President's Message

Violence Against Nurses

Leah S. Kinnaird, EdD, RN

Sadly, violence has become an ever-present topic... Black Lives Matter, Blue Lives Matter, All Lives Matter... strong messages from a summer of violence. According to the International Council of Nurses 2009 Fact Sheet, “Health care workers are more likely to be attacked at work than prison guards or police officers. Nurses are the health care workers most at risk, with female nurses considered the most vulnerable.” If you did not know that, you might be thinking, “Why did I take this job?” If you’re a seasoned nurse, you’ve most likely witnessed or been a victim of violence.

Workplace violence was defined in 2002 by NIOSH, a CDC research agency in the Department of Health and Human Services, as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.” Notice, it is not where violence occurs, but that the victim is at work or on duty.

...the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in the American workforce. Too frequently, nurses are exposed to violence – primarily from patients, patients’ families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stablings, shootings, and other forms of assault. (NACNEP, 2005, p 1).

As a naive public-health nurse in the 1970s, I once returned to the clinic and noticed a helicopter overhead. I was greeted with, “You haven’t heard yet? Lourdes [not her real name] has been shot!” One of our nurses had been shot in the neck while teenagers robbed and pushed her into her car. For President’s Message continued on page 4

Mission Statement

Serve and support all Registered Nurses through professional development, advocacy and the promotion of excellence in every area of professional nursing practice.

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In addition, these and other professors at the Nicole Wertheim College of Nursing and Health Sciences have speakers from FNA come to their classes to speak annually. Before his death, former lobbyist Bob Levy often expressed his pride in being asked to present to classes. He always said that the educational environment of FNA and the Arthur L. Davis Publishing Agency, Inc. changes the lives of so many students and even if they don’t join immediately, often they will revisit membership once they are more established in their careers. The initial contact stays with them, particularly if the faculty is role modeling professional commitment by being a member.

The faculty in FIU’s nurse practitioner program has taken this concept to a higher level by creating the opportunity for their students to join the professional association in lieu of purchasing a textbook. This is a bold, innovative and creative approach to encouraging students to become engaged in advocacy for their profession. We would like to recognize: Dr. Yovanna Gordon, Director; Dr. Charles Buscemi; Dr. Desna Goldin; Dr. Raquel Vera; Dr. Monica Scoccianone; and Dr. Lucie Diaglosch.

Notes from the Executive Director continued on page 19
Bravo! You stood up to rampant understaffing. After 25 yrs. in an ICU, with no support staff whatsoever, save Respiratory Therapy, someone has finally published our cry for help. Thank you. Perhaps a reprint in the St Pete Times or an investigative reporter would be meaningful.

Zip code: 34695

I read the President’s Message on the cover of The Florida Nurse today: I have to say, “Absolutely!” What a timely message. After being told to hush up the staffing issues for years, although it’s obvious to the average visitor to hospitals, it’s great to hear that people are working on “transparency.” It’s ridiculous to see RNs having inadequate everything – coworkers, supplies, assistance – and expecting RNs to not report missed breaks or overtime. The pressure is on, if only to save money for the hospitals. Finally, I was shocked to consider applying for a local hospital (I have 22 years of ICU experience) to read, “Applicants will make novel use of limited resources.” That was in their ad! Who suffers? The nurses and especially their patients, who need care. Your article was timely.

Zip code: 33428

Dr. Kinnaird,

Having worked in a skilled nursing facility, I commend you for an excellent editorial. It was a very well written letter and right to the point. Amazingly, I have talked to many patients and their families about the state requirements for staffing in such a facility, which is 1 nurse to 40 patients. I believe everyone agreed that doing a good job with the increased acuity of our patients is nearly impossible. But what is being done about it? You might have more insight than I, but I would say absolutely nothing is being done and to me this is very baffling.

We have study after study that indicates better outcomes occur with greater nursing intervention. So yes, your point about it being a matter of life or death is very true.

I am not blaming the nursing association in any way. Because of strong lobbying efforts and companies making healthy profits, the only way for this to ever change would be for the general public to take a stance and force facilities to change staff requirements. Maybe I am being too pessimistic, but I unfortunately don’t see that changing anytime soon.

Sad to see the state of our current healthcare system.

Sincerely,
Gregg Christoff

Dr. Kinnaird,

Hooray for Leah Kinnaird! I am eighty-nine years old and still have my RN license. I have always been aggravated that the main problem of inadequate staffing is not recognized.

Yours truly,
Dorothy Fischler

Dear FNA Members,

As much as I love reading the articles from the FNA bulletin I was never drawn to write a response until this issue. Your article on Staffing: A matter of Life or Death...I felt as if I was the one writing it. Until recently, I was an Administrative Nursing Supervisor at a very popular Rehab facility here in Florida and saw first-hand the population of patients coming in to the facility...sicker and more co-morbidities that require less patient load and more critical thinking skills. Inadequate staffing was always my pet peeve.

I saw first-hand how inadequate staffing can be not just a detriment, but, a liability to an individual and a company. I tried to understand what part of “adequate staffing,” based on morbidity of a patient, the leaders did not understand that would deliver safe and quality care to the population, improve staff morale, and customer satisfaction.

Your article stated under GO PUBLIC...“patients and their loved ones need to know the impact of staffing on care”...be assured the fact that hospitals are allowing 24/7 visiting hours, it is becoming quite transparent the shortage of staff and nurse: patient ratios, therefore, they are seeing first-hand the impact understaffing is having on their loved ones.

Nurses are suffering “burnout”...the ones at the bedside that have been doing this for years.

New nurses are not staying at the bedside...why?...general consensus...”It’s too much hard work!!!!”

I could write on this subject for hours, so let me stop here, great article.

Joy Prendergast RN, CRRN, MSN/Ed

Join Florida Nurses Association Today!

Visit floridanurse.org or scan for complete information.

Join Florida Nurses Association Today!

Visit floridanurse.org or scan for complete information.
The Florida Nurses Foundation President, encourages all nurses to contribute $10 dollars to the FNF “Give Back” Campaign to help fund scholarships and grants for Florida students in both graduate and undergraduate programs. The Foundation awards both scholarships and research grants to students enrolled in ACEN or CCNE nursing education programs.

To donate go to http://tinyurl.com/nzsqg8c.

Each year the Florida Nurses Foundation awards scholarships and grant money to nursing students from around the state. FNF wants to thank all of the volunteer educators who reviewed grants and scholarship applications.

