Nursing Leads the Way to Better Understanding the Pathophysiology of the Ebola Virus

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director, Virginia Board of Nursing

The nursing community is dedicated to keeping the Commonwealth Ebola-free, and continues to learn from the 2015 Ebola outbreak in West Africa. Members of the Virginia Board of Nursing (BON) were among the first to receive a briefing from Nurse Practitioner, Captain, Susan Orsega of the U.S. Public Health Service on the role of nurses in a clinical research study of ZMapp and Ebola Vaccine trial, both counter measures to the 2015 Ebola outbreak in West Africa. The trial conducted by the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), the Liberian, Sierra Leone and Guinea Governments and other global partners focused on: the Ebola hemorrhagic fever, such as Ebola, requires open dialogue and a respect for the ethical and social mores of the countries involved—Liberia, Sierra Leone and Guinea. She credits her participation on the ZMAPP Study as helping lay a foundation for the research-readiness of nurses world-wide during future public health emergencies. Capt. Orsega says, “The work of nurses during the Ebola crisis shifted the way nurses see their work as first line providers of care.”

Capt. Orsega described challenges overcome by nursing staff during the study, including how best to capture research information from contaminated source documents and notes from practitioners caring for patients in the Red Zone of the Ebola treatment units in Sierra Leone. She and her NIAID colleagues trained local nurses who ultimately devised a system of photographing materials with an iPad rather than handling them manually. To gain the trust of community leaders and encourage local participation, the nurses were deployed to share health safety information and talk with study participants, necessary to collect critical study information to better understand the progress of Ebola survivors.

NIAID conducts and supports research—at the National Institutes of Health, throughout the United States, and worldwide—to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these illnesses. The Virginia Board of Nursing licenses regulates and disciplines more than 200,000 practitioners annually. For more information, visit http://www.dby.virginia.gov/nursing/
Advocate for Your Profession

Good news! Once again, nurses have been named “the profession with the highest honesty and ethical standards” by Americans in a major poll by the Gallup organization. Nurses have topped this list every year for the past 15 years (with the exception of 2001, when firefighters received a place at the top after the events of 9/11.) There is a great advantage for the needs of registered nurses in Virginia are heard by elected officials who lack knowledge of the issues facing nursing at the bedside and beyond. It is a big plus 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.

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 weekly e-blasts on relevant legislation and weekly bill tracking. Additionally, through our Legislative Advocacy 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 the General Assembly building, we will pair those nurses new to advocacy with experienced nurses who will serve as mentors. For more information on these initiatives, go to the Policy & Advocacy section of virginianurses.com.

We represent the largest single group of healthcare professions in the state of Virginia and can be an incredible force for positive change when we amplify our voices together.

Presidential Message

Lauren Goodloe

Camp Nurses Needed!

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Camp Arcadia is now accepting applications for its 2016 summer camp season.

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For more information at any time, contact: David Allen, Executive Director, Camp Arcadia, 945 Maine Dr., Ellsworth, Maine 04605, 207-667-4000.

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In November, I shared with you that VNA was preparing to develop a new 3-year strategic plan. That plan is now complete and shines the light on four distinct areas: 1). your health and safety in the workplace, 2). our continuing education programs, 3). legislative advocacy, and 4). increased engagement with our members. All of this is work in which we are already engaged, but elevating these items to the level of strategic goals ensures an even more robust plan of fulfillment. And all of this work was completed based on the input of [a record number of] our members who completed our member needs assessment survey. Although this is by no means an all-inclusive list of our plans to achieve each of our goals, I did want to take this opportunity to share some highlights:

**GOAL 1: Improved Health & Safety for Nurses**
Nurses are more than three times more likely to experience violence in the workplace than other healthcare professionals and often must also contend with bullying and incivility. These numbers are staggering and simply unacceptable. As the professional nursing organization representing the interests of Virginia’s more than 104,000 registered nurses, we intend to effect change! We’ve addressed the issue in our Public Policy Platform which we share with legislators and also encourage you to disseminate, and will be advocating on your behalf in the public policy arena.

We will also be reaching out to VNA members to develop a deeper understanding of the issues and will be seeking information on best practices at your workplace. Look for a survey in mid-April.

While advocating at a state level is crucial, we also recognize that you need the tools today to implement plans and protocol at your workplace, and on an individual level, will benefit from strategies to address and successfully resolve these situations. If you’ve seen our promotion for the VNA Spring Conference on April 29, you know that we’re diving into this area head first. The conference will focus on “De-escalating Violence in the Workplace.” We’re thrilled that Dr. Leah Curtin, the “Mother of Nursing Ethics,” will be our keynote, and will be followed by roll-up-your-sleeves presentations and dialogue. Registration is now open! (Members - $125, Nonmembers - $150) Visit virginianurses.com and click on the banner ad for more information and to register.

