

# West Virginia Nurse



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**“Nurses working together for a healthy West Virginia”**

Quarterly publication direct mailed to approximately 37,000 RNs and LPNs in West Virginia.



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## President's Message

**Evelyn Martin, DNP, RN, APRN, FNP-BC  
WVNA President**

WVNA Members and Future Members,

As with most any chosen career path, the nurses of West Virginia face an ever changing future, which will prove to be challenging while bringing with it exciting results for those in this industry. We at the WV Nurses Association will always place ourselves in the middle of the action, to continually strive for the future of both the professional nurse and for the health and welfare of the great people of WV.



**Evelyn Martin**

### Annual Board Retreat

At the Annual WVNA Board Retreat in August, we reviewed the WVNA vision and mission, as well as updated our goals for 2015 – 2016. Goals discussed include: increasing membership, training a team of Health Policy Advocates, expanding Unity Day visibility at the Capitol in Feb. 2016, communication to include the WVNA conference calls for all member nurses wanting to participate and learn what is going on in the state or even, when appropriate, the federal level, partnership with other WV organization to raise awareness of mutual healthcare issues for all citizens of WV.

There were several important items to come out of the discussions. One point of interest is that of the Save American Workers Act which has passed the U.S. House of Delegates and now sits in the U.S. Senate. *“This bill amends the Internal Revenue Code to change the definition of “full-time employee” for purposes of the employer mandate to provide minimum essential health care coverage*

*under the Patient Protection and Affordable Care Act from an employee who is employed on average at least 30 hours of service a week to an employee who is employed on average at least 40 hours of service a week (Congress.gov, 2015)”.*

The American Nurses Association (ANA) sent a letter to the House of Representatives opposing this bill because this legislation would negatively impact nurses in jobs where full-time work involves less than 40 hours per week. This would include 1.69 million RNs and APRNs, who are employed by general medical and surgical hospitals, other specialty hospitals, and psychiatric and substance abuse hospitals. Typically, RNs who work in a hospital setting work a three day, 12 hour shift, with a workweek of 36 hours. If enacted, employers subject to the employer mandate would no longer be required to offer health insurance benefits to those working the regularly scheduled 36 hour workweek.

Another topic of interest concerned other organizations the WVNA partners with to promote and enhance healthcare to citizens in WV. Groups include WV Organization of Nurse Executives (WVONE), School Nurse Association, Center for Nursing, WV Kids and Families Coalition, WV Free, Institute of Medicine Report, Our Children our Future and many others. The WVNA is looking for members – current or new that would like to represent us on any of these and the many other organization boards or to just get involved in an organization that you would be interested in.

Lastly, one of the topics of discussion is a West Virginia Nurses conference in the Fall of 2016. The WVNA is looking for nurses that would like to work together on a committee to help organize this conference and make it a reality and a success. Please email me at [wvnaemm@gmail.com](mailto:wvnaemm@gmail.com) or the WVNA office at [centraloffice@wvnrurses.org](mailto:centraloffice@wvnrurses.org) if you are interested in joining us in making this a great event for all nurses in WV. Membership is not a requirement for attending the conference or being on the committee. However, joining your professional organization is always a valuable asset to your growth as a nurse – whether a registered nurse or a licensed practical nurse.

Within the WVNA we have many committees that we welcome any member nurse to sit on. The following committees are looking for leaders who want to get involved and become a voice for the nurses of WV:

- The Committee on Bylaws and Policies and Procedures
- The Committee on Nominations & Awards

- Committee on Finance
- Continuing Education Provider Unit
- Continuing Education Approver Unit
- Committee on Health Planning and Legislation
- Unity Day Planning Committee
- Annual Meeting Planning Committee
- Membership Committee
- Members of the Advanced Practice Registered Nurse Congress
- Members of the Legislative Leader Congress
- Members of the Professional Nursing Leader Congress
- Members of the Workplace Advocacy Congress

With the constant change in healthcare, nurses need to educate themselves regarding the driving force behind these changes, such as the patient's expectation for better outcomes, better quality healthcare, and insurance issues. As nurses, we all need to get involved and be more proactive, so we can determine how those changes affect us. We would love to have more bedside nurses participating in committee decisions. Becoming involved in your professional organization allows you to become change agents. Once you become involved you will learn how to not only lead change, but how to help your peers adapt to change as well.

### Nurses Unity Day

Plans are underway for an incredible Unity Day at the Legislature on February 17, 2016. Unity Day at the Capitol provides attendees an invaluable opportunity to discuss with legislators those issues of importance to the nursing profession. We also need to be active and vocal year-round regarding those issues that impact our patients and profession. As 2016 is an election year, remember your vote equals your voice - make it loud, it can make a difference.

Your membership is essential to the WVNA, if we wish to succeed and make our goals a reality. If you have not signed up to be a member, what are you waiting for? If your answer is that you do not have the time to get involved or to participate in the organization, please consider joining to support the WVNA efforts on your behalf. Whether you are a LPN, RN or APRN, the tireless efforts of the WVNA to make nursing a better, safer, more recognized and respected profession is huge compared to the minimal monthly cost.

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# Awards West Virginia Nursing Award Nominations

WVNA will be taking nomination to be decided by the Unity day conference call and executive committee. Please send in a CV (or equivalent) and why. A short paragraph or 2 as to why you feel this person is the most exemplary nominee in the state of WV for the below listed awards:

Please email attached nominations to WVNA central office: title line Award nomination. [centraloffice@wvnurses.org](mailto:centraloffice@wvnurses.org)

1. Mentorship award: 2nd annual WVNA Mentorship award goes to the individual who has demonstrated tremendous personal and professional support of WV Nursing including APRN students and their education. This person must actively support the promotion of the nursing profession and standard of the profession and fervently assists in graduating the highest quality nurses in the state through her clinical preceptorship. Thus promoting exceptional health care standard with in the state.

2. Friends of nursing (usually community or legislature): who has demonstrated tremendous personal and professional support of WV Nurses. This person must actively support the promotion of the nursing profession through modernizations of policy and standard of the profession. This person should demonstrate leadership and advocacy within the state in assuring that professional delivery of healthcare is aligned with national recommended future of nursing standards. Thus promoting exceptional nursing and health care standard with in the state.

3. Lifelong contribution to nursing: An award for longevity and commitment to the nursing profession through exemplary care of WV citizens, patients and thus the nursing profession.