Congratulations to the 2016 Grant and Scholarship recipients:

Scholarships
- Charlotte Liddell (District 5 Charitable Trust) Scholarship
- Connie Dorry Memorial Fund Scholarship
- District 8 Charlotte Anzalone Scholarship
- Connie Dorry Memorial Fund Scholarship
- Lillian Hullia, Friend of Nursing District 6 (formerly District 18) Generic Scholarship Fund
- District 4 Florida Nurses Scholarship
- District 6 (formerly District 18) Generic Scholarship Fund
- Michelle Cole, Florida American University
- District 4 Florida Nurses Scholarship
- District 6 (formerly District 18) Generic Scholarship Fund
- Edna Hicks Scholarship
- District 20 Evelyn Barker Scholarship
- Sarah Baker, Florida State University
- District 21 Louise Fiske Memorial Scholarship
- District 21 Louise Fiske Memorial Scholarship
- Great 100 Scholarship
- Laura Joseph, University of North Florida
- Great 100 Scholarship
- Katherine Bumby, University of North Florida
- Lillian Hullia, Friend of Nursing District 6 (formerly District 18) Generic Scholarship Fund
- Lillian Hullia, Friend of Nursing District 6 (formerly District 18) Generic Scholarship Fund
- Lillian Hullia, Friend of Nursing District 6 (formerly District 18) Generic Scholarship Fund
- Marnie Nickels, South University
- Ayleen Alzamora, Florida Atlantic University
- Allison Miller, University of South Florida
- Victoria Clayton, University of South Florida
- Joanne McLaughlin, University of Florida
- Edna Hicks Scholarship
- District 4 Florida Nurses Scholarship
- Lina Mosquera-Rosales, Nova Southeastern University
- District 4 Florida Nurses Scholarship
- Mary York Scholarship
- Mary Ernst
- District 4 Florida Nurses Scholarship
- Nina Brookins (District 5 Charitable Trust) Scholarship
- Undine Sams Scholarship
- Amandia Thurston, Florida International University
- Olivia Seymour, District 6 (formerly District 18) Generic Scholarship Fund
- Ashley Dyk, Keiser University
- Ruth Jacobs District 46 Scholarship
- Undine Sams Scholarship
- Pam Furino, Rasmussen School of Nursing

Grants:
- Blanche Case Research Fund & Undine Sams Research Grant Fund
- Elizabeth Olafson
- Research: Parental Decision-Making: Infants and Children Referred to Palliative Care
- Evelyn Frank McKnight Research Fund & Frieda Norton Research Fund
- Mary Ernst
- Research: Stress and Coping of African American Parents with a Child in the PICU

The 2017 Scholarship and Grant Cycle will open on Monday, January 2, 2016. For more information and applications, please go to www.floridanurse.org and click on the Florida Nurses Foundation tab.

References

President’s Message continued from page 1

President’s Message continued from page 1

some of my frightened colleagues, that was their last day at work. For Lourdes, whose injury was permanently disabling, it was her last day of work ever.

The health department quickly responded, strengthening policies and safety practices. Today, health care is rich with data that detail the problem and underscore the need for comprehensive prevention and security strategies, Florida Statute §784.07 has applied stiffer penalties to perpetrators in emergency care; however, violence against nurses can occur in any setting where nurses work. The determinant need not be place of work, but rather being on the job, as defined above.

What needs to happen?

(1) Legislative action

FNA is promoting legislation in 2017 that will protect healthcare workers against violence and extend the penalties for crimes against nurses and other healthcare workers, such as that which exists for emergency medical-care providers.

(2) Culture of non-violence

A subtle way to reduce violence is to stop talking in violent metaphors. Sister Mary Jean Ryan, a nurse who was CEO of SSM Health Care in St. Louis and a highly respected leader nationally, brought attention to a culture of non-violence by raising sensitivity to violent language. For instance, at SSM there are no “bullet points” in presentations, and photographs are “enlarged,” never “blown up” (Sack, 2011). In healthcare, whether it’s “targets,” “war rooms,” “front lines,” or "being slammed," language influences and reflects the way we think and behave.

(3) Responsible reporting

Under-reporting is a fact. Nurses sometimes accept violent behavior as part of the job, especially when it comes from patients with dementia or other conditions that might not excuse behavior. But hitting, spitting, intimidation, harassment, assault, threats (the list goes on) are not okay and need to be reported for trends to be identified and solutions to be found.

(4) Management commitment

Reporting of incidents won’t occur without management’s commitment to create an environment of trust in which accusations of assault are taken seriously, without minimization. As early as 2004, McPhail and Lipscomb studied violence against nurses and published a valuable resource tailored to nursing situations.

All workplaces can benefit from measures to reduce violence. FNA has a particular interest in nurses, whose 2016 legislative session is an opportunity to educate lawmakers who have been sensitized to the national epidemic.


Some other references include:

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- Lisa Sanjio, Florida International University
- District 4 Florida Nurses Scholarship
- District 6 (formerly District 18) Generic Scholarship Fund
- Marlene Faustin, University of South Florida
- Jade Engelhardt, Santa Fe College
- Isabella Martinez, Florida International University
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- District 8 Charlotte Anzalone Scholarship
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- District 100 Scholarship
- Laura Joseph, University of North Florida
- Katherine Bumby, University of North Florida
- Lillian Hullia, Friend of Nursing District 6 (formerly District 18) Generic Scholarship Fund
- Isidra Rawls, Bethune Cookman University
- Marion County District 3 Scholarship
- Fraineleys Cruz, Chamberlain College of Nursing
- Lina Mosquera-Rosales, Nova Southeastern University
- Martha Russell (District 4) Gerontological Fund
- Dina Grodson, Florida International University
- Mary York Scholarship
- Lauren Smith, Florida Atlantic University
- Gingier Kregg, University of Central Florida
- Nina Brookins (District 5 Charitable Trust) Scholarship
- Amanda Thornton, Florida International University
- Olive Seymour, District 6 (formerly District 18) Generic Scholarship Fund
- Ashley Dyk, Keiser University
- Ruth Finamore Scholarship
- Riley Lee, Lake-Sumter State College
- Ruth Jacobs District 46 Scholarship
- Alyssa King, Florida Atlantic University
- Undine Sams Scholarship
- Pam Furino, Rasmussen School of Nursing

Grants:
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References
Student Forum

Hannah McRoberts
FSNA President

As my term as the Florida Nursing Student Association (FSNA) president is coming to an end, I feel very blessed to have had this experience. More than anything, I want to express my gratitude to the FSNA members. I share in the goal for the continuous improvement of FSNA and the student nurse experience. I look forward to seeing all of the Florida chapters in the House of Delegate at our 62nd annual convention. I am proud of the impact that the resolutions written and submitted by the student nurses have molded each of our careers. The passion and dedication expressed in this convention is an inspiration for others to be involved in this most trusted career of nursing.

Bringing this year to an end, FSNA is excited about our upcoming pre-convention/leadership retreat and convention. Pre-convention will be held on September 24, 2016 in Orlando using the theme of our convention “Together, Stronger, Bolder” and will include a leadership aspect. Attendees will be hearing from two leadership speakers Meryl Williamson, MSN, CRNA, and Dr. Rhonda Goodman, Ph.D., ARNP, FNP-BC, NCSN, AHNB-BC, who will be presenting about how they strive for excellence in leadership! Please visit our pre-convention registration site for more information: https://www.eventbrite.com/e/fsna-pre-convention-and-leadership-retreat-registration-24640017957.

The 62nd annual FSNA convention will be held October 27-29, 2016 in Daytona Beach, FL with the theme, “Together, Stronger, Bolder.” The convention will also focus on technology and global nursing. You will have the opportunity to hear exciting speakers, such as Barbara Lumpkin, past FNA Lobbyist. Exhibitors will be in attendance to discuss their products. There will be nursing specialty and military nurse panels, NCLEX Jeopardy, simulation disaster, and many networking opportunities. FSNA will also be hosting our opening night party with the theme “Great Gatsby.” There will be dancing, a costume contest, and just lots of fun. For more information, visit our Convention website: http://fnsa2016 convention.weebly.com.

