, the public has voted nurses as the most honest and ethical profession in America in the Gallup poll. This year, 80 percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high,” 15 percentage points above any other profession.

“All nurses share the critical responsibility to adhere to the highest ethical standards in their practice to ensure they provide superior health care to patients and society,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “ANA is calling 2015 the Year of Ethics to highlight ethics as an essential component of everyday nursing practice and reinforce the trust patients have that nurses will protect their health and safety, and advocate on their behalf.”

As more Americans gain access to health care under the Affordable Care Act, consumers increasingly are finding that they can rely upon nurses to provide their preventive, wellness and primary care services.

“Over and over again patients place their trust in nurses, so we must ensure that we hold ourselves to the highest standards of ethics and practice,” said VNA President Lauren Goodloe, PhD, RN, NEA-BC.

Additionally, ANA has completed a revision of its Code of Ethics for Nurses, a cornerstone document of the nursing profession that upholds the best interests of patients, families and communities. The new Code reflects many changes and evolutions in health care and considers the most current ethical challenges nurses face in practice.

The new Code of Ethics for Nurses with Interpretive Statements will be released early in 2015. The revision involved a four-year process in which a committee received and evaluated comments on ethics issues from thousands of nurses.

The Year of Ethics will include educational activities supporting the Code and a two-day experts’ symposium.

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HPV 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 preventative solution and recommended for preteen girls and boys age 11-12 years. The immune response to this vaccine is better in preteens 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.

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Opportunities Abound for Clinical Nurse Specialists

Tina Haney, DNP, CNS; Pamela Sharp, PhD, CNS; Carolyn Rutledge, PhD, FNP

Gone are the days of isolated care; healthcare has received a system-wide, global focus. Professionals must work together, not only for the good of the patient, but also the healthcare system, community, and nation. Consider the most recent Ebola outbreak in the United States. As government agencies and systems came together to determine how to best manage the “outbreak,” it was a clinical nurse specialist (CNS) that was in the position to assure that the care of the patient, safety of the nurses, and community at large was effectively managed in Texas. A CNS specially prepared in infection control from Emory Healthcare was sent to Texas Presbyterian Hospital to assist the staff with the proper care of this highly contagious disease. This CNS had been responsible for writing Emory Healthcare’s personal protective equipment and infection control protocols and serves as the hospital’s experienced “safety observer” in the isolation unit. At Emory, she is responsible for assisting and educating staff and administration (Emory Newsletter, 2014). This is a poignant description of the unique skill set and valuable contributions of the CNS to the patient, hospital, and community.

What is a Clinical Nurse Specialist (CNS)?

Traits of a successful CNS are that of a good listener and communicator, a diplomat, a persistent advocate, and clinical expert. The CNS is based on three spheres of practice: patient care, patient and nursing staff education, and clinical research, and as a consultant.

Why should you consider educational preparation for the CNS role?

Due to current events, the CNS is gaining more attention; yet, the CNS is a role that many nurses have pursued since 1953. The CNS has consistently provided system wide best-practice within hospitals and has served as a liaison between the patient, nurses, physicians, and administration. Recently, however, the need for this specially trained nurse has increased. With the increasing demand and fragmentation of healthcare systems, the CNS has been tapped as a leader to make certain that cost-effective improved patient outcomes grounded in evidence-based care are assured within all systems.

CNSs, like the one from Emory, can be found throughout Virginia. One such nurse was responsible for the care of children undergoing a low volume high-risk surgery in a specialty surgical department. In collaboration with the pediatric surgeons, this CNS built an International Center of Excellence for this procedure. Secondary to her educational preparation as a CNS, she functioned not only as a clinical expert for the specialty area, but wrote evidence-based protocols and clinical pathways, educated nursing staff, participated in clinical research, and traveled internationally to educate both nurses and physicians about unique needs of this population. Another example is that of the CNS who works part-time at a residential treatment facility for children with emotional illnesses. This CNS educates both the residents and the staff on health maintenance and promotion topics. She has rewritten the small non-profit center’s research policies, and has facilitated and maintained oversight of several clinical research projects. She is also providing support and consultation for the facilities development of a Telehealth counseling program. A third CNS works in a community-based hospital where she plays a key role in the organization’s magnet and pathway to excellence. She has assisted in the development of the hospital’s new graduate program and simulation center. These examples represent just a few of the roles Virginia CNSs are filling.

Traditionally, the CNS found a place in the acute care setting serving as clinical expert for specific patient populations. Now, the CNS is working in all settings: acute care hospitals, intermediate care facilities, step-down units, rehabilitation facilities, home health agencies, outpatient clinics, and government agencies. The CNS is trained to care for patients from birth to death; many are specialty trained to provide care for patient populations or illnesses such as: geriatric, neonatal, pain management, palliative care, cardiae care, oncology, or infection control name a few. It is time to begin emphasizing the benefit to optimizing the role of the CNS.