4. As well as the Nightingale Tribute for nurses that have passed and someone would like to recognize them in a WVNA memorized service at the WV state capital, with a white rose presentation in memory of nurse that gave a life time of service.

5 & 6. APRN award are decided by the American Association of Nurse practitioners and if you are also a member of that group and wish to make a nomination in those categories please go to: <http://www.aanp.org/press-room/press-releases/166-press-room/2015-press-releases/1817-aanp-state-award-for-excellence-nominations>

## American Association of Nurse Practitioners 2016 State Award Nominations

**AUSTIN, TX (August 10)** -- Nominations are now open for the prestigious 2016 AANP State Award for Excellence.

The **NP State Award for Excellence** is given annually to an **individual NP** in each state who has demonstrated excellence in NP clinical practice.

The **Advocate State Award for Excellence** is given annually to an **individual** in each state who has made a significant contribution toward increasing awareness and acceptance of NPs. Examples of past recipients have been physicians, legislators, educators, etc. NPs are also eligible for the advocate award for non-clinical practice initiatives related to leadership, precepting, policy, politics, research, education, or community affairs.

Membership in AANP is not a requirement to nominate someone or to be nominated. Nominations are open from August 10 thru October 9, 2015.



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The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

WV Nurse reserves the right to edit all materials to its style and space requirements and to clarify presentations.

#### WVNA Mission Statement

The mission of WVNA is to empower the diverse voice of nurses in all settings toward unified focus of nursing knowledge, skill and ability to promote the health & well-being of all West Virginians, through education, legislation and health policy.

#### Executive Board

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**Beth Baldwin**, 1st Vice President: [elbrn6c21@msn.com](mailto:elbrn6c21@msn.com)  
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**Toni DiChiacchio**, Treasurer: [dichiacchio@yahoo.com](mailto:dichiacchio@yahoo.com)  
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**Sam Cotton**, WVN-PAC Chair: [scotton@hsc.wvu.edu](mailto:scotton@hsc.wvu.edu)

#### WVNA Staff

**Lori Chaffins**, Executive Director  
[centraloffice@wvnurses.org](mailto:centraloffice@wvnurses.org)

#### WV Nurse Staff

**Dustin Salyer**, Assistant Director, Managing Editor

#### West Virginia Nurse Copy Submission Guidelines

All WVNA members are encouraged to submit material for publication that is of interest to nurses (especially in the following sections: Nightingale Tribute and Members in the News). The material will be reviewed and may be edited for publication. There is no payment for articles published in the *West Virginia Nurse*.

Article submission is preferred in Word Perfect or MS Word format. When sending pictures, please remember to label pictures clearly since the editors have no way of knowing who persons in the photos might be.

**Copy Submission via email:** Only use MS Word for text submission. Please do not embed photos in Word files, send photos as separate jpg files.

**Approximately 1,600 words equal a full page in the paper. This does not account for headlines, photos, special graphics, pull quotes, etc.**

#### Submit material to:

West Virginia Nurse  
PO Box 1946, Charleston, WV 25327  
or Email: [centraloffice@wvnurses.org](mailto:centraloffice@wvnurses.org)

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# Letter from the Editor

## Cabell County Rolls out Needle Exchange Program

Dustin Salyer, CAPM

When I think about the state of West Virginia, my mind often drifts towards trying to conquer the challenge of finishing off a Homewrecker at Hillbilly Hotdogs, the storied football programs of the Thundering Herd and the Mountaineers as well as the New River Gorge and all of its beauty. Unfortunately, there is another thing West Virginia is becoming synonymous with and that is drug abuse. With the influx of drug use along with influx of disease that is associated with drug use, Cabell County has started the state's first needle exchange program in an effort to curb hepatitis B, hepatitis C and HIV/AIDS.



Dustin Salyer

As controversial as a needle exchange program may be, West Virginia has one of the highest rates of hepatitis C as well as drug overdose deaths in the country. According to the CDC, between 2006-2012, the Appalachian region saw an incredible, 300% rise, in hepatitis infection of people under the age of 30 with 73% of all those infected coming at the hands of needle sharing.

The idea is simple, drug users exchange dirty needles for clean, hypodermic needles in an effort to curb the spread of dirty needles. To get more clean needles, those in the program must return the needles they originally received. While, this may not stop someone from using drugs, studies

have shown that there is a reduction in risk behavior as high as 80% and reductions of HIV infections by 30%.<sup>1</sup>

There is in fact, worry that giving out needles will lead to more drug users. This worry however, was put to rest by West Virginia House of Delegates, Matthew Rohrbach. "I don't believe anybody's going to get out of bed today and read that they're handing out free needles and decide to suddenly become heroin addicts," Rohrbach stated.<sup>2</sup> This statement rings true, as there has been no correlation linking needle exchange programs to a rise in drug use.

This program, in an effort to fight West Virginia's drug epidemic, must succeed for the welfare of our community. This pilot program will be under the microscope by everyone and, if successful, could be rolled out in other counties in the following years. By fighting this epidemic with a needle exchange program, we could save the state thousands of dollars in treatment costs and help the save lives of afflicted drug users. Success of this program is nothing but good news for all. Instead of mulling over infection rates and death, we can all go back to football and hotdogs.

*Dustin Salyer is the Assistant Director of WVNA and the Editor of the WVNurse. You can contact Dustin at [centraloffice@wvnurses.org](mailto:centraloffice@wvnurses.org)*

- 1 McLean, K. (2011, March). Retrieved from HHS Public Access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291106/>
- 2 LeBeau, K. (2015, July). Retrieved from WSAZ: <http://www.wsaz.com/home/headlines/Cabell-County-Announces-Needle-Exchange-Program-311515191.html>



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# Legislative Update



## 2016 Health Policy and Legislative Position Statement

The West Virginia Nurses Association (WVNA) goal is to support enactment and implementation of policy that will benefit the health and welfare of all citizens. The WVNA strives to provide information, advocacy, representation and protection for the state's professional nurses. As part of the American Nurses Association (ANA), the organization establishes policies and goals for the profession that form the basis for nursing's contribution to the advancement of health care policy.