I was raised in Bell, FL where I graduated from the Business Academy at Tren ton High School in 2009. While in high school, I also received my C.N.A. (Certified Nursing Assistant) license from Central Florida Community College. Shortly after graduation, I began to work as a C.N.A. at Ayers Health and Rehab in Trenton. FL in the evenings and attended college during the day. I graduated from Santa Fe College in 2012 with my AA in General Studies. At that point, in 2012, I chose to leave my current job at North Florida Regional Medical Center to move to Orlando and pursue a BSN degree. After getting settled in Orlando, I applied to the BSN program at Adventist University (ADU) of Health Sciences and was accepted, expecting to graduate in the summer of 2016. I currently work at ADU as a peer tutor and in the nursing learning center lab. I hold the position of current president of our ADU Student Nurses Association chapter, and as of October 24, 2015, I am now the Florida Nursing Student Association President.

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ANA Membership Assembly

Nearly 300 representatives to the American Nurses Association’s Membership Assembly and observers convened in Washington, DC on June 24 and 25 to discuss important issues. Some of the topics addressed were advocacy for sexual minority and gender-diverse populations, strengthening the future of the profession and safeguarding the public.

ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, provided an overview of the continued challenges of the nursing profession today, the need to ensure nurses are prepared for a changing health care system, and strategies for positioning nurses and ANA as vital players and leaders in the future.

“We have made strides, but the view of nursing is still outdated,” Cipriano said. “There are still those who don’t know who we are or what we do.”

One area that she emphasized involves strengthening nursing’s ability to partner closely with consumers.

“Consumers are critical to our future,” Cipriano said. “We need to create a preference [for nurses and nursing care] in their hearts and minds. We want them to say, ‘Where’s my nurse?’”

She spoke of leveraging the power of the nation’s 3.6 million nurses, who present “the greatest value on health care teams.” She outlined aspects of ANA’s new strategic plan, noting ANA’s bold vision in which all nurses are a “powerful, unified force in engaging consumers and transforming health and health care.”

In closing, Cipriano said that ANA and nurses must increase their “footprint,” or influence. And she told participants, “You are the leaders who can change the world.”

Cipriano referred to the tragic event in Orlando and noted that the ANA Board of Directors will be bringing a declaration addressing gun violence to MA representatives for their consideration.

Dialogue forum

Also taking place during the morning session was a dialogue forum focused on nursing advocacy for sexual minority and gender-diverse populations. Prior to small-group discussions, Tanya Friese, DNP, RN, CNL, [USN (Ret.)], shared statistics and research on the LGBTQ population.

Among the troubling statistics were: 19 percent of transgender individuals have been refused medical care because of gender expression, 29 percent postponed or canceled needed care due to discrimination and 36 percent have attempted suicide.

Friese noted that many nurses and other providers expressed feeling ill-prepared to address the unique health care needs of the LGBTQ population. MA participants then shared their strategies to strengthen education, practice and advocacy.

Florida was pleased to have several members in attendance. Leah Kinnaird, served as the Florida Representative with Willa Fuller attending as Chief Staff Officer. Andrea Gregg serves on the ANA Board of Directors and also served as the Mistress of Ceremonies of the Awards Ceremony. Suzanne Kunkle from IPN gave a presentation on Substance Abuse in the General Session. In addition, Former FNA President Ed Briggs served as Chair of the ANA Nominating Committee.

FNA was proud to have two honorees recognized at the Awards Ceremony. Dr. Patricia Messmer was inducted into the ANA Hall of Fame recognizing her lifetime contribution to the profession. Dr. John Lowe received the Luther Christian Award for his outstanding contributions as a man in Nursing. Both Dr. Messmer and Dr. Lowe brought friends and supporters from Florida to celebrate this wonderful recognition with them. Ernie Klein, FNA member and former Indiana State Nurses Association Executive Director joined the group as an observer.
East Central Region Update

Two celebrations of the Barbara Lumpkin Prescribing Act, House Bill 423, were sponsored by East Central FNA Region in the month of May. HB 423 was signed into law April 14, 2016 allowing Advance Practice Nurses (APN) prescriptive privileges for controlled substances beginning January 1, 2017. The passage of the bill was a monumental achievement and moved Florida from the rank of being the only state in the U.S. to not allow NPs this prescriptive privilege. Orlando Health hosted the Central Florida Advance Nurse Council (CFANPC) and FNA’s joint celebration on May 12, 2016. Over 65 APNs and RNs attended the celebration with Barbara Lumpkin being present as the honored guest for her more than 22 years of lobbying for this bill. Janice Hess presented a PowerPoint outlining FNAs political activism history for over the past 100+ years. Willa Fuller, FNA Executive Director, spoke at the celebration emphasizing the importance of professional organizational membership in promoting healthcare policy and legislation that supports quality patient care and the nursing profession. She explained how FNA dues are important in supporting the only statewide professional nursing organization that offers all RNs a lobbying voice regardless of their role. Lotricia Guerrier, President of CFANPC, and Barbara Lumpkin also spoke to the group about the need for nurses to unite and work collaboratively in an effort to remove laws that allow practice barriers to interfere with nurses being able to practice to the full extent of their role. Barbara Lumpkin Prescribing Privilege. The program concluded with a toast to Barbara and all the other lobbyists as well as nurses who joined efforts to see this bill finally pass and signed into law.

Northwest Region Update

Greetings from North Central Region! It has been a quiet summer in the North Central Region with not much happening as far as events. Please let me know what activities or events you would like to see happening in the Region. We will have a telephone conference in the fall to discuss our annual regional event.

Marsha Martin
North Central Region Director

Volusia/Flagler celebration in Daytona May 23, 2016 at Stonewood Grill and Tavern.

Janice Hess, DNP, FNP-BC, ARNP
East Central Regional Director.

Regional News

On May 12, 2016, as part of the Nurse Week Celebration, Marti Hanuschik received a certificate of appreciation for her continued efforts in coordinating the quarterly regional meetings at FNA headquarters. Her tireless efforts in finding clinical speakers for the continuing ed programs and providing networking opportunities for student nurses as well as members has helped grow the East Central Regional membership and is much appreciated.

Martha Martin
Regional Director

Regional News

Regional News

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REGIONAL NEWS

NEW regional newsletter for nurses

The Florida Nurse

Western Region Update

Greetings from Northwest Region! It has been a quiet summer in the Northwest Region as far as events. Please let me know what activities or events you would like to see happening in the Region. We will have a telephone conference in the fall to discuss our annual regional event.

Marsha Martin
Northwest Regional Director

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East Central and Northeast FNA Regions Nursing Symposium Highlights

The East Central and Northeast FNA regions joined efforts offering a nursing symposium held at the Hilton Garden Inn on July 23, 2016. Approximately 40 nurses from across Florida attended the symposium. The program included a variety of clinical/political action topics and offered those attending an opportunity to network with other nurses while obtaining CE credits. The program included Novice Nurse: Academia, a relaxed beachside atmosphere. Topics for the program included Novice Nurse: Academia, a relaxed beachside atmosphere.