**GOAL 2: Robust & Accessible Continuing Education as the “Gold Standard”**
In the past three years, we’ve significantly increased the amount of quality continuing education we offer you. The response from nurses throughout the commonwealth has been overwhelmingly positive and has resulted in record attendance. But we feel this is just the tip of the iceberg in terms of the amount of CE we would like to provide you. By now, if you’re a member, you’ve received an email from me with a link to a survey that will help us plot our CE course for the next couple years. Please be sure to complete the survey. This is your organization and your input will guide us!

Among our plans for a more robust “Gold Standard” continuing education program are webcasts, programs live-streamed to multiple satellite locations in Virginia, and the creation of a virtual library. We’ve formed a Nursing Education Commission, led by our board Commissioner on Nursing Education Dr. Melody Eaton, and expect to make significant progress by year’s end. Look for more information in the next issue of Virginia Nurses Today and also on our website.

We’ve also made great strides when it comes to our Continuing Education Approver Unit, which approves applications for continuing education, including a significantly streamlined process, made possible by changes implemented at the national level as well as a vastly improved application process. As of January, we’ve approved applications for continuing education, including a significantly streamlined process, made possible by changes implemented at the national level as well as a vastly improved application process.

**GOAL 3: Legislative Advocacy**
We’ve got a lot of work to do to further advance nursing in Virginia, and much of this will be dealt with by our legislators. Getting bills enacted can sometimes be an arduous process, but we believe that we will see even more progress through collaborations with other healthcare, consumer and nursing specialty organizations. Our new Government Relations Commission, led by board Commissioner on Government Relations Kevin Shimp, is already developing plans for the 2017 legislative session and partnerships that will help us grow our voice and help with our ultimate success.

Issues we’re already discussing with legislators include 1). APRN’s scope of practice and the dissolution of agreements requiring nurses to

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**COMMONWEALTH CENTER for CHILDREN & ADOLESCENTS**

**REGISTERED NURSE - FULL TIME**
(Registered Nurse II - 49113)

The Commonwealth Center for Children & Adolescents (CCCA) is Virginia’s only public acute psychiatric hospital to children and adolescents. CCCA serves youngsters with a variety of serious psychiatric and behavioral difficulties from across the Commonwealth.

Responsibilities for this RN position include direct delivery of patient care according to individual treatment plans and working collaboratively with Direct Care Staff.

Skills in clinical problem solving and patient management with proficiency in verbal and written communication required. The RNs selected will be oriented by RN colleagues to include an RN Mentor and an RN Supervisor.

Must attend a two week orientation upon hire (40 hours/week).

We promote self-scheduling with guidelines to include working weekends, or flex schedule to meet the needs of the Nursing Department and the Center.

Experience working with children and in the field of psychiatric nursing preferred.

Virginia Department of Behavioral Health & Developmental Services

REGISTERED NURSE - FULL TIME
(Registered Nurse II - 49113)

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Experience working with children and in the field of psychiatric nursing preferred.

Virginia Department of Behavioral Health & Developmental Services

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**Virginia Nurses Today**
February, March, April 2016
Page 3

CEO Report

CEO Report continued on page 15

Janet Wall

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Position Open Until Filled
This November, the Virginia Nurses Association (VNA), the professional association representing the interests of the more than 100,000 nurses in the Commonwealth of Virginia announced the election of new board members. “The impressive accomplishments and leadership expertise of our new board members will serve our membership well as we work to advance the voice of nursing in Virginia. I know the talent, energy, and experience they bring to the table will strengthen our organization,” said Janet Wall, chief executive officer.

Newly sworn-in board members include:

- **President Elect**
  Richardean Benjamin, RN, MPH, PhD, ANEF, FAAN
  Associate Dean
  Old Dominion University
  
- **Vice President**
  Jeffrey Doucette, DNP, RN, CEN, FACHE, NEA-BC, CENP
  Chief Nurse Executive
  Bon Secours Mary Immaculate Hospital
  
- **Treasurer**
  Linda Shepherd, BSN, MBA, RN
  Chief Nursing Officer
  LewisGale Hosptial Pulaski.
  