### I. PROFESSIONAL ISSUES

#### WVNA supports regulatory legislation that:

1. Assures the continued autonomy and full scope of authority of the West Virginia Board of Examiners for Registered Professional Nurses (WVRNB);
2. Supports the licensure, accreditation, certification, and education (LACE) consensus model for Advanced Practice Registered Nurses [(APRNs), Certified Registered Nurse Anesthetist, Certified Nurse Practitioner, Certified Nurse-Midwife and Clinical Nurse Specialist].
3. Supports Future of Nursing WV Action Coalition in implementing the Institute of Medicine (IOM) recommendations. (IOM, 2010);
4. Promotes APRNs as licensed independent practitioners, promotes full compensation for APRNs, prevents professional liability carriers from limiting coverage that restricts the full APRN scope of practice, and prevents restraint of trade through collaborative requirements (ACNM, 2011; NCSBN, 2008);
5. Improves health care access through modernizing statutory language that restricts nursing practice, including prescriptive and signature authority (AANP, 2015);
6. Recognizes the full scope of practice and autonomy of RNs as established by professional licensure and delineated by professional organizations;
7. Promotes the use of appropriate scientifically correct and inclusive terminology in proposed legislation and health policy;

8. Promote full practice authority for APRNs within their educational standards of practice, specific to the national credentialing standards (NCSBN, 2008).

#### WVNA supports workplace initiatives that:

1. Uphold individual nurses' right to make moral-ethical decisions (ANA Code of Ethics, 2015);
2. Recognize the RN as the coordinator for patient care;
3. Improve patient and staff safety with supplied devices to protect the patient and staff from injury;
4. Provide flexible work schedules that lessen the risk of fatigue-related errors;
5. Supports safe staffing initiatives determined by nurses, that take into account patient acuity and that maximize standard quality outcomes;
6. Prohibit forced overtime and fairly compensate RNs and other health care providers utilizing traditional payment scales for overtime hours (ANA Code of Ethics, 2015);
7. Standardize policies and procedures, equipment and medication delivery systems, including but not limited to information technology, to provide seamless care to rural populations (e.g., telehealth);
8. Support unrestricted use of titles appropriate to educational degrees and credentials (e.g., Doctor of Nursing Practice, DNP);

### II. HEALTH CARE DELIVERY

#### WVNA supports a health care delivery system that:

1. Encourages wellness through education, public awareness and the full impact of the media;
2. Aggressively addresses leading health indicators including physical activity, responsible sexual behavior, maternal health, oral health, mental health, environmental quality, immunization, social determinants, access to health services, and prevention of obesity, tobacco use, substance abuse, injury and violence (Healthy People 2020, 2015);
3. Provides interdisciplinary person-centered care, employs evidence-based practice, applies quality improvement, and utilizes informatics (IOM, 2010);
4. Assures compliance with WV Code: "The legislature finds that regulation should be imposed on an occupation or profession only when necessary for the protection of public health and safety (WV Code, Chapter 30-1A-1);
5. Promotes nurses practicing to the full extent of their education and training. Modernizes state regulations to eliminate those that have anticompetitive effects with no contribution to the health and safety of the public (IOM, 2010; FTC, 2012);
6. Supports patient safety through adequate staffing patterns with RN supervision and appropriate delegation of licensed and unlicensed assistive nursing personnel;

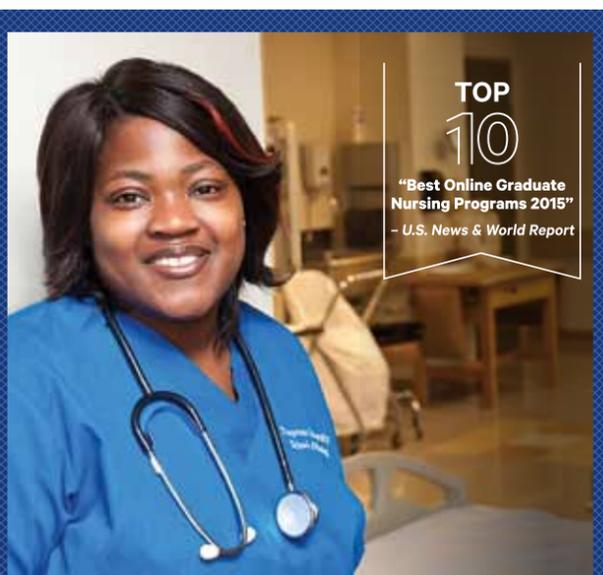
#### WVNA supports public policies that:

1. Promote equal access to quality, comprehensive health care for all West Virginians;
2. Promote a commitment to the principle that all persons are entitled to affordable, readily accessible, high quality health services (AHRQ, 2008; ACA, 2010);
3. Promote reimbursement parity for all health services including, but not limited to medications, complementary care, reproductive services, and mental health services (ACA, 2010);

4. Assure that quality supportive/palliative end-of-life care is accessible to all people, including effective symptom control, psychosocial, and spiritual support;
5. Maintain current West Virginia immunization standards and ongoing immunization guideline modifications as outlined by the U.S. Centers for Disease Control (CDC, 2012);
6. Encourage senior West Virginians to maintain active, healthy, and independent lifestyles. Promote access to quality in-home long term or intermediate care when desired and needed;
7. Identify, report, and prevent elder abuse and neglect including physical, mental and financial abuse, and provide victim support (WV State Auditor's Office, 2012);
8. Eliminate substance abuse and drug diversion through increased monitoring of all substance use;
9. Support the safe regulated prescribing of therapeutic marijuana by all prescribing providers as appropriate (ANA, 2008);
10. Allow global signature by an APRN in any WV law or regulation requiring a signature, certification, stamp, verification, affidavit or endorsement by a physician, to ensure seamless health care delivery;
11. Recognize the importance of patient confidentiality given the impact of social media on professional practice (ANA, 2012).