Approximately 40 nurses from across Florida attended the symposium. The program included Novice Nurse: Academia, a relaxed beachside atmosphere. Topics for the program included Novice Nurse: Academia, a relaxed beachside atmosphere. A special thank you is extended to the program vendors, including Merck, for sponsoring the program and breakfast for the symposium; Mayo Clinic, Jacksonville Campus; Cornerstone Hospice and Palliative Care; and StankBusterPen.com. The planning committee from the two regions worked collaboratively to provide this first joint program. Those who helped plan and organize the program included: Doreen Perez, Janice Hess, Palma Iacovitti, Gloria Milan, Cynthia Cummings, Angel Mills, Kay Fullwood, and Laura Bailey.

Regional News

East Central & Northeast Region Nursing Symposium Highlight

The East Central and Northeast FNA regions joined efforts offering a nursing symposium held at the Hilton Garden Inn on July 23, 2016. Approximately 40 nurses from across Florida attended the symposium. The program included a variety of clinical/political action topics and offered those attending an opportunity to network with other nurses while obtaining CE credits in a relaxed beachside atmosphere. Topics for the program included Novice Nurse: Academia, a relaxed beachside atmosphere. A special thank you is extended to the program vendors, including Merck, for sponsoring the program and breakfast for the symposium; Mayo Clinic, Jacksonville Campus; Cornerstone Hospice and Palliative Care; and StankBusterPen.com. The planning committee from the two regions worked collaboratively to provide this first joint program. Those who helped plan and organize the program included: Doreen Perez, Janice Hess, Palma Iacovitti, Gloria Milan, Cynthia Cummings, Angel Mills, Kay Fullwood, and Laura Bailey.

Regional News

South Region Update

FNA South Region successfully held its 6th Annual Symposium and Awards Ceremony at Gulfstream in Hallandale. We are so grateful for our keynote speaker Dr. James Grant, American Nurses Association Vice President, whose thought provoking presentation received high praises from all the attendees. The 350 attendees who consisted of nursing faculty, practicing nurses, and nursing students exceeded our expectations as it was well above our previous attendance levels. We want to congratulate all the award and scholarship recipients and the Outstanding Nurse of the Year, Dr. Jessie Colin.

Thanks to the Nurses Charitable Trust, the Royce Foundation, and Dr. Sara Fishman’s family for sponsoring the nursing student scholarships. We are extremely appreciative of all our vendors and exhibitors and want to give a special thanks to our Silver Level Sponsor, American Data Bank. We had a very successful silent auction and would like to thank all those who donated items including the Miami Heat, Miami Dolphins, and Florida Panthers. Lastly, without the help of the Voluntary Leadership Council, we would have never been able to achieve the success we did. Thank you all very much for giving up your time to make this such a fantastic event where we honored nurses and the essential role they play in healthcare reform.

Voluntary Leadership Council

Ailina Diaz-Cruz, MSN, RN; Peggy Davis, DHSc, MSN, Med, RN, South Region FNA Chair Program; Ann-Lynn Denker, PhD, ARNP; Marie Etienne, DNP, ARNP, PLNC; Sherree Mundy, MSN, BSc, ARNP; Steadley Foster, MSN/Ed., FNP;
Debra Hain, PhD, ARNP-BC, FAANP, South Region FNA Director and Legislative Liaison; Lolita McCarthy, PhD, MBA-HCM, RN; Patricia R. Messmer, PhD, RN-BC, FAAN, Chair The Nurses Charitable Trust & Chair Florida Nurses Foundation; Elizabeth Olafson, MSN, MSEd, RN-BC; Barbara Russell, BSHSA, MPH, RN, CIC Vice President FNA; Karen Sinclair, MSN, MBA, RN; Ferrona Beason; Jill Tahmooressi, MBA, BSN, RN-BC, NCSN, South Region Activity Manager & Secretary FNA; Maxine Jacobowitz, BSN, RN, CPN South Region Chair of Gifts, Retired Honorary; Gene Majka, MS, ARNP, photographer.

We look forward to seeing everyone next year at our 7th Annual Symposium and Awards Ceremony at Gulfstream in Hallandale.

Nurses from FNA South Region were honored at the Marlins Game during Nurses Week. Several of the nurses were able to walk on field and be recognized for all the great work nurses do. Thank you Dr. Patricia Messmer for arranging this exciting event!

Please save the date for our Legislative Event on October 10, 6:00 PM, at Miami Dade North. It is important that the voice of nursing is heard during this major election year so we hope to see many of you at this exciting event.

Deborah Hogan
Regional Director
Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Counties

Southeast Region Update

We want to meet your practice needs here in the Southeast Region! To accomplish that goal, we surveyed the membership in our Region last year and got your feedback. Based on that information, and based on discussions during our monthly conference calls, we plan to offer more programs this fall and winter. We hope you can join us to help plan them and to participate. Maybe you would like to volunteer to speak? The topics discussed include an FNA Leadership Training, as well as a meeting to provide continuing education on our two new CE requirements, “Nursing Rules and Regulations,” and “The Impaired Nursing Program.” Please join us on our monthly call on the first Tuesday of each month, starting in September, 9/6/16, at 7:30pm.

Theresa Morrison
Regional Director
Charlotte, Collier, Glades, Hendry, Lee, Counties

Southwest Region Update

Congratulations to seven Southwest Region members who presented posters at the 2nd Annual FNA Evidence-Based Practice & Nursing Research Conference July 23rd.

Upcoming event: August 24, 2016, Collier County, Co-sponsored dinner by AVOW Hospice and Option Care. Current registration 10.

Interdisciplinary Teams and Healthcare Integration.

Upcoming event: Late September early October Lee County, American House Senior Living Community dinner.

All members in Lee, Collier, Charlotte, and Hendry counties-remember you can plan an event anytime any place! Call me and let’s plan an event.

Have you signed in to Nurses on Boards Campaign? Our regional goal is to have at least three nurses add board appointments at each of our events.

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Deadly shootings in Florida and across our nation have reignited policy discussions on gun control laws not only in state capitols and courthouses but also in healthcare facilities.

Democratic lawmakers in the Florida Legislature attempted to convene a special session of the Florida legislature following the deadly shooting at The Pulse nightclub in Orlando to enact new gun control legislation, but Republicans in the majority voted not to pursue those measures at this time.

Meanwhile, a health aide and a patient were fatally wounded by an armed man at a Titusville hospital in July. “Hospitals and nursing homes should be havens of healing and safety—not places where patients and employees feel threatened by the presence of firearms,” said FNA Executive Director Willa Fuller.

There are no state laws that prohibit individuals from carrying firearms into healthcare facilities or onto their property, and pursuing such a bill would be an uphill battle against the powerful gun control lobby in our state and nation. Some healthcare facility administrations, however, have chosen to enact policies prohibiting weapons on their premises.

The FNA Board of Directors would like to see a tougher stance on this issue and, as part of its agenda for the 2017 session of the Florida Legislature, recently voted to support “meaningful gun control legislation” in the event such a bill is filed. The board also wants to promote legislation that protects healthcare workers against workplace violence, including efforts to enhance penalties against those who commit such crimes.

Supporting safe practice environments for all nurses and patients has long been part of the board’s legislative agenda. But given the increasing amount of gun-related violence in recent years, the board stepped up its public awareness efforts last year through an anti-violence campaign, “Take the Scare Out of Care.” That initiative will continue when the Florida Legislature convenes on March 7, 2017. The connection between gun control and healthcare has been in the forefront of legal and political battles in our state for quite some time.