- **Commissioner on Government Relations**
  Kevin Shimp, MSN, RN, CCRN, CNML
  Nurse Manager
  Virginia Commonwealth University
  
- **Commissioner on Resources & Policy**
  Joanne Wakeham, PhD, MSN, BSN, RN
  Director-at-Large, New Graduate
  Virginia Department of Health
  
- **Director-at-Large, New Graduate**
  Chelsea Hull, BSN, RN
  University of Virginia Health System
  
Award Winners:

- **Magnet Excellence in Nursing Leadership**
  Sandra Sayre
  Carilion Clinic Roanoke

- **Magnet Excellence in Advanced Clinical Practice**
  Catherine Smith
  Sentara Williamsburg Regional Medical Center

- **Magnet Excellence in Clinical Nurse Practice**
  Melynda Zarynski
  University of Virginia

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VNA Welcomes New Lobbyist

The Virginia Nurses Association (VNA) welcomes Andrew Lamar as our new lobbyist and government relations consultant. Andrew has served as principal of Lamar Consulting since forming the company in late 2012. Andrew brings more than 10 years of political and legislative experience to Lamar Consulting. Prior to forming the company in 2012, Andrew served as Policy Advisor and Deputy Director of Legislative Affairs to the Governor of Virginia. In that role, he helped develop legislative strategy and oversee coordination between the Governor’s Office, the Cabinet and the General Assembly to advance the Governor’s policy agenda. Andrew’s extensive background in Virginia state government and politics includes serving as Campaign Manager for the Speaker of the Virginia House of Delegates, Bill Howell. He served on the record-setting McDonnell for Governor campaign in 2009, and has consulted for many successful candidates for office in the General Assembly. “We are eager to work with Andrew on our legislative priorities,” said Janet Wall, VNA chief executive officer. “He brings energy and passion to the table, as well as a keen understanding of the Virginia political climate.” Andrew will consult with the VNA board on legislative action and will provide communications to members. The board sends good wishes to James Pickral, who served as VNA lobbyist for the past several legislative sessions, and wishes him luck on his next endeavor.

Changes to VNA Legislative Updates for Members

- **NEW!** Members will receive weekly legislative briefings via weekly email. Bill tracking information will be included in weekly legislative briefing emails and posted to the website.
- Two to three interactive legislative briefing webcasts will be scheduled throughout the General Assembly session.
- Register now at tinyurl.com/vnasendofsession

To ensure you receive our communications, please ensure your email address is up to date in our database. If you need to update or change your address, please contact Rachel Phillips at rphillips@virginianurses.com for assistance.

Want to receive weekly legislative briefings focused on nursing’s priority issues? Join VNA today at tinyurl.com/VNAjoin.

VNA News

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Patient & Family Centered Care: An Interprofessional Approach

Newly sworn-in VNA Board members (l to r) Joanne Wakeham, Chelsea Hull, Linda Shepherd, Jeff Doucette, Richardean Benjamin

We had a record number of posters at the 2015 Fall Conference – more than 120!

Nursing legend Joanne Disch shares her perspective on synching academia and practice

Marilyn Tavenner, president and chief executive of America's Health Insurance Plans, discusses what to expect when providing care in the future.

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Virginia Chosen to Receive Second Grant from Robert Wood Johnson Foundation to Help Transform Health Care Through Nursing

The Robert Wood Johnson Foundation (RWJF) announced that the Virginia Action Coalition is receiving a second two-year grant through the Future of Nursing State Implementation Program (SIP). The $8.85 million initiative is helping states prepare the nursing profession to promote healthy communities and address our nation’s most pressing health care challenges: access, quality, and cost. Virginia is one of seven states that will receive a second two-year grant of up to $150,000; the others are Alabama, Maryland, Nevada, Ohio, South Carolina, and Vermont. In addition, RWJF announced that Oregon is joining the SIP program this month, bringing the number of state Action Coalitions it supports to 34.

SIP grants bolster efforts already underway in 50 states and the District of Columbia—the Future of Nursing: Campaign for Action—to build a Culture of Health through nursing. A joint initiative of AARP and RWJF, the Campaign is working to implement the Institute of Medicine's (IOM) evidence-based recommendations on the future of nursing. It provides a vehicle for nurses and nurse champions to lead change that will support healthy communities through collaboration with health care, business, consumer, and other stakeholders.

"SIP grants have already helped transform our health care system in ways that are making people and communities healthier," said Susan B. Hassmiller, PhD, RN, FAAN, RWJF senior adviser for nursing and director of the Future of Nursing: Campaign for Action. "This new round of grants will do even more to help Action Coalitions expand access to care, strengthen nursing education, recruit and train a more diverse nursing workforce, and improve the quality of health care."

“Our Action Coalition will use these new funds to continue our work with SYNC, an interprofessional collaborative educational leadership institute that prepares nurses, physicians, and other care providers to practice in a team-based, patient-centered care model,” said Shirley Gibson, MSHA, RN, FACHE, co-lead of the Virginia Action Coalition. “The SYNC program is a joint initiative of our Action Coalition, the Medical Society of Virginia, and the Virginia Hospital and Healthcare Association. We are thrilled to have funding to continue this important effort to bring leaders together from all areas of health care together.”