#### WVNA supports school health initiatives that:

1. Supports the need for safe administration of insulin at school for students with diabetes – only a certified school nurse, registered nurse, licensed practical nurse, parent/guardian, or a trained parent designee (not employed by the board of education) and/or student may legally administer insulin in the school setting (WVASN and WVCOSN Position Paper, 2014) – replaces Support the Certified School Nurse and other nursing healthcare providers in the school setting as the sole administrators of insulin to students with Insulin-Dependent Diabetes Mellitus (IDDM) who do not self-administer (Reference WVASN and WV COSN Position Papers);
2. Promote the coordination and linkage of students to a health home including oral health through the Certified School Nurse;
3. Promote the role of the Certified School Nurse in the enrollment of children and families in comprehensive insurance programs which include oral health;
4. Recognize the Certified School Nurse as the coordinator of health care intervention with the authority to make appropriate health care task delegations and assignments within the educational setting and the nurse's scope and ability;
5. Promote collaboration between the Certified School Nurse and School-Based Clinics for health promotion and disease management. (A Certified School Nurse covers all children enrolled in public school; the School-Based Clinic provides care only to established patients);
6. Recognize the Certified School Nurse as the professional who ensures quality health care instruction for pre-K through 12th grade students, including comprehensive age-appropriate human sexuality education, asthma and diabetes (WVDE School Nurse Needs Assessment 2010);
7. Support Certified School Nurse's pay parity within educational funding formula for teachers;
8. Promote the community school concept coordinating programs and services to support healthy lifestyles for students, staff, parents and the community for which each school serves (Coalition for Community Schools/CDC-Coordinated School Health Programs).



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III. PATIENT RIGHTS

**WVNA supports patients' rights to:**

1. Health care as a basic human right;
2. Safe, error-free health care environments;
3. Choice of sources, methods, services, and providers of health care;
4. Privacy and confidentiality;
5. Informed decision making about personal health, including end-of-life care and reproductive health services;
6. Information about all treatment options, including the comparative risks and benefits, at the appropriate literacy-level;
7. Transparent information about nurse staffing patterns and patient outcome benchmarks at health facilities;
8. Designate APRNs as their primary licensed independent provider of healthcare.

IV. NURSING RETENTION AND RECRUITMENT

**WVNA supports strategies for retention and recruitment including:**

1. Practices that promote a safe, professional work environment;
2. Funding for undergraduate and graduate education for nurses, educational opportunities for faculty, and nursing workforce redevelopment programs (ANA, 2010);
3. Tax incentives and educational loan repayment plans for nurse educators (ANA, 2010);
4. Modernizing policy to ensure that all nurses may practice to the full extent of their education and certification (namely, to remove collaborative requirements, restrictive prescribing formularies, and restrictive signatory authority);
5. Reimbursement parity for APRN services;
6. Peer monitoring and counseling that is confidential and compassionate to protect the

public and promote retention of recovering nurses in the workforce (ANA, 2010).

V. SOCIAL ISSUES

**WVNA supports the following:**

1. Education focusing on social justice issues;
2. Hate crime legislation that protects vulnerable populations;
3. Legislation focused on prevention of violence and bullying, particularly the protection of vulnerable populations in all venues including social media;
4. Initiatives to screen, educate and reduce public health risks, including but not limited to unclean air and water, harmful health additives and toxins, drug and alcohol impairment, distracted driving, sexually transmitted infections, sports injuries, and ATV/motorcycle helmet use;
5. Access to programs that identify and treat post-concussive head injuries from sports and other causes (CDC, 2015);
6. Public disclosure of and education about environmental health risks in home, work, school, and other public settings (ANA, 2010);
7. Adequate funding to provide smoking prevention, cessation, and educational programs to eliminate tobacco use and environmental tobacco and smoke exposure (e.g., increasing the tobacco tax);
8. Education regarding the health benefits of breastfeeding;
9. Ongoing recognition and support of WV nurse veterans;
10. Programs developed to identify and treat the high incidence of post-traumatic stress disorder (PTSD) and post-concussive head injuries in the post-war veteran population (e.g., traumatic brain injury) (AANP, 2012);
11. Access to mental health services for all veterans with supportive opportunities for the highest quality of independent living (AANP, 2012);

12. Addressing the high incidence and low availability of mental health services (e.g., integrating mental and physical health services, telehealth, substance abuse treatment) (WV Perinatal Partnership, 2015);
13. Engaging community members and health professionals in threat preparedness efforts (WVREDI, 2015);
14. Support a realistic living minimum wage.

**WVU Medicine**  
**UNIVERSITY HEALTHCARE**

*One System... Many Opportunities:* As part of the state's largest healthcare system, we are comprised of Berkeley Medical Center, Jefferson Medical Center, and University Healthcare Physicians; partnered with the clinical excellence of WVU Hospitals in Morgantown. We have positions, (full-time and part-time) open at Berkeley Medical Center, Jefferson Medical Center and clinical offices located in Jefferson and Berkeley County. We are conveniently located within driving distance of Maryland and Virginia.

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A nurse was named in a lawsuit after a 20-year-old male she saw in an urgent care clinic later died from one of the most dangerous forms of bacterial meningitis.

**Case summary:**

- The nurse attended to the patient and determined that he needed to go to the ER within 5 minutes of the patient arriving at the clinic.
- The patient's girlfriend took him directly to the hospital, where he was triaged but showed no fever and normal blood pressure. The patient began showing signs of delirium nearly two hours later, and an hour afterward began to be treated for meningitis even though a diagnosis had not been confirmed.
- The patient was definitively diagnosed with Neisseria meningitis, Group B, the next day. He died less than 24 hours after arriving at the urgent care clinic.

The nurse was named, along with the clinic where she worked, the physician working at the clinic, the ER physician and the hospital, in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have triaged the patient and the physician would have seen him, they would have recognized the symptoms of meningitis and administered antibiotics in time to save his life.

Defense experts supported the actions of the nurse in referring the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that no treatment could have reversed the course of the illness.

**Despite this, her defense costs topped \$125,000.**

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## Incivility, Bullying, and Workplace Violence

**Effective Date:** July 22, 2015

### New Position Statement

**Purpose:** This statement articulates the American Nurses Association (ANA) position with regard to individual and shared roles and responsibilities of registered nurses and employers to create and sustain a culture of respect, free of incivility, bullying and workplace violence. Registered nurses and employers across the healthcare continuum, including academia, have an ethical, moral, and legal responsibility to create a healthy and safe work environment for registered nurses and all members of the health care team, health care consumers, families, and communities.

**Statement of ANA Position:** ANA's Code of Ethics for Nurses with Interpretive Statements states that nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect." Similarly, nurses must be afforded the same level of respect and dignity as others (ANA, 2015a). Thus, the nursing profession will no longer tolerate violence of any kind from any source. All registered nurses and employers in all settings, including practice, academia, and research must collaborate to create a culture of respect, free of incivility, bullying, and workplace violence. Best practice strategies based on evidence must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of registered nurses; and to ensure optimal outcomes across the health care continuum. This position statement, although written specifically for registered nurses and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment. Stakeholders who have a relationship with the worksite have a responsibility to address incivility, bullying, and workplace violence.