In 2011, Florida lawmakers passed a law that subjects healthcare practitioners—not just physicians—to disciplinary action if they ask a patient or patient’s family member about gun ownership in the home, unless the inquiry is relevant to the individual’s medical care or safety. Physician organizations and other groups challenged the law, arguing it would have a “chilling effect” on life-saving patient discussions. A federal judge in Miami agreed and voided the law, agreeing that it infringed upon a physician’s freedom of speech. That decision was overturned by a panel of judges at 11th U.S. Circuit Court of Appeals. The case is under review by all 11 appellate judges. While the law is the only one of its kind in the nation, it could affect other states that are considering similar restrictions.

It is likely that the 2017 session of the Florida Legislature will bring more debate about firearms restrictions and gun owners’ rights, whether it’s open carry bills or legislation allowing firearms on college campuses. The FNA’s lobbying team will monitor these bills for consideration by the board and membership. Please check our session reports at www.floridanurse.org under “Legislative Activity.”

In all 8 regions of Florida, registered nurses (RNs) remain the largest proportion of the nursing discipline. Consistent with previous years, RNs tend to be employed in hospital settings, and hospitals still create the largest demand for nurses in the state. By and large, most RNs work in acute and critical care settings. The percentage of RNs entering retirement has increased in the past five years reducing the overall number of experienced nurses working in the state. This decrease in senior nurses is occurring simultaneously to a greater demand for nurses in acute care settings as Floridians age and require more complex healthcare services.

Overall, Florida has a potential RN supply of 224,926 nurses, but only 192,963 (85.8%) are actually working in a nursing capacity. Among working nurses, 11.1% of RNs, 14.6% of ARNPs, and 10.0% of LPNs were employed in hospital settings, and hospitals still create the largest demand for nurses in the state. By and large, most RNs work in acute and critical care settings. The percentage of RNs entering retirement has increased in the past five years reducing the overall number of experienced nurses working in the state. This decrease in senior nurses is occurring simultaneously to a greater demand for nurses in acute care settings as Floridians age and require more complex healthcare services.

To read more about the nursing workforce in your county, please visit FlCenterforNursing.org and click on the tab labeled “regional data.”
Who’s Business is it Anyway? The Board’s of Nursing...that’s who!

Jeanie M. Demshar, Esq.

So, you think what you do on your own time is your business? Well, think again. Not only do your employers have some say in what you do on your own time, but you should also consider the power of the board. Nurses must remember that the primary function of a nursing board is to protect the health, safety, and welfare of the citizens of the state from the actions of the board’s licensees. The board has broad powers to not only investigate a nurse, but to prosecute that nurse, for activities far beyond the four walls of a nurse’s professional life and into virtually all areas of a nurse’s private life.

Your board of nursing is not only interested in your clinical abilities and your performance on the job. Nursing boards can take action against a licensee for unprofessional behavior, including activities that are deemed to be in violation of the “morals,” “judgment,” and “good character” provisions of the boards’ rules and regulations. These provisions provide for discipline for a variety of perceived offenses, including those based solely on a person’s private life and personal conduct.

Most nurses clearly understand that certain behavior, like the use of illegal drugs or excessive and habitual alcohol use, can lead to problems that extend to their working lives. This type of behavior can directly affect a nurse’s ability to perform her professional duties. However, certain behaviors that one may believe are completely unrelated to patient care or professional life can result in disciplinary action by the board.

Many criminal behaviors, like illegal drug use, in a nurse’s personal life and personal conduct by the board. Any criminal conviction or in a nurse’s personal life, far beyond employment activities. There is a strict code of ethics that the nursing board requires of its nurses. Any reported conduct that suggests that a nurse may have poor judgment or lapses in judgment can trigger a board investigation.

Certain other behaviors are considered to be professional misconduct. It is misconduct to “knowingly falsify an application for employment,” including errors of omission, such as leaving out information from that employer who may be a bad reference. Also dangerous are exaggerations or misleading entries, but particularly dangerous is puffery involving your licensure status, education, clinical experience, or skill level. It is also misconduct to submit false information to the board on any application or other documentation, including any yearly renewal documents. The best policy is to be completely honest at all times.

The board also considers misappropriating medications, supplies, or personal items belonging to either a patient or an employer to be misconduct. Before you are tempted to grab a box of Band-Aids or a handful of pens to take home, consider the risk to your license.

Another area of significant risk for licensure are exaggerations or misleading entries, but particularly dangerous is puffery involving your licensure status, education, clinical experience, or skill level. It is also misconduct to submit false information to the board on any application or other documentation, including any yearly renewal documents. The best policy is to be completely honest at all times.

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The Quality and Unity in Nursing Council (QUIN) is a collaborative effort of the organizations that represent, regulate or educate nurses in Florida. One of the goals of the council this year is to highlight the power of nurses to shape and share health care and contribute to the dialog related to safety in the work environment of nurses. There are many variables involved in our nursing work environments that can lead to harm, physical or emotional, and nurses share the responsibility to identify problems, generate solutions and make changes to decrease the risk of harm. Our national, state and local nursing organizations are actively engaged in efforts to shape policy and affect change through the political process. This process can be used to assist in the development of laws and regulation such as safe staffing legislation or increasing the penalties for those who commit acts of violence against healthcare workers. Legislative change is a slow process and serves to develop broad practice that protects both nurses and the public.

In 1973, JoAnn Ashley wrote “About Power in Nursing,” and today over forty years later the goals of the council this year is to improve your knowledge and skills striving to be a better nurse every day. Talk to your legislator about the health policy and nursing issues that affect you, your colleagues and patients advocating for policy and funding to improve healthcare. Become a preceptor or mentor helping our novice practitioners to assimilate to their new position and role. Finally join a professional organization and become informed about the benefits of membership, the policy priorities and professional development opportunities.

A Culture of Safety: The Power of the Individual

Cindy Parsons, DNP, ARNP, BC, is a Psychiatric Mental Health Nurse Practitioner and educator. She earned her Doctorate of Nursing Practice at Rush University, IL (2006). Her NP preparation was earned from Pace University in NY (1988).

In 1973, JoAnn Ashley wrote “About Power in Nursing,” and today over forty years later many of these same problems and challenges still exist. In 1973, nurses were concerned about staffing, working long hours without sufficient rest, burnout, wages that weren’t about safety, and turnover and low retention rates. Nurses, then and now, identify feeling powerless to address the problems that burden our profession, yet, are we as individual nurses, powerless? Nurses are consistently ranked as one of the professions that is highly trusted by the public. We take on the role of advocate for those who are vulnerable and may not be able to do so for themselves. We work diligently to make the hospital a less intimidating environment for all of our patients and provide comfort and compassion to families in times of enormous stress or grief. So, perhaps it is not that nurses are powerless to improve their work environments, but the nurses don’t recognize their power and are not educated to use it to advocate for their profession.