Virginia currently has seven schools of nursing that are offering CNS programs. The focus areas include Community Health, Acute and Specialty Care, Psychiatric Care, and Adult Geriatrics. These schools are answering the call from the community for additional advanced practice nurses educated as CNSs who can serve as liaisons and leaders within complex healthcare delivery systems. The job outlook for the CNS is excellent. Hospitals and educational facilities that want to achieve Magnet designation, develop clinical pathways, or provide evidence based cost effective care are including the CNS as a key member of the nursing team. According to the Website, Explore Healthcareers (http://www.explorehcereers.org/en/Career/92/Clinical-Nurse-Specialist), a CNS beginning work in 2012 could expect a salary comparable to that of a nurse practitioner depending upon their clinical specialty, geographic region, and experience. Currently there are 72,000 CNSs in the United States. The demand for CNSs far exceeds the number of available CNSs to fill the need. According to CNN Money (http://money.cnn.com/pf/best-jobs/2013/snapshots/2.html), the job demand for the CNS is one of the fastest growing in healthcare; the needs have increased by 26% in 2013.

For more information about Clinical Nurse Specialists, please visit http://www.nacns.org/

This article was researched and written by clinical nurse specialists and PhD registered nurses from Old Dominion University (ODU). ODU has one of the newest CNS programs in Virginia with an Adult Gerontology CNS/PhD degree. For more information, visit http://bit.ly/CNSODU.
The Center for Disease Control and Prevention (CDC) and state health departments are investigating a multi-state outbreak of measles associated with travel to Disneyland Resort Theme Parks (which includes Disneyland and Disney California Adventure). The CDC Health Advisory Network has issued an advisory to notify public health departments and health care facilities about this measles outbreak and to provide guidance to health care providers. Clinicians should ensure that all their patients are current on MMR (measles, mumps and rubella) vaccine. They should consider measles in the differential diagnosis of patients with fever and rash and ask patients about recent international travel or travel to domestic venues frequented by international travelers. Further, they should ask patients about their history of measles exposures in their community.

Recommendations for health care providers:

- Ensure all patients are up to date on MMR vaccine and other vaccines.
- For those who travel abroad, CDC recommends that all U.S. residents older than 6 months be protected from measles and receive MMR vaccine, if needed, prior to departure.
- Infants 6 through 11 months old should receive one dose of MMR vaccine before departure.
- Children 12 months of age or older should have documentation of two doses of MMR vaccine (separated by at least 28 days).
- Teenagers and adults without evidence of measles immunity should have documentation of two appropriately spaced doses of MMR vaccine.

Resources

- CDC
  For more information, go to: www.cdc.gov/measles/index.html and www.cdc.gov/measles/vaccination.html
- ANA Immunize
  Go to http://anaimmunize.org/
  -Reprinted from The American Nurse, February 9, 2015
The Virginia Nurses Foundation (VNF) is now accepting nominations for its second 40 Under 40 awards. The awards will recognize 40 emerging registered nurse leaders under the age of 40 in Virginia.

VNF is calling for statewide nominations from a wide range of healthcare settings from hospitals to home health agencies and others. These awards will highlight nurses who positively represent their profession and serve as leaders in their communities, professional organizations, and workplaces.

“I think the time has come to recognize more nurse leaders, because there are so many young, passionate nurses in Virginia who have a vision for their profession and for the health of their community,” said Lindsey Cardwell, a previous recipient of the 40 Under 40 Award. This is their stage and platform to be recognized for all they do and for their unique perspective.

Award recipients will be selected based on the following criteria:

- Vision and Leadership
- Innovation and Achievement
- Growth and Development
- Community Involvement and Contribution

Awards will be presented at the 2015 Virginia Nurses Foundation Gala on November 21 at the Hilton Short Pump in Richmond.

For nomination forms or more information, please contact Kristin Jimison at kjimison@virginianurses.com.
Health care organizations and providers now have access to a new Joint Commission public service campaign “Speak Up: X-rays, MRIs and Other Medical Imaging Tests.” The campaign, written in easy-to-understand language for patients, highlights the benefits and risks of medical imaging tests and outlines suggested precautions.

The new Speak Up campaign features an infographic that can be downloaded and printed for display in a health care organization, or posted on a website or social media channel. To develop the infographic, the Joint Commission worked with the Alliance for Radiation Safety in Pediatric Imaging, American College of Radiology, Radiological Society of North America, and the Society for Pediatric Radiology.