To read the full article, please visit [nursingworld.org](http://nursingworld.org)

-Shared with permission by American Nurses Association

## H.R. 379 / S. 1205 National Nurse Act of 2015 Gaining Traction in Congress

Nurses in West Virginia and across the country believe they know how to slow rates of chronic disease and thus reduce Medicare and Medicaid costs. Their solution: Involve more nurses in PREVENTION. Their proposal is to designate an existing position, the Chief Nurse Officer of the U.S. Public Health Service as the National Nurse for Public Health. By doing so, Congress will provide more impetus to promote the Medical Reserve Corps, strengthen existing public health infrastructure, and mobilize available resources of willing nurses and other healthcare workers within each community to deliver and reinforce messages of disease prevention.

Congresswoman Eddie Bernice Johnson (D-TX), who is also a nurse, and Congressman Peter King (R-NY) agree, introducing H.R. 379 The National Nurse Act of 2015 on January 14, 2015. The bill has already garnered bipartisan support in Congress and there is now a companion bill, S. 1205, in the Senate co introduced on National Nurses Day by Senator Jeff Merkley (D-OR) who co-chairs the Senate Nursing Caucus and Senator Shelley Moore Capito (R-WV).

As a national advocate for nursing actions to champion public health in all communities, the National Nurse for Public Health would collaborate with the Office of the Surgeon General to identify and address national health priorities.

Teri Mills MS, RN, CNE, President of the National Nursing Network Organization (NNNO) states, "We are delighted to have strong bipartisan support for this legislation, and because it does not require any appropriation of funds, we hope Congress can agree to pass this soon. As Congress and the President continue to grapple with our country's budget crisis, it would be wise to consider the financial impact that the seven most common chronic diseases have on our economy."

Diabetes, cancer, and heart disease, and underlying causes such as obesity and tobacco use, affect more than 130 million Americans and contribute greatly to our out-of-control healthcare costs. According to the Partnership to Fight Chronic Disease, these conditions cost more than \$1 trillion a year, and if there is no change, could balloon to nearly \$6 trillion by 2050. Preventable and highly manageable chronic diseases account for 75 cents of every dollar we spend on healthcare in the U.S, every day, every year. Even more daunting, chronic disease costs consume more than 90 cents of every dollar spent on Medicare and Medicaid. In contrast, we spend less than 5 cents on prevention.

WVNA member Katie Hall MSN, RN-BC states, "As a nurse who works in case management, facilitating and educating patients as they learn to manage chronic illness, I see first hand the cost in human suffering and dollars that chronic preventable disease entails. I strongly support the National Nurse Act of 2015 as I see the long term positive impact it will have in promoting prevention of disease and decrease the healthcare costs associated with chronic disease management."

For more information and to find out ways that you can get involved please visit <http://nationalnurse.org> or email [teri@nationalnurse.org](mailto:teri@nationalnurse.org)



**ANA Member Teri Mills MS, RN, CNE President National Nursing Network Organization and WVNA Member Katie Hall MSN, RN-BC Board Member National Nursing Network Organization**



**Supporters of the National Nurse Act prepare for a busy day ahead on Capitol Hill.**

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# West Virginia Nurses Association Unity Day 2016 Wednesday, February 17th, 2016



### Abstract Submission Guidelines for Poster Presentation

- The West Virginia Nurses Association is accepting abstracts for poster presentations for Unity Day 2016, in Charleston, West Virginia. Abstracts on the following topics are invited:
    - Practice issues (scope of practice, patient safety, staff safety)
    - Moral, ethical, or social justice issues
    - Nurse education
    - Nurse recruitment & retention
    - Access to care and cost of care issues
    - Patient rights and confidentiality
    - Social determinants of health
  - School health initiatives
  - Mental health issues
  - Substance abuse, drug diversion
  - Abuse, neglect, violence, bullying
  - Patient care coordination
  - Health issues pertaining to Veterans
  - Community health education (immunizations, community health risk)
- The abstract should NOT exceed 250 words and contain no pictures, charts, or tables.

**Abstracts are due Friday, January 8th, 2016 by 5PM EST.  
The first author of an accepted poster presentation will be notified by Friday, January 15th, 2016.**

**EARLY ACCEPTANCE: Abstracts received by Monday, November 23rd, 2015 will be notified of acceptance by Thursday, December 3rd, 2015.**

- Acceptance for presentation of the poster at the conference must be confirmed by Friday, January 22nd, 2016.
- If the abstract is accepted for a poster presentation:
  - The primary presenter must register for Unity Day and present the poster.
  - Instructions for poster format will accompany the acceptance notification.

Abstracts should be submitted electronically using the abstract submission form to:

**Roger Carpenter at rcarpenter@hsc.wvu.edu.  
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## WEST VIRGINIA NURSES ASSOCIATION Poster Abstract Submission Form

### PART 1 – Name and Contact Information

**Personal Information:**

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Credentials: \_\_\_\_\_

Job title (and/or) Student status: \_\_\_\_\_

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Phone contact: \_\_\_\_\_

Email address: \_\_\_\_\_

### PART 2 – Title and Objectives

Title of Poster: \_\_\_\_\_

Objectives: After attending this poster presentation, the participant will be able to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### PART 3 – Abstract

Please copy and paste, or type directly on this form, the abstract for review. Please keep abstract to maximum of 250 words. At a minimum, the abstract should include the policy topic, evidence supporting the issue and recommendations.

### Part 4 – Presenter Bio-sketch

Every person who will be presenting at the poster presentation must complete and submit a bio-sketch (form below). The abstract cannot be accepted without a complete bio-sketch.

### Part 5 – Signature

Please confirm the following information when submitting your abstract:

- I confirm that I previewed this abstract and that all information is correct. I accept that the content of this abstract cannot be modified or corrected after final submission and I am aware that it will be published exactly as submitted. I herewith confirm that the contact details are those of the corresponding author, who will be notified about the status of the abstract. The corresponding author is responsible for informing the other authors about the status of the abstract.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Abstracts are due Friday, January 8th, 2016 by 5PM EST.**

### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.

Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
eRA COMMONS USER NAME			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
Institution and Location	Degree (if applicable)	Year(s)	Field of Study

Please describe qualifications to present on the topic, including subject expertise, special education and training, certification, presentations, publications, and/or research on the subject being presented.