Suzanne Gordon in “From Silence to Voice” (2006) commented that there is untapped power in the numbers of nurses in the United States. She identified some simple effective means of using individual power for collective gain. Today in the U.S. there are over 3 million Registered Professional Nurses (RNs) and 800,000 Licensed Practical Nurses (Kaiser Family Foundation). If even half of all individual nurses were to communicate their concerns with their state and federal legislators by writing, calling or visiting their office to share their views and discuss solutions the results could be quite powerful. So, as we reflect on the perception that nurses have as being powerless, let’s work to create a paradigm shift and develop a toolbox of strategies the individual nurse can tap into to begin using his/her power. An essential first step is to represent yourself and your profession positively, communicating with ongoing state and other health professionals. Refrain from complaining about problems, rather, work to identify them and create solutions, such as volunteering to join, or better yet, lead a process improvement team. Engage in lifelong learning and continue to improve your knowledge and skills striving to be a better nurse every day. Talk to your legislator about the health policy and nursing issues that affect you, your colleagues and patients advocating for policy and funding to improve healthcare. Become a preceptor or mentor helping our novice practitioners to assimilate to their new position and role. Finally join a professional organization and become informed about the benefits of membership, the policy priorities and professional development opportunities.

Dr. Parsons is an Associate Professor of Nursing at the University of Tampa and maintains a part-time private practice. She is board certified as Family Psychiatric Nurse Practitioner and a Child and Adolescent Psychiatric Clinical Specialist. Her areas of specialization are full spectrum psychiatric mental health care with a focus on family systems, community health and quality improvement. She is an active member of her local, state and national nursing and nurse practitioner organizations. She currently serves as the private practice QUIN council and is a member of the Florida Nurse Practitioner Network. In 2009, she was inducted as a Fellow of the American Association of Nurse Practitioners, in recognition for her contributions in education, practice and policy.


Kaiser Family Foundation. Total number of Registered Nurses, kff.org/other/state-indicator/total-registered-nurses/ retrieved July 12, 2016.
Christophr Blackwell, PhD, ARNP, ANP-BC, AGACNP-BC, CNE, associate professor at the University of Central Florida (UCF) College of Nursing, has been inducted as a Fellow of the American Association of Nurse Practitioners (FAAN). Dr. Blackwell, who is one of 88 nurse practitioner leaders selected for induction in 2016, was recognized for his outstanding contributions to health care research and education. The American Association of Nurse Practitioners is the largest professional membership organization for nurse practitioners in the United States. Dr. Blackwell has devoted most of his career to improving outcomes in high-risk and vulnerable populations. His scholarly work, which has been shared in 26 peer-reviewed articles and 26 conferences, provides critical knowledge and skills for nurse practitioners to put into practice. Blackwell’s research addresses inequity in the workplace of GLBTQ nurses, mental health and substance abuse issues in GLBTQ individuals, online sexual decision-making by at-risk gay and bisexual men, HIV screening and prevention, including use of innovative methods, and increasing knowledge of vaccine needs of gay/bisexual men in providers and GLBTQ communities.

University of Central Florida nursing professor and a veteran, Angeline Bushy, RN, PhD, has been selected by U. S. Veterans Affairs Secretary Robert McDonald to serve on a national committee overseeing health care delivery in rural communities. Much of Dr. Bushy’s research focuses on rural health care. During her three year appointment, Dr. Bushy will serve on the Veterans Rural Health Advisory Committee, a critical group that advises on health care and delivery to veterans living in remote and rural areas of the country. The group also studies and develops ways to increase access to health care for veterans, promoting their well-being and strengthening communities’ health care infrastructure. Dr. Bushy previously served on the Surgeon General’s Invitational Workshops on Women’s Mental Health and Action Agenda for the Health of Women and Girls Beyond 2016. In 2010, she has been on expert panels setting national agendas in health, research, and advocacy for rural women’s issues. She has authored textbooks on rural health and has received federal grants to support her research in this area.

Gloria Dobies, BSN, CDE, was the recipient of the ANA Honorary Nursing Practice Award at the 2016 ANA Membership Assembly on June 23, 2016 in Washington D.C. The award acknowledges a registered nurse who is directly involved in patient care and is recognized by their peers for their contribution to the advancement of nursing through strength of character, commitment, and competence. Gloria is an ANA member and lives in Florida.

John Lowe, PhD, RN, FAAN, was the recipient of the ANA Luther Christian Award at the ANA Membership Assembly on June 23, 2016 in Washington D.C. Established in 2007; the Luther Christian award recognizes the significant contribution an individual man has made to the nursing profession. It is named in honor of Dr. Luther Christian and his outstanding service in advancing the nursing profession. Through this award, ANA acknowledges the valuable role of men in nursing.

The American Academy of Nursing is pleased to announce Cindy Munro, PhD, RN, ANP-BC, FAANP, FAAN, FAAANS, has been designated an Academy Edge Runner for her patient-designed model of care, Oral Care in Mechanically Ventilated Adults. The Academy’s Raise the Voice Edge Runner campaign promotes new evidence-based health care models and innovations that better serve patients, lower costs, and have measurable results.

Dr. Munro, Professor & Associate Dean of Research and Innovation at the University of South Florida, College of Nursing, successfully focused her research on the long-term goal of providing definitive guidance for effective evidence-based oral care interventions to reduce VAP and other healthcare acquired infections.

You can view Dr. Munro’s complete Edge Runner profile at www.aanet.org/edgerunners.

Ora Strickland, PhD, RN, FAAN, Dean of Florida International University (FIU) Nicole Werthein College of Nursing & Health Sciences, has been named a finalist for the 2016 GLBTQ Awards as the most prestigious awards program in the nursing profession sponsored by Nurse.com. She was recognized in the Executive Leadership category for propelling the College to national prominence and advocating for those most in need by pioneering programs and research initiatives centered around delivering high-quality, accessible, culturally competent and compassionate care.
Black and Blue, What to do: Identifying Child Abuse in Emergency Rooms

Bridget Henry

Child abuse is an unfortunate and common topic that needs to be addressed sooner rather than later. The sustained stress put on a child in an abusive environment can lead to both physical and mental disabilities. Long-term exposure to abuse can cause alterations in the brain and a healthy lifestyle. These considerations, along with the fact that many diseases begin early in life, emphasize the importance of early detection and intervention for abuse. Unfortunately, many cases of child abuse go undetected and this is unacceptable.

As healthcare professionals, we must come together to take a stance against child abuse. This doesn’t mean that there are not people out there fighting this fight already and doing their best to address the situation, but it does mean more people need to get involved and be more aware of the issue. With this in mind, it would make sense to amplify this awareness within the healthcare field. Healthcare professionals are some of the first people to come across children when an abuse case has occurred, especially those present in the emergency room.

However, there is no perfect way to identify and assess child abuse because each case is unique. There will be different symptoms, different children, different caregivers, and even different situations.

Because each case is different, it would be beneficial for some kind of guideline or training to be implemented so that nurses will have the necessary knowledge to identify and intervene, thus improving the child’s outcome. By implementing a guideline and training, nurses will be able to more readily assess this difficult and sensitive issue. The knowledge nurses could gain from this training would provide them with the confidence and techniques necessary to identify and intervene successfully in each different situation. The reason some child abuse cases go undetected is because of the severity or gravity of the situations. Many nurses feel uncomfortable in these situations and do not want to implicate a parent or caregiver for possible abuse when that is not the case. However, in missing these cases the nurse leaves the child in a potentially fatal situation. It is better to bring up the possibility of abuse than to leave a child in an actual abuse situation.

The training and guidelines would help address these fears by educating nurses on how to assess the situation and how best to approach it. It will encourage nurses to identify appropriate cases and intervene in those that are necessary. These tactics must be put into action, tried, and tested. The knowledge and confidence gained from these tactics will be immeasurable in changing or saving a child’s life.