SIP grants support state-based Action Coalitions that have made substantial progress toward implementing the IOM recommendations. All SIP grantees must obtain matching funds and, to date, states with SIP grants have raised more than $12.6 million beyond their RWJF funding. The 51 Action Coalitions have leveraged more than $17 million beyond their RWJF grants.

Nurses Wanted

At Southside Regional Medical Center (SRMC), we believe that nurses are at the heart of healthcare. Located about 25 minutes south of Richmond in Petersburg, VA, SRMC is a 300-bed medical center whose volumes are growing year after year. A newer facility, advanced technology, award-winning service lines and education assistance to further professional growth are just a few of the reasons our nurses say they like working here. For information about job opportunities, call 804-765-5771 or visit SRMCOnline.com.

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See SouthUniversity.edu for program duration, tuition, fees and other costs, median debt, salary data, alumni success, and other important info.
The Shift: One Nurse, Twelve Hours, Four Patients’ Lives (2015), by Theresa Brown, RN

Reviewed by VNA member Alane K. Dashner, MSN, RN, MSN

Who Should Read It: nurse leaders, bedside nurses, patients, and anyone who has passed long hours with a loved one in the hospital.

This book is an hour-by-hour autobiographical account of one nurse’s 7 a.m. – 7 p.m. shift on an oncology unit. The book succeeds on three levels: It helps patients and family members better understand the actions of an overworked but caring nurse; it allows bedside nurses to compare their situation to Ms. Brown’s; and it reminds nurse leaders of the compromises to care that can happen despite management’s best intentions.

Patients – See how your hospital stay looks through the eyes of your nurse.

Ms. Brown has a devastatingly simple formula for how well-cared for you will feel as a hospital patient: RN/P=TLC (Nurse divided by Number of Patients equals Tender Loving Care.) The author says hospital labor can often be scheduled as if health professionals are rubber bands that can be stretched infinitely. Sometimes a nurse with too many patients has to choose between caring for patients and completing paperwork, such as a fall-risk assessment form. Should the nurse comply with documentation demands while seated at the nursing station or actually spend time in the shaky patient’s room, steadying him as he walks to the bathroom? Seems like an obvious choice unless you know that repeated failure to complete documentation can cause disciplinary action. This book illustrates how nurse must make many challenging choices that patients are not even aware of during their stay.

Bedside nurses – compare your day to hers.

Overall, Ms. Brown’s description of her pressured day feels very accurate for me, as it may for many hospital-based nurses. As I read about her shift-start routines, I grew anxious. I recognized her actions around the nursing station as valuable. When she decided to sit down and research a patient’s condition online at 8:20 a.m. before she laid eyes on any of her patients, I had to set the book down for a moment and realize that the author was describing her experience, not mine. Her descriptions rang very true for me, as in my experience, I must complete hands-on assessments – blood pressure, pulse, temperature, breathing, pain, level of consciousness, IV sites and drips, etc. – for all my patients no later than 8:30 a.m. or else I risk losing control over my day.

Nurse leaders – learn what happens while you’re in executive meetings.

I was surprised to read that Ms. Brown admits to appropriating a bagful of hospital supplies for an indigent patient being discharged. I’m not surprised that it happens; I’m only surprised that Ms. Brown is forthright about her compassionate act.

The Shift is written with unusual immediacy and clarity. The author brings each fast-paced, tense situations to life using careful detail, explaining terms that might not be familiar to lay readers. The admirable Ms. Brown turns out to be a former English professor who gave up her teaching career to serve people in crisis, and we all benefit from her chronicle.

Alane Dashner

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VCU Health

The Virginia Commonwealth University School of Nursing is hosting an on-site evaluation team from the Commission on Collegiate Nursing Education (CCNE) on March 30 – April 1, 2016 as part of the accreditation process for the baccalaureate degree program in nursing, master’s degree program in nursing, Doctor of Nursing Practice program, and Post-Graduate APRN Certificate program. We invite our constituents to provide input to the evaluation team. Written and signed third-party comments will be accepted by CCNE until 21 days before the scheduled visit.

The public is invited to submit comments to:
Commission on Collegiate Nursing Education
Attn: Third-Party Comments
1 Dupont Circle NW, Suite 530
Washington, D.C. 20036
or -
ThirdPartyComments@aacn.nche.edu

All comments must be received by March 9, 2016.

VCU School of Nursing

Central State Hospital

Virginia Department of Behavioral Health & Developmental Services

Registered Nurses

Central State Hospital (CSH), a 277-bed Joint Commission accredited inpatient psychiatric facility located in Petersburg, Virginia has immediate openings for Registered Nurses who have the desire to assist with the care of the mentally ill.