## West Virginia Nurses Association: Fact or Fiction

**Evelyn Martin, DNP, APRN, FNP-BC**

While traveling the state as President of the WVNA, I find that there are several misconceptions amongst WV nurses concerning the role and history of the WVNA. The first of these is whether the WVNA is a nursing union, a collective bargaining organization. The answer to this is not anymore. At one point several years ago, we were. That said, the WVNA is a professional nursing association and constituent of the American Nursing Association (ANA). Although some ANA constituents' states have collective bargaining units, the WVNA no longer has a collective bargaining unit.

The next myth is that many believe themselves to be a member of the WVNA because they receive the *WV Nurse* every quarter. In fact, every licensed registered nurse in West Virginia receives a copy of the newsletter regardless of membership.

The third myth is that the WVNA is a "white glove society" that we are not for every WV nurse and that only certain nurses can become a member. WVNA membership is open to all nurses in the state. Whether you are a registered nurse or a licensed practical nurse, you are welcome to join and be a part of your professional organization. That said, not only do we welcome all nurses to become members, we also welcome any registered nurse to run for an office or become part of a committee.

Finally and most importantly, some believe that the WVNA is the regulatory board for nursing license or that they are a member of the WVNA just because they paid for their nursing license. Neither of these are true. The WVNA does not regulate nor issue your nursing license, either the LPN Board or the RN Board of Professional

Nurses does this for all nurses. As far as a nurse being a member of the WVNA just because they are a new nurse or they paid to renew their license, this too is a misconception. You are only a member of the WVNA, when you sign up through the WVNA for membership.

The West Virginia Board for Professional Registered Nurses or Licensed Practical Nurses (two separate Boards) license registered and licensed practical nurses and regulates the nursing professions in West Virginia. The main goal and duty of the Board is to protect the public. The Board certifies APRNs and other specialty nurses. The Board accredits nursing schools and approves clinical affiliates.

The West Virginia Nurses Association is a professional nurses association. The main goal of the WVNA is to make the profession better for all nurses. The WVNA works through the legislative process with our representatives in Charleston with the intent of being the voice for all professional nurses, while advancing the health and well-being of the citizens of WV. In addition, the WVNA works with other WV organizations throughout the state, to promote best practice healthcare for all WV citizens.

The mission of the West Virginia Nurses Association is to *empower the diverse voice of nurses in all settings toward unified focus of nursing knowledge, skill and ability to promote the health & well-being of all West Virginians, through education, legislation and health policy.*

The vision of the West Virginia Nurses Association is about *strengthening & empowering the nursing profession through linking the diverse contributions of each nurse toward a brighter future for the health of West Virginians.*

### Ways you can become a member:

- Dual Membership – membership in both the WVNA and the ANA (RNs only)
- State Only membership – membership in the WVNA only (RNs and LPNs)

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## Recent Policy Changes in End-of-life Care

**by Chris Zinn, RN, MSc, CHPN**  
*Executive Director of the Hospice Council of West Virginia*

Payment reform has been recommended for hospice care for years. Finally, the Center for Medicare and Medicaid Services (CMS) has announced that this will be effective January 2016. Along with this change, there is also proposed payment for advance care planning for physicians and APRNs. What will these changes mean for West Virginia?



**Chris Zinn**

Currently, hospices are paid the same per diem rate for all routine home care and yet industry analysts report that hospice care costs more at the start of care and in the final weeks of life. To remain financially secure, hospices have depended on patients who live longer to offset the high costs at the beginning and end of care for the majority of patients. From January 2016, hospices will receive a higher payment for the first 60 days of care and a lower payment for the remaining days. This will help West Virginia hospices as referrals to hospice are often made very late.

One third of hospice patients are admitted in the last week of life. The new payment reform incentivizes more care in the last 7 days of life when patients are becoming more dependent, have increasing symptoms, and the family needs more support. The Service Intensity Add-on in this final week will improve quality of care by providing payment for up to four hours of care per day by a registered nurse and a social worker. Currently, hospices must provide at least 8 hours of care to bill for continuous care and if the documentation does not reflect uncontrolled symptoms, this is not paid. The new Service Intensity Add-on is an improvement because the family may need more intense support, even when the patient is comfortably dying and continuous care would not be appropriate. Presence with the family in the final days is vitally important and is a mark of quality hospice care. Hospice care is interdisciplinary and the important role of the hospice social worker has been validated in CMS's payment reform. Dying is not a medical event and can be transformed when hospice staff is there to support family members and alleviate their fears.

CMS is proposing payment for advance care planning with 2 CPT codes 99497 and 99498. This would be positive for West Virginia and could incentivize earlier and more in-depth conversations with patients about their goals when approaching end of life. The payment would be made for physicians and APRNs to explain and discuss advance directives, such as POST forms. Within that discussion, the option of hospice care could be presented as one way to improve quality of care and to honor preferences to remain at home and allow a natural death. Having difficult discussions about prognosis and end-of-life preferences takes time and is a process. Doing this well is a hallmark of quality care and many providers do not need a payment incentive. However, aligning payment with quality care is the new normal. Let's hope West Virginia providers take advantage of these new policies to improve the state's end-of-life care.

*Chris is Executive Director of the Hospice Council of West Virginia, the state hospice organization, and serves as chair of Hospice Care's Ethics committee. She began her nursing career in Scotland and has an MSc in Health Care from the University of Glasgow, where she specialized in palliative care. She has worked as a hospice nurse in WV since 1987 in Charleston and was the first administrator of the Hubbard Hospice House, a 24-bed hospice inpatient facility. She serves on the WV Center for End of Life Care's Advisory Board, NHPCO's Council of States, and on the Board of West Virginians for Affordable Health Care.*

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# Taking Hold of the Challenge: From RN to APRN

Natalie Perry, RN, BSN



Natalie Perry

As I prepare to graduate from the Family Nurse Practitioner program, the challenges are endless. Not only are the challenges endless but also the options. What review course should I take for the certification exam? Which certification exam do I take? What nursing organizations should I join? When should I begin to apply to open positions? Not to mention, which positions should I apply for?