Bridget is a nursing student in the Bachelors of Science program at Florida Gulf Coast University. She is passionate about children and hopes to become a pediatric emergency room nurse.

Substance Abuse in Nursing

Jessica Tieg, FNSA 2nd VP, Convention and Programs Chair Adventist University of Health Sciences

Substance Abuse among nursing professionals is an issue. A nurse’s work environment is both physically and emotionally stressful and drives some nurses to seek relief through use of various chemical substances (Boulton and Nosek, 2014). This and the severe nursing shortage threaten medical care delivered across the globe. Approximately 10%-20% of nurses and nursing students may have substance abuse and addiction problems (Naurer, 2011). Nurses with substance abuse disorders have reported that this behavior began before or during nursing school due to stress and the demands of nursing education, or it happened in the early career phase of nursing (Nair, 2015).

There is assistance for those who find themselves with substance abuse and addiction disorders. The Intervention Project for Nurses (IPN) was established in 1983 through legislation. It would be a source of help for nurses with alcohol or drug problems. A nurse’s work environment is both physically and emotionally stressful and drives some nurses to seek relief through use of various chemical substances (Boulton and Nosek, 2014). This and the severe nursing shortage threaten medical care delivered across the globe. Approximately 10%-20% of nurses and nursing students may have substance abuse and addiction problems (Naurer, 2011). Nurses with substance abuse disorders have reported that this behavior began before or during nursing school due to stress and the demands of nursing education, or it happened in the early career phase of nursing (Nair, 2015).

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As healthcare professionals, we must come together to take a stance against child abuse. This doesn’t mean that there are not people out there fighting this fight already and doing their best to address the situation, but it does mean more people need to get involved and be more aware of the issue. With this in mind, it would make sense to amplify this awareness within the healthcare field. Healthcare professionals are some of the first people to come across children when an abuse case has occurred, especially those present in the emergency room.

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It can happen overnight without realization. Years go by, and one day you wake up and find that it is too hard to get out of bed or you do not want to go to work. Compassion fatigue is something that may come to all of those working in a high stress job. Cops, lawyers, judges, doctors, and unfortunately, nurses. Many who stay in a high stress job can feel the ravenous effects of compassion fatigue. It drains you on a day to day basis. How exactly does this happen? We see so much sadness, death, and despair. In order to continue doing our job, we feel that it is necessary to flip a switch and turn off the barrage of emotions that we face every day on the job. Flipping this switch comes at a very high price. It feasters and boils and spills over into our daily lives. It weakens our relationships with our fellow co-workers and even with our families at home. How do we get past this compassion fatigue and ignite the fire back into the career we love so much? This burnout that nurses go through is hard to combat when it goes unrecognized. This sequela can be reduced by first recognizing the signs of compassion fatigue, and secondly, to have programs in place to help with compassion fatigue. Education related to compassion fatigue would help tremendously. There are multiple ways to help employees with compassion fatigue aside from education, such as on site counseling, art therapy, or scheduling more breaks for employees. One day we might be in this situation. Hopefully we can recognize the signs of compassion fatigue and avoid it before it affects our relationships at work or at home. At the end of the day, we have to ask ourselves, would our fellow classmates, professors, or family be proud of us? If we can answer that question with a “yes,” then we need to ask ourselves one last question. Am I proud of myself?

Shannon May, R.N., FNSA Region 4 Director, Nominations and Elections Chair Hillsborough Community College, South Shore Alumni

Certificate, Diploma, and Associate degree programs in nursing!
On Saturday, July 23, 2016, approximately fifty ARNPs, RNs, and nursing students attended the 2016 2nd Annual Evidence-Based Practice and Nursing Research Conference at Harry P. Leu Gardens in Orlando, FL. Daleen Penoyer, PhD, RN, CCRN, FCCM, from Orlando Health, and Daryle Wane, PhD, ARNP, FNP-BC, from Pasco Hernando State College, led the keynote session titled, Moving Nursing Forward through Research, Evidence-Based Practice, and Quality Improvement. The planning committee chose four abstracts to present their research at the podium. The podium presenters were:

Charlotte Ladd, PhD, RN, OCN, AHN-BC, from South University of West Palm Beach presented Shared Decision-Making for End-of-Life Healthcare in Faith-based Communities.

Christine Swartzman, MSN, CNS, CCRN, ACCNS-AG, from South Seminole Hospital, a part of Orlando Health, presented Outcomes Associated with Implementation of a Pain, Agitation, and Delirium Guideline in ICU.

Tina Mason, MSN, ARNP, AOCN, AOCNS, from H. Lee Moffitt Cancer Center, Tampa, FL, presented Equivalence Study of Oral & Temporal Artery Temperature Measurement Methods in Febrile Adult Oncology Patients.

Patricia Geddie, PhD, CNS, AOCNS, and Amy Marinski, MSN, RN, CNL, CIC, from Orlando Regional Medical Center, a part of Orlando Health, presented Effectiveness of a Central Line Maintenance Bundle Audit PI.

Christine Swartzman

In addition to the keynote and the podium presenters, twenty one abstracts were presented by poster presentation:

• Adria Vincent, Florida Hospital Celebration Health
  The Effect of Breastfeeding Self-Efficacy on Breastfeeding Initiation, Exclusivity, & Duration

• Amanda Tavares & Rose Bienaime, South Seminole Hospital, Orlando Health
  Changing the Culture: Catheter-Associated Urinary Tract Infection Prevention in the Progressive Care Unit

• Tina Mason, H. Lee Moffitt Cancer Center; Tampa FL
  Equivalence Study of Oral & Temporal Artery Temperature Measurement Methods in Febrile Adult Oncology Patients

• Valerie Lapp, Arnold Palmer Medical Center; Orlando Health & University of Central Florida
  Perceived Readiness to Transition to Adult Health Care for Youth with Cystic Fibrosis & Congruence with their Caregivers’ Views

• Ilia Echevarria & Michele Thoman, NCH Healthcare System, Naples FL
  Creating and Sustaining a Culture of Safety

• Lillian Aquirre, Orlando Regional Medical Center, Orlando Health
  Small Bore Enteral Feeding Tube Insertion without Radiographic Verification of Placement

• Yamina Alvarez & Kathleen Muniz, Benjamin Leon School of Nursing, Miami Dade College
  Flips the Classroom

• Erica Schroeder, Jacksonville University
  Evaluation of a Fellowship Pilot Program for Nurses in an Academic Environment

• Colleen McIntyre, South Seminole Hospital, Orlando Health
  Collaboration Decreases Surgical Site Infections

• Candice Hickman, Boca Raton Regional Hospital & Christine E. Lynn College of Nursing, Florida Atlantic University
  The Effect of a Patient-centered Delirium Intervention on Older Adult Orthopedic Surgical Patients

• Patricia Geddie, Orlando Regional Medical Center, Orlando Health
  Sepsis Screening in Adult Oncology Patients

• Theresa Morrison, NCH Healthcare System, Naples, FL
  E-News Tool to Prevent Hospital Acquired Infections

• Laura Williams, Orlando Regional Medical Center, Orlando Health
  Improving Outcomes for Joint Replacement Patients: One Hospital's Journey

• Lisa Fletcher, NCH Healthcare System, Naples, FL
  Evaluation of Nurse Residency & Transition Program