Come join a dedicated team of professionals who are committed to providing the best care possible for the Commonwealth of Virginia! As an integral member of the Nursing Department, the Registered Nurse will provide quality care to adult psychiatric patients through the nursing process.

In addition to a $5,000 Sign-On Bonus for New-Hires, Central State Hospital offers a competitive salary as well as a comprehensive benefits package not limited to health insurance, retirement, paid holiday and annual leave.

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Virginia’s Plan for Well-Being

Dr. Lisa Thanjan
Virginia Center for Health Innovation Fellow

The definition of well-being is a state characterized by health, happiness, and prosperity. Virginia’s Department of Health has developed Virginia’s Plan for Well-Being, with the ultimate goal of making Virginia the healthiest state in the nation. The plan is based on the notion that wellness depends on a number of factors, with the healthcare system being just one of many. The mental and physical health of Virginians is connected to social, financial, and community factors. Virginia’s Plan for Well-Being has four main goals including creating healthy and connected communities, insuring a strong start for children, improving utilization of preventive medicine, and improving the overall healthcare system. Specific goals are outlined for communities to make measurable health improvements by 2020.

The goal of healthy, connected communities has the ability to increase well-being through community decisions regarding education, employment, housing, transportation, land use, economic development, and public safety. Measures to meet this goal include increasing in the number of students obtaining higher education, decreasing cost burdened households, increasing both consumer and employee opportunity index scores, and increasing Virginia health planning districts that have established an on-going collaborative community health planning process.

The goal of ensuring a strong start for children in Virginia means investing in their health, education, and development. Specific measures outlined in the plan include decreasing the teen pregnancy rate, decreasing the percentage of children who do not meet the PALS K benchmarks in the fall of kindergarten and require literacy interventions, increasing the percent of third graders who pass the Standards of Learning reading assessment, and fixing the racial disparity in the infant mortality rate.

It is well known that preventive measures save healthcare dollars and improve well-being. The plan targets specific measures which include decreasing the number of physically inactive, overweight or obese adults, decreasing the percent of households that are food insecure, decreasing tobacco use in adults, increasing the percent of adults who report having one or more days or poor health that kept them from doing their usual activities. IT measures include increasing the rate of available hospital stays for ambulatory care sensitive conditions, decreasing the rate of avoidable deaths from heart disease, stroke, or hypertension, decreasing the rate of mental health and substance use disorder hospitalizations, and decreasing the percentage of adults who report one or more days or poor health that kept them from doing their usual activities.

The plan is based on the notion that wellness depends on a number of factors, with the healthcare system being just one of many. The mental and physical health of Virginians is connected to social, financial, and community factors. Virginia’s Plan for Well-Being has four main goals including creating healthy and connected communities, insuring a strong start for children, improving utilization of preventive medicine, and improving the overall healthcare system. Specific goals are outlined for communities to make measurable health improvements by 2020.

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It is well known that preventive measures save healthcare dollars and improve well-being. The plan targets specific measures which include decreasing the number of physically inactive, overweight or obese adults, decreasing the percent of households that are food insecure, decreasing tobacco use in adults, increasing the percent of adults who receive an annual influenza vaccine, increasing the percent of girls and boys aged 13-17 who receive the HPV vaccine, increasing the percent of adults aged 50-75 who receive colorectal cancer screening, and increasing the average years of disability-free life expectancy.

As the healthcare system continues to be undergoing a time of great change, the plan has targeted goals for success which are backed by research. The issues that need to be addressed in healthcare are vast and touch upon creating a stronger primary care system, using IT systems to optimize health outcomes, and decreasing healthcare-associated infections. Specific primary care measures include increasing the percent of adults who have a regular healthcare provider, decreasing the rate of avoidable hospital stays for ambulatory care sensitive conditions, decreasing the rate of avoidable deaths from heart disease, stroke, or hypertension, decreasing the rate of mental health and substance use disorder hospitalizations, and decreasing the percentage of adults who report having one or more days or poor health that kept them from doing their usual activities.

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The plan is based on the notion that wellness depends on a number of factors, with the healthcare system being just one of many. The mental and physical health of Virginians is connected to social, financial, and community factors. Virginia’s Plan for Well-Being has four main goals including creating healthy and connected communities, insuring a strong start for children, improving utilization of preventive medicine, and improving the overall healthcare system. Specific goals are outlined for communities to make measurable health improvements by 2020.

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Don’t Ignore the Possibility of Identity Theft

LegalShield Identity Theft Service Plans

To mitigate the effects of security breaches and restore the good names of identity theft victims, LegalShield, a VNA Savings Program Partner, earlier this year launched IDShield with Kroll, which was recently named a leader in customer data breach notification and response services.