I remember these same feelings as I began my nursing career as a graduate of an Associate Degree Nursing Program and entered into the work force for my first "real" job in the medical field. I remember my first day, on my own, at my initial nursing job as a RN in the ICU. The fears and anxiety soon began to overtake my life. I had longed for the critical care experience to build the foundation of my nursing career but at what cost. I knew that my passion was mental health but that there would be no better opportunity to learn and develop my knowledge and skills than in the realm of critical care. The sleepless nights filled with worry regarding mistakes that my mind often fabricated left me exhausted and questioning my career path. Was this the right career for me?

As the excitement of graduation faded to unease in the reality of patient care, my view on nursing changed. The lack of personal joy I found in this medical setting combined with the lack of support that I received from my fellow colleagues was traumatic. I've often wondered what would have changed that experience or made it more of a rewarding initiative in my career. Was it the money; chasing the higher pay of the ICU verses the mental health field which I so enjoyed? Was it the pride of having the ability to add this experience to my resume? Was in the personal satisfaction I felt as I saw my patients return home with their family? Nonetheless, the lack of joy in my daily job helped me to realize that the ICU is not for everyone and that is okay!

If there was one thing that I took away from this experience it was that I needed to better evaluate future job opportunities and there is no more important time to do so than when advancing my career into the role of an APRN. Pay, benefits and clinical focus are all aspects of positions that must be taken into consideration when applying for

a new position. But, I would encourage each of you that are considering a career or position change to contemplate these three factors: your personal goals, your personal passions and your personal workplace preference.

First, you must establish short and long term goals. Aspects of your personal development that are important to you, such as the need for a mentorship or the support provided by other providers and support staff of the team, should be established. Next, your personal goals should include the specific patient population that you have always desired to work with or have enjoyed working with in the past. This can include past experiences or future hopes, but even so, it should be focused on the joys you've found in nursing and the experiences that you have obtained. Finally, you must understand the aspired positions goals for efficiency, model of care delivery, time requirements outside of the normal work schedule (such as on-call time), technology used, educationally supportive materials and expectations of supervision of other staff.

How easily we can be distracted by the bright lights of a new job and end up sacrificing what is most important to us. Amongst the challenges of this time of transition, take time to remember why you chose nursing and what made you love this career. Remember those patients that you loved to care for or the aspect of nursing that you looked forward to learning more about. We've all had our ups and downs but that doesn't mean your dreams aren't attainable; nevertheless, they can become a reality. Patience and prayer is the key to happiness; wait for the opportune time to pursue your goals and the happiness will soon follow. Having a plan in place by understanding your goals and fully assessing a position can truly help you to take hold of any new and exciting challenge.

*Natalie Perry obtained her initial nursing degree in 2012 through the Ohio University Southern Campus ADN program. She then graduated with a BSN from Ohio University in 2013. This December, Natalie will graduate with a MSN specializing as a Family Nurse Practitioner. She plans to pursue a DNP beginning in 2016. Currently, she is employed as a Patient Access Nurse at St. Mary's Regional Transfer Center and a part-time Psychiatric Mental Health Clinical Instructor for Ohio University Southern Campus. Natalie also has nursing experience in Open Heart Recovery, ICU and Mental Health.*

# Fanning Inducted as a Fellow of the NCSBN Institute of Regulatory Excellence



Mary Fanning

Mary Fanning, DNP, RN, FRE, NEA-BC, Director, Nursing Administration, WVU Medicine, was recently inducted as a Fellow of the NCSBN Institute of Regulatory Excellence. Dr. Fanning is the first and only Registered Nurse to achieve this designation in state of West Virginia. The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for regulators who want to enhance their knowledge of and leadership in nursing regulation. As a requirement of this program, she completed a multi-site research project entitled "Description of the Elements of a Graduate Nurse Transition-to-Practice Program that Predict Retention, Intent to Stay, and the Graduate Nurse Experience in West Virginia. She is implementing the outcomes of her research by leading a statewide team through the Future of Nursing WV to operationalize the IOM's recommendation of "implementing nurse residency programs." In addition, she has been selected to serve as an on-site evaluator for nurse residency programs for the Commission on Collegiate Nursing Education (CCNE). Dr. Fanning recently concluded a six year appointment with the West Virginia Board of Examiners for Registered Professional Nurses serving as Board Secretary and Chair of the Education Committee. Individuals who complete the Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials "FRE" after their name in recognition of their accomplishment.



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# Future of Nursing WV Update



by Aila Accad, MSN, RN, Executive Director

The Future of Nursing WV is an action coalition of nurses and non-nurses working together for a healthier WV through strengthening nursing practice, education, & leadership. Here is an update on our progress.



Laure Marino, Mary Fanning, and Aila Accad at Denver Nursing Education Conference

## Teams & Projects

### Practice Modernizing Nursing Practice in WV

We are delighted to have several strong public partners supporting our efforts to remove the barriers to nurse's autonomous and expanded scope of practice. AARP and the Healthy Kids and Families Coalition are working with us to spread the word about the critical need for better access to primary care and health promotion services that can be provided by nurses and APRNs once the current restrictions are lifted by the legislature. We had a panel presentation at the *Our Children Our Future Policy Summit* at the Culture Center on September 14. On the panel were families affected by the current APRN restrictions and legislators in support of eliminating those restrictions.

### Transition to Practice Online Project

Mary Fanning presented her research on Transition to Practice in WV at the National Conference of State Boards of Nursing. The first two courses, *Effective Communication* and *End of Life Care* are ready to be produced online.

## Leadership

### Leadership Online Project

A survey was conducted to determine the most desired course content for the online Leadership Academy. There was an excellent return on the survey which was sent to WVNA members, WVONE and Public

Health Nurses. The survey results are in and the courses are being developed.

### Nurses on Boards

A Nurses on Boards Fact Sheet has been developed. A copy is available on the Website under the Articles tab at [www.futureofnursingwv.org](http://www.futureofnursingwv.org)

## Education

### Advancing Nursing Education

The team lead by Ron Moore, Director of Nursing at CAMC has been busy working on a strategic plan and project for increasing the percentage the BSNs in WV. FONWV co-leads, Dr. Lou Ann Hartley and Dr. Cassy Taylor wrote a White Paper as a supporting document for the planning process. The paper, *"The Impact of BSN Education on Nursing Practice: Moving toward the "80/20" Recommendation in WV"* is available on the future of nursing website.

New team members are always welcomed to join our teams! Contact Aila if you are interested in participating in these exciting initiatives.