Included in the infographic are simple definitions for X-rays, ultrasound, computed tomography, magnetic resonance imaging and nuclear scans.

For each type of imaging covered in the infographic, there is an explanation of what health care conditions it is used for and what happens during the procedure. The infographic also includes information and guidance for patients and a list of suggested questions they should ask their provider when making a decision about whether to undergo a medical imaging test.

The Joint Commission’s award-winning Speak Up program urges patients to take an active role by becoming involved and informed participants on their health care team. You can use the Speak Up program to encourage your patients to:

• **Speak up** if you have questions or concerns. If you still don’t understand, ask again. It’s your body and you have a right to know.

• **Pay attention** to the care you get. Always make sure you’re getting the right treatments and medications by the right health care professionals. Don’t assume anything.

• **Educate** yourself about your illness. Learn about the medical tests you get, and your treatment plan.

• **Ask** a trusted family member or friend to be your advocate (advisor or supporter).

• **Know** what medicines you take and why you take them. Medication errors are the most common health care mistakes.

• **Use** a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission’s quality standards.

• **Participate** in all decisions about your treatment. You are the center of the health care team.

“The Joint Commission is issuing this infographic to assist health care organizations and providers with informing patients about the benefits and risks of imaging procedures, as well as precautions,” said Ana Pujols McKee, M.D., executive vice president and chief medical officer, The Joint Commission. “As providers, it is our responsibility to help patients fully understand what the benefits and risks are for every imaging procedure, so they can make an informed personal decision on what is best for their health.”

The potential risks from medical imaging tests include: over-exposure to radiation; increased cumulative radiation exposure; misdiagnosis or delayed diagnosis due to an improperly administered test; and physical reaction to contrast dyes, gels or medicines used during a test.

First launched in March 2002, together with the Centers for Medicare & Medicaid Services, the Speak Up program features free infographics, brochures, posters and animated videos. There are no copyright or reprinting permissions required. Copies of the Speak Up materials are available for download on The Joint Commission website at jointcommission.org.
· 10 Paid Holidays & 26 Vacation Days Per Year for Full-Time, Sick Leave Benefits

CT or CAT scan (computed tomography)

What is it? Uses special X-ray devices that show a “slice” of your body.

Used for? Diagnosing broken bones; cancers; blood clots; abdominal bleeding.

What happens? You lie still on a table and may have to hold your breath for a short time. The CT machine is aimed at all parts of your body the health care provider needs to see. For some CT scans you may receive a “contrast dye,” which makes parts of your body show up better. The dye may be given through an intravenous (IV) tube or a syringe in your arm. Some dye is given in a drink.

Ultrasound

What is it? Uses sound waves to create an image.

Does not expose you to radiation.

Used for? Diagnosing conditions of the heart, blood vessels, kidneys, liver, and other organs; during pregnancy, a health care provider uses an ultrasound to look at the baby.

What happens? You lie on a table. The person giving the tool places gel and a device called a transducer on your skin. The transducer sends out sound waves that bounce off tissues inside your body.

Medical imaging tests help diagnose health problems. Some tests use radiation. Radiation is useful, even life-saving, but too much can be harmful.

Ask your health care provider:

· Why do you need this test?
· Does this test use radiation?
· Is there another test that does not use radiation?
· What can you expect during the test?
· What should you do to prepare for the test?
· What can you expect after the test?
· Is there another test that does not use radiation?
· Does the hospital or imaging center use the lowest amount of radiation needed to get information—especially for children?
· Is the hospital or imaging center accredited?

Nuclear scans

What is it? Uses radioactive substances and a special camera to see inside your body. Nuclear scans may show how organs, such as your heart and lungs, are working.

Used for? Diagnosing blood clots, cancer, heart disease, injuries, infections, thyroid problems.

What happens? Before the test, you receive a small amount of radioactive material, which makes parts of your body show up better. The material can be given through an intravenous (IV) tube or a syringe in your arm. Some is given in a drink and sometimes you inhale it. You wait as the material is absorbed by your body. This may take an hour or more. Then you lie still on a table while the camera takes images.

MR (magnetic resonance imaging)

What is it? Uses a large magnet and radio waves to look inside your body. Does not expose you to radiation.

Used for? Diagnosing ligaments, tendons, brain or spinal cord conditions, examining organs.

What happens? You lie still on a table that slides inside a tunnel-shaped machine. You may have to hold your breath for parts of the scan. For some MRI scans you may receive a “contrast dye,” which makes parts of your body show up better. The dye can be given through an intravenous (IV) tube or a syringe in your arm. Some dye is given in a drink.

Learn more about the visceral or peripheral sensory system.
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