IDShield Benefits for ALL Virginia Nurses:
- Spectral discounted program for Virginia nurses and their families
- Continuous identity monitoring including: SSN, credit cards, bank accounts, names, addresses, birthdates, drivers license and passport numbers, email addresses, phone numbers, and medical identification numbers.
- Immediate email updates when any identity status changes are detected
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- Restoration of your identity to pre-theft status if your personal information is stolen, up to $85 million.

For more information about the effects of identity theft and how consumers can protect their identities, and learn more about the IDShield discounted program available to all nurses through VNA, please contact Ken Roebuck at (757) 334-1294, roebuck@legalshieldassociate.com or visit http://www.legalshield.com/info/virginianurses.

In October 2015, hackers stole the personal information of as many as 15 million T-Mobile wireless customers—including social security numbers, home addresses, birthdates and other personal information—highlighting the fact there is no such thing as ironclad security of your personal information.

Identity theft topped the Federal Trade Commission (FTC) national ranking of consumer complaints for the 15th consecutive year, while the agency also recorded a large increase in the number of complaints about so-called “imposter” scams, according to the FTC’s 2014 Consumer Sentinel Network Data Book. The announcement is only the latest in a series of high profile data security breaches affecting private businesses and the United States Government.

The risk of identity theft is a reality for the millions of Americans whose personal data is stored on public and private servers. Identity theft last year accounted for financial losses of more than $25 billion in the United States alone.

“Everyone’s talking about data security these days, but the truth is no data system is immune to security breaches or hackers, placing every American at risk of identity theft,” says Ken Roebuck, (Indep. Associate) Business Vice President for Virginia of LegalShield. “It’s important not only to take steps to prevent identity theft, but also to have a plan to restore your identity when it’s stolen.”

The Federal Trade Commission (FTC) states that Identity Theft has been the #1 reported estimates the average identity theft victim invests more than 200 hours and spends a total of 18 months resolving the issue with credit reporting agencies. A victim’s stolen information—Social Security and credit card numbers, and dates of birth—often land on the “dark” web, where they’re bought and sold by criminal groups that operate around the globe.

Consumers should be aware that identity theft comes in many forms and that Financial Identity Theft counts for less than 30 percent of all reported cases.

Criminal: Using stolen IDs as personal identification during arrest.
Medical: (the fastest growing type) Using personal information to make medical insurance claims.
Synthetic: Using multiple victims’ ID or information to create another identity.
Financial: Accessing financial information or obtaining credit using someone else’s ID.

“The identity theft victim’s life is effectively hijacked, and they often need professionals to help get it back,” said Roebuck.

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- Or apply online at: www.wrangellmedicalcenter.org

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Medical Identify Theft FAQs for Healthcare Providers*

How would patients know they are victims of medical identity theft?
Victims may:
• get a bill for medical services they didn’t receive;
• be contacted by a debt collector about medical debt they don’t owe;
• see medical collection notices on their credit report that they don’t recognize;
• find erroneous listings of office visits or treatments on their explanation of benefits (EOB);
• be told by their health plan that they’ve reached their limit on benefits;
• be denied insurance because their medical records show a condition they don’t have.

What should I do if I learn that a patient may be a victim of medical identity theft?
Review your records relating to the services performed, any inconsistencies, and any documentation supporting that verifies the identity of the person receiving healthcare services.
If medical identity theft is determined, everyone who accesses the patient’s records (medical or billing) should be notified and inaccurate information should be reported and corrected.
Provide any necessary breach notifications under the HIPAA Breach Notification Rule (45 CFR part 164 subpart D) and/or any applicable state notification law.

What should I tell a patient who is a victim of medical identity theft?
If you are covered by HIPAA, make sure the patient has a copy of your Notice of Privacy Practices.
Advise the victim to take advantage of his or her rights under the HIPAA Privacy Rule, which gives people the right to copies of their medical records maintained by covered health plans and providers. Patients have the right to have their medical and billing records corrected or amended, and the have the right to an accounting of disclosures form their medical providers and health plans. They also have the right to file a complaint if they feel their privacy has been violated.
Encourage your patients to notify their health plan if they suspect medical identity theft, file a complaint with the FTC at ftc.complaintassistant.gov, and encourage them to look for signs of other nonmedical misuses of their personal information.

How can I help my patients deter, detect, and defend against medical identity theft?
You can provide the FTC’s brochure, Medical Identity Theft (consumer.ftc.gov/articles/0171-medical-identity-theft). It explains how medical identity theft occurs and how it differs from traditional identity theft, and it offers tips on how to minimize risk and how to recover if a theft occurs. The brochure is available in English and Spanish. The FTC encourages you to print copies and to make them available to your patients.