• Kelly Henson-Evertz, Nova Southeastern University
  Facilitating Tobacco Dependence Treatment through Nursing Education: An Evidence-based Practice Education Intervention

• Maribel Rodriguez-Torres, Carol Murphy, & Holly Higdon, UF Health Jacksonville Medical Center
  Nurses Making a Difference to Improve Nutritional Support for Critically Ill Patients

• Christina Carranza, NCH Healthcare System, Naples, FL
  Transforming Care and Decreasing Falls, One Leaf at a Time

• Cassandre Gousse, Kelly Trapp, & Angela DeVaney, NCH Healthcare System, Naples, FL
  Keeping Falls Out of our Autumn

• Bar-Aron DiPietro, Sharon Harrison, & Cindi Alles, Winnie Palmer Hospital, Orlando Health
  Treatment of Hypoglycemia in Transition Care Nursery

• Betty Welliver & Amanda Fetchko, NCH Healthcare System, Naples, FL
  Code Unicorn: Alerts Staff of Workplace Violence

FNA would like to thank Arthur L. Davis Publishing Agency for their sponsorship. We also would like to thank the Research Conference Planning Committee for reviewing the submitted abstracts and selecting the excellent podium and poster presenters.

• Jose Alejandro
• Sandra Citty
• Tanya Cohn
• Carol Cox
• Juli Daniels
• Debra Hain
• Sue Hartranft
• Myra Keleher
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Implementing the Chronic Care Model at Volunteers in Medicine-Jacksonville

Cynthia Cummings

Volunteers in Medicine-Jacksonville (VIM) is a 501(c)3 nonprofit medical clinic in the heart of downtown Jacksonville that serves the uninsured working poor. The purpose of this community health project was to evaluate the effectiveness of Chronic Care Model interventions to improve the health status of patients with diabetes, hypertension, hyperlipidemia, and obesity. These chronic conditions are significant global and national public health issues; however, the population served by VIM faces significant barriers to managing chronic disease. The Chronic Care Model (CCM) uses a systemic approach to confronting and restructuring medical care to improve outcomes in patients suffering from chronic disease. In the Chronic Care Model (CCM), a multi-pronged approach is used to improve primary care offices in the care of their patients who suffer from, or are at risk from suffering, chronic illnesses. In this model, there are six components to its system: an organizational healthcare system, supported self-management (educational resources and patient empowerment), decision support including evidenced-based care, coordinating care processes, clinical information systems, and community resources and policies (Stellefson, Dipnarine, & Stopka, 2013). Primary care offices are the natural arenas for continuity of care rather than hospitals, satisfying the first part of this model. The second part of the model pertains to education of the provider and patient. Wagner, the creator of the Chronic Care model, saw a huge problem pertaining to education. Providers rarely had the time nor took the initiative to educate patients about their disease, and often patients were in the dark about what being diagnosed with their illness meant (Wagner, 2006). In this model, both provider and patient are educated about the disease, evidenced-based practice, various resources of information, and appropriate self-management methods of the illness.

Deaths from chronic disease represent the majority of all deaths in the United States. In 2014, the adult obesity rate was 35% and increasing, and the population of adults with uncontrolled adult hypertension was 13%. The interventions being implemented at Volunteers in Medicine-Jacksonville (VIM) are directly in line with Healthy People 2020 (HP2020) objectives in four categories related to the prevention and management of chronic disease. Interventions already in place at VIM to improve chronic care include: daily chart auditing and review of labs, diabetes education, weight management, nutrition counseling, and collaboration with local hospitals and medical laboratories to improve continuity of care. For our project, data was gathered from new patient charts for visits in the last three months of 2015. Initial and three month follow up information was recorded for weight, blood pressure, lipid and HbA1C levels, EKG status, and counseling status. Negligible change was found in lipid levels but statistically significant decreases were observed in BMI, systolic blood pressure, and glucose control over the three month period. We learned a great deal from our work with the Volunteers in Medicine and were encouraged by the patient outcomes. It was so rewarding to see the work that the healthcare staff puts into caring for this community group, and it helped us to recognize the significant impact that the nurses can make in our community.

Rachel Picher and Chelsea Paxson graduated in the summer of 2016 from the Accelerated Nursing program at the University of North Florida.

Rachel has a Bachelor of Arts in Gender and Women's studies from Scripps University and her interests are in women's health and community. Chelsea has a Bachelor of Arts in the Classics from the University of Florida and her interest is in women's health and midwifery.

References
What You Need to Know about Zika Virus

Zika is a mosquito-borne virus that is currently causing a large outbreak primarily in Central and South America. In addition, the Florida Department of Health has identified an area in one neighborhood of Miami where Zika is being spread by mosquitoes. The Centers for Disease Control and Prevention (CDC) has issued guidance for people who live in or have traveled to this area any time after June 15.

What are the symptoms of Zika virus?

Only about 1 in 5 people with Zika virus will get symptoms of illness; because of this, many people may not realize they have been infected. If a person does develop symptoms, they’re usually mild and include fever, rash, joint pain, or conjunctivitis.

How does it spread?

Zika virus is spread through the bite of an infected Aedes species mosquito. Zika virus can also be sexually transmitted.

Who is most at risk for complications from Zika virus?

Pregnant women are most at risk for complications from Zika virus. This is because Zika can be passed from a pregnant woman to her fetus; infection during pregnancy can cause microcephaly in babies. Microcephaly is a birth defect in which a baby’s head is smaller than expected. This birth defect can result in seizures, intellectual disabilities, and developmental delays, among other problems.

Currently no vaccine or medication exists to prevent or treat Zika virus infection. CDC now recommends that all pregnant women in the United States be assessed for possible Zika virus exposure during each prenatal care visit.

CDC has issued updated guidelines (7/29/16) describing what couples can do to reduce the risk of Zika virus transmission. Visit the CDC website for the most up-to-date information on how to prevent Zika transmission to pregnant women or women who wish to become pregnant.

How can pregnant women prevent Zika virus?

The CDC recommends special precautions for pregnant women and women trying to become pregnant:

- Pregnant women in any trimester should not travel to the areas where Zika virus transmission is ongoing. Pregnant women who do travel to one of these areas should talk to their healthcare provider first and strictly follow steps to avoid mosquito bites during their trip.
- Women trying to become pregnant should consult with their healthcare provider before traveling to these areas and strictly follow steps to prevent mosquito bites during their trip.
- Pregnant women should discuss their male partner’s potential exposures to mosquitoes and history of Zika- like illness with their healthcare provider.

What are some tips to avoid mosquito (bug) bites?

Mosquitoes that spread Zika virus bite both indoors and outdoors, mostly during the daytime; therefore, it is important to ensure protection from mosquitos throughout the entire day.

- Use an Environmental Protection Agency (EPA)-registered insect repellent. Follow product directions and reapply as directed.
- If using sunscreen, apply sunscreen first and insect repellent second.
- Using an insect repellent is safe for pregnant women and nursing mothers.
- Cover exposed skin by wearing long-sleeved shirts and pants, hats, and socks.
- Avoid wooden and brushy areas with high grass, brush, leaves, and standing water.

Additional resources

- CDC—Zika virus http://www.cdc.gov/zika
- Environmental Protection Agency—Find the Insect Repellent that is Right for You http://www.epa.gov/insect-repellents/find-insect-repellent-right-you

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