## Meetings & Presentations

We have been actively participating in the State Health Innovation Collaborative work groups. WV received a CMS SIM Grant to develop a state health plan. FONWV is pleased to represent nursing in this process.

Team leaders, Mary Fanning, Laure Marino and Aila were invited to participate in the National RWJF Academic Progression in Nursing (APIN) Conference focusing on Rural Nursing Education in Denver, CO. This was a working conference resulting in an Action Plan for nursing educational progression. (see photo)

Additional presentations are scheduled for Wheeling Jesuit, Sigma Theta Tau at WVU Morgantown, CAMC, and the WVONE Conference.

If you know a group who would be interested in scheduling a presentation, please contact Aila at [futureofnursingwv@gmail.com](mailto:futureofnursingwv@gmail.com)

## National News

We are pleased to announce that Angela Gray, BSN, RN, Nursing Director of the Berkeley County Health Department in Martinsburg, West Virginia is one of only 25 nurses from across the country selected as a Public Health Nurse Leader by the Robert Wood Johnson Foundation. She receives a two year leadership training grant and the coalition receives a grant to work with Angie on a project to improve the Culture of Health in WV.

Team Leader Ron Moore, Coalition Co-lead Dr. Cassy Taylor and Aila will be attending the Campaign for Action Summit in Washington DC in December.

You can also keep up with FONWV updates on the national website at [www.campaignforaction.org](http://www.campaignforaction.org)

If you are interested in becoming a member of the WV Action Coalition, learning more, or joining a team or if your organization would like to become an organizational member, contact Aila Accad at [futureofnursingwv@gmail.com](mailto:futureofnursingwv@gmail.com) or sign up on the website at <http://www.FutureofNursingWV.org>.

Also, join us on our social media sites:  
Facebook – look for Future of Nursing WV  
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# Membership News



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## WVNA/ANA Membership Application

# WV Nurses On Boards

by Lora Duncan

Nurses are critical in the day to day care of patients. They're trained to make critical decisions while staying focused and calm, and keeping families and patients calm. Nurses are held to the highest standards with quality of care, patient satisfaction, medical staff relationships, integrated care, and continuous improvement to the lives of the community. So, why are nurses, who play a huge role in patient care and stay calm under pressure, nonexistent on hospital boards?

Surveys find that nurses with voting positions on boards are about 4 to 6 percent, which is unfathomable statistic for anyone who understands how hospitals work (Knowlton, 2014). Boards have become far more difficult than in the past and the need for nurses perspective that are at the center of hospital services. Nurse leader involvement will serve to improve the overall organizational performance. Without change there is no change. We will continue to produce the same product without a different set of eyes on the problem.

We are great leaders, who are passionate about our patients and what the future holds for all of us. I employ you to step forward and join the initiative that the West Virginia Organization of Nurse Executives (WVONE) has joined. Without the frontlines perspective, there could be costly mistakes which could result in patient injury. Boards that have nurses, who are actively involved as a voting member, hold a high standard and send an important message to other nurses and boards. Nurses have the highest respect and their opinions are valued as a board member.

Building relationships with the community and participating as a board member will help show other nurses that their opinions matter. We as nurses have a responsibility to be aware of the agenda, knowledgeable about the facts, and have a formative opinion that will help substantiate our place at the board table. We must show up to the meetings, be involved in the discussions, and be comfortable with have an opposing opinion, if it's the best decision. Nurses are caretakers, but in this type of setting we have to be as verbal as everyone other member of the table to be taken serious. Don't be afraid to speak up if you have an opinion; don't be afraid someone may take a stance against you. This is not always bad because it creates discussion, which will help resolve the issue.

### What Board will you consider serving on today?

*Lora Duncan, MSN, RN is Director for Nursing Practice and Professional Development at Charleston Area Medical Center. She serves on the Future of Nursing WV Nurses on Boards Leadership Team and WVONE Board.*

### Contact Information

Full Name	Credentials	Today's Date		
<b>Personal Information</b> Mailing Address <hr/> City State Zip <hr/> Phone E-mail <hr/> County of Residence NOTE: Please indicate the WVNA member who helped with your decision to become a member.			<b>Professional Information</b> RN License # Years Experience <hr/> Basic School of Nursing <hr/> Employer <hr/> Position Department or Division <hr/> Mailing Address City State Zip <hr/> Phone E-mail *Please indicate the WVNA member who helped with your decision to become a member:	
<b>Membership Categories</b> Check One: ** State nurse association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. WVNA members may deduct 82% as a business expense; 18% of dues are spent on lobbying Note: \$7.50 of the SNA member dues is for subscription to The American Nurse. \$14 is for subscription to the American Journal of Nursing. Various amounts are for subscriptions to SNA/DNA newsletters; check with your SNA office for exact amount.			<b>Payment Plans</b> Check One: <input type="checkbox"/> Annual Complete form in it's entirety and send check or money order in the amount of \$278. Checks should be made payable to WVNA and submitted to the above address. <input type="checkbox"/> Electronic Dues Payment Plan (EDPP) Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee. *Monthly Service charge .50 (Please sign below)	
<input type="checkbox"/> <b>Full</b> Full Payment** \$288.00 Electronic Dues Transfer* \$24.50 Employed Full/Part Time			Signature _____ Date _____ Authorization to provide monthly electronic payments to American Nurses Association (ANA). This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fee from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.	
<input type="checkbox"/> <b>Special</b> Special Payment \$69.50 Electronic Dues Transfer* \$6.30 62 years of age Totally Disabled Unemployed			<b>PAYMENT DETAILS</b> Annual Membership Cost <b>\$288.00 (Full) \$149.00 (State Only)</b> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (Visa or MC)	
<input type="checkbox"/> <b>WVNA ONLY</b> Full Payment** \$151.00 Electronic Dues Transfer* \$12.91 RN's who work or live in WV may join WVNA at the state level only. This does not entitle RN to receive national benefits.			Credit Card# _____ Expiration Date _____ CVC# _____	
<b>Additional Membership Opportunities</b> <b>ADVANCED PRACTICE COUNCIL</b> Join the WVNA APN Council. For an additional \$25 you can join this WVNA specialty group; An additional check should be included made payable to WVNA with APN Council listed in the memo. _____ I would like to join the APN Council  <b>WV NURSES-POLITICAL ACTION COMMITTEE</b> Join the external political action committee for nurses. An additional check should be included made payable to WVN-PAC _____ I would like to join the WVN-PAC				

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