Optimal Staffing: New Resource Aims To Help RNs Implement Evidence-Based Staffing Plans

By Susan Trossman, RN

When it comes to achieving quality care, better patient outcomes and financial stability, optimal staffing should be viewed as a necessity and not a nice, but impossible, dream — particularly as health care reforms and new regulations take hold.

That is a key message reflected in a new, comprehensive document commissioned by the American Nurses Association and developed by Avalere Health, LLC, in collaboration with nurse and policy experts. Although the white paper, “Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes,” focuses more on acute care hospitals, nurses in all settings and at all levels can use this resource to advocate for and implement sound, evidence-based staffing plans. It is the first in a series of papers aimed at addressing the value of nursing care and services.

“The evidence from hundreds of studies — and the white paper — make it clear that there is a relationship between staffing and patient outcomes,” said Matthew McHugh, PhD, JD, MPH, RN, FAAN, a nursing outcomes and policy researcher and associate professor at the University of Pennsylvania School of Nursing. “If there are not enough nurses at the bedside, bad things are likely to happen.”

The white paper highlights published studies that demonstrate how appropriate nurse staffing helps to achieve both clinical and economic improvements, from reducing medication and other errors to shortening patients’ length of stay. Yet there continues to be significant variations in staffing from one hospital to the next, because there are not enough budgeted positions, according to McHugh, a Pennsylvania State Nurses Association member who helped develop the paper. And members of the public generally are unaware of these variations.

“They wouldn’t expect that if they go to one hospital they will get lots of attention, and then go to another [in their community] and not get an equal level of care,” he said.

To ensure optimal staffing and equitable, quality care throughout the nation, RNs must continue to build the business case for optimal nurse staffing. “It’s a good investment in terms of the bottom line that pays dividends in the long run,” said McHugh.

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To ensure optimal staffing and equitable, quality care throughout the nation, RNs must continue to build the business case for optimal nurse staffing. “It’s a good investment in terms of the bottom line that pays dividends with regard to positive patient outcomes, better overall care, and in avoiding penalties, such as those associated with preventable readmissions,” McHugh said.

A closer look

“I, like many other nursing professionals, view safe staffing like air and water; it has to be there,” said Kathy Baker, PhD, RN, NE-BC, VNA member and nursing director of patient care support and emergency services at Virginia Commonwealth University Medical Center and Health System. “But because of the complex environment in health care today, we need to be more sophisticated in how we look at staffing. In the ’90s, it was a matter of getting more bodies at the bedside. Now, it’s not just about the numbers, but rather linking it to all the variables.” Those variables include patient acuity, experience of staff, staffing mix and the changing needs of patients over time.

Further, while she said every organization is interested in staffing and scheduling, no one really has “owned” it.

“The white paper fuels this dialogue and offers a very positive staffing framework,” said Baker, a Virginia Nurses Association member who lent her expertise to ANA’s 2014 Staffing Summit discussion and review of the document. (The framework is built on ANA’s Principles for Nurse Staffing.)

The white paper, in part, examines the various forces that have impacted discussions about staffing and health care, from Affordable Care Act provisions and Institute of Medicine reports to changing demographics. It specifically notes that existing staffing systems are often antiquated and lack flexibility to adjust to factors, such as patient complexity, a rise in admissions, discharges and transfers, and the physical layout of the unit. It further addresses efforts by ANA and other organizations to promote federal regulation and legislation promoting flexible staffing plans, as well as ANA activities to support transparency and public reporting of staffing data.

Making it work

Flexible staffing models, forecasting technology and routine discussions about staffing levels are three key factors that can bolster care at health care facilities. Two hospitals that have engaged in these strategies, and are featured in the white paper, are Midland Memorial Hospital in Texas and Mayo Clinic Hospital in Phoenix, AZ.

In 2008, Midland Memorial Hospital created a Nurse Staffing Advisory Council to help improve staffing and address concerns that the hospital might fall short of meeting its mission to provide quality care, according to Bob Dent, DNP, MBA, RN, NEA-BC, CENP, FACHE, senior vice president and chief operating officer at Midland.

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The advisory council, made up of 60 percent frontline nurses, nursing leadership and executive staff subsequently worked together to implement several strategies to address staffing and positively influence patient care.

One important change involved implementing a comprehensive, electronic patient-classification acuity system that could more accurately forecast staffing needs, said Dent, an ANA and Texas Nurses Association member. Previously, staffing decisions were being made with data that did not necessarily reflect up-to-date changes in patients’ conditions, for example. So managers were constantly reacting to short-staffing situations.

The new system further was validated by nurses on the units to ensure that it did reflect staffing needs based on the ability to meet patients’ needs on every shift. And nurses and leadership set the budgeted positions for nurse staffing at the 50th percentile of the National Database of Nursing Quality Indicators® benchmark. Using the 50th percentile in the all-hospital database for nursing hours per patient day is only used to procure positions needed in the budget. These resources are then assigned to patients based on their acuity level.

Midland also decided to eliminate the use of outside nurse staffing agencies, and instead created a roughly 100-member resource team—float pool to fill in for staff vacations, sick calls and when the patient census or acuity rises. The hospital still uses some travelers to meet patient needs, and nurse managers can hire ahead of the turnover curve.

Another vital factor in strengthening staffing and care is Midland’s shared governance system. We have unit-based councils, and nurses can make decisions on staffing for what works for them, such as bringing in a nurse who only handles admissions and discharges, or staggering shifts in the ER so staffing is higher when more patients tend to come in for emergency care,” Dent said. “That’s the power of unit-based councils.”

Midland also implemented fatigue management guidelines, and leaders conduct spot checks to ensure they are being followed, Dent said. The guidelines, for example, specify that nurses cannot work more than 12.5 hours a day, no more than three 12-hour shifts in a row and no more than 60 hours in any seven-day period. Nurses and administrators also routinely meet to address nursing retention and turnover, as well as other staffing-related issues formally and informally.

Lessons learned in Arizona
Like other hospitals across the nation, the Mayo Clinic Hospital in Arizona was expecting a greater shift from inpatient to outpatient care in 2012 based on the implementation of ACA provisions.

“But our census didn’t drop as we anticipated,” said Kathleen Matson, MSN, MHA, RN, NE-BC, nursing administrator of nursing resources at Mayo. “So nurses and other employees were working more overtime. But it came at a cost — we had an uptick in injuries and nurses felt burnt out. We also noticed that some of the drivers affecting patient satisfaction — like the length of time it took for someone to answer their call light — were affected.”

Optimal Staffing continued on page 14

Optimal Staffing continued on page 14
"We realized we needed to right-size our workforce."

Mayo brought in temporary nurses to bridge the gap and then immediately hired staff for an additional 20 FTEs, according to Matson.

Mayo leaders also made improvements to their patient classification-acuity system to ensure it would more accurately forecast staffing needs based on patient needs. The system has 21 indicators that determine patients’ level of care, including looking at the number of medications they receive, their ability to perform ADLs, and need for 1:1 monitoring.

“We have the ability to run our classification system and then flex our staffing by the hour,” said Matson, an Arizona Nurses Association member. For example, Mayo can bring in more staff mid-shift if a unit that was staffed for 30 patients suddenly admits four more patients.

Additionally, Mayo nurse managers, supervisors and team leaders meet at least three times a day to address staffing concerns, and there is a built-in ability to share staff.

“Every nurse must meet core competencies, and processes are standardized from unit to unit,” Matson said. “We also have an inpatient float pool to help us manage just-in-time and scheduled absences, and we engage in targeted recruiting for those areas of nursing — such as ICU and oncology — where we may have ongoing needs.”

Parting words

Nurse experts understand that financial resources are not limitless, and that staffing mix and experience are crucial considerations.

“At VCU Medical Center, we want all our nurses and allied health staff to safely and effectively care for patients, and we want to allow them to practice at the top of their scope of practice,” Baker said. “To optimally staff, we need to look at patients’ needs over time on a unit, and have the ability to have the right nurses in the right places at the right times. And sometimes that means reorganizing, and not adding, staff.”

Dent emphasized that having not only the appropriate number of nurses, but also well-rested nurses, is a moral and ethical responsibility shared by all within health care.

“And we in nurse leadership have to be able to defend our budgets [for optimal staffing],” Dent said. “We need to be able to tell our boards of trustees and other administrators: ‘If we want to be able to deliver quality care to our community, then here is the staffing we need and here is the evidence [that supports that decision].’

To learn more or obtain the white paper, go to http://www.nursingworld.org/Avalere-White-Paper-on-Nurse-Staffing.

— Susan Trossman is the senior reporter for The American Nurse.
The Nightingale Tribute

Nursing is a calling, a lifestyle, and a way of living. Nurses here today honor our fellow nurses who are no longer with us. Our departed colleagues are not remembered by their years as a nurse, but by the difference they made during those years by stepping into people’s lives.

IN MEMORIAM

Isaac Alexander
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Lorna Barrell
Patricia Ann Brown
Miriam Burgess
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Rose Chioni
Carol Clem
Rosemary Firer
Jeannette Grove
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Elizabeth O’Hanlan
Avis June Reynolds
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We continue to enjoy double-digit membership growth, and we thank all of our members for that continuing vote of confidence and your ongoing support. We still have ample opportunity to grow our numbers, so if you’re not already a member, please consider joining. We’d be happy to talk with you about all of the benefits an investment in VNA/ANA membership affords you!
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