Bring Your Own Chair

Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C

Turbulent times persist politically, locally and globally. Nurses are being challenged to holistically address individual and community needs while incorporating a unified approach to enhance health and minimize risk factors for mankind. As I have been traveling to various regions; across Long Island, Albany, Binghamton and Barcelona, Spain I witnessed consistent nursing and health care issues:

- Accessibility to health care.
- Nursing education curriculum changes and limited clinical settings.
- Decreasing nursing workforce and increasing workloads with high patient acuity.
- Climate changes directly impacting on population health and well-being.

These issues were reflected in the plenary and workshop sessions at the International Council of Nurses (ICN) Congress 2017 in Barcelona, Spain. There were over 8500 nurses representing 135 countries who articulated the following:

- Legal & ethical issues.
- Health promotion/priorities & workforce obstacles.
- Mental health across the life span.
- Communicable & complex chronic diseases.
- Innovation in undergraduate education.

Dr. Mary Wakefield reviewed the 17 Sustainable Development Goals (SDGs) adopted by the UN in 2015 and how each one has an impact on health. The resounding theme is the emphasis on human resources (nurses) for health and universal coverage. Nurses are the main professional component of front line staff providing 80% of primary care. We are critically positioned to address current and future global health challenges; aging populations, increase in non-communicable diseases, poverty, inadequate resources and workforce shortages. The need for nurses’ experience, knowledge, and skills to transform healthcare has never been greater.

Nurses are critical in the delivery of essential health services and are core contributors to strengthening the health system, whether in Rochester, NY or Tanzania. We have an increasing recognized role in shaping health care through our voices, ideas, and as change agents. We must effectively influence high level policy and political decision making with a unified message. Yet what should be the priorities for nurses and how can we provide leadership? Traditionally nurses have not been invited to the table with other policy makers keeping our voice silent. It is time to roar.

Nurses work at the interface of health and social sectors and are experts at providing person and people centered care. Thus we are positioned to make significant contributions to the well-being of families, communities and nations and ultimately sustainable development. We must take advantage of every challenge and opportunity to enlighten and educate all stakeholders. Worldwide there are daily disasters whether human induced or natural that require assistance in every aspect. Good intentions are not enough. Nurses are essential to short, medium and long-term health and social needs of affected populations. Collaboratively we recognize immediate stabilization issues and identification of assisting the host country to begin regrowth for optimal recovery outcomes.

ICN has altered its management approach to regional organization which will enhance responsiveness to address the members’ needs and implement health policy at the local, national and global levels. ANA-New York reinforces ICN’s regional directive by reaching out to our members across the state. This will facilitate a stronger connection with our Organizational affiliates and members. We need to address social determinants and promote social justice to enable all people to lead flourishing lives and empower individuals and communities to reduce health inequities.

President continued on page 2
We also have very important information on our 2017 candidates for office. If last November didn’t prove how important casting your ballot is, I don’t know what would!

Jamilynne has been working feverishly since she joined us in November on getting a live “Members Only” section of the website up and running and she has succeeded! We are posting committee minutes on that site and will be adding the annual reports and board policies.

Let us know if you have an article that you would like to have included in our newsletter or an event that you would like us to post on our website. We don’t know about things unless you, our members, tell us.

President continued from page 1

Start small. Think big. Go fast. It is time to validate nursing’s past contributions and encourage future innovative approaches. Do not let anyone or any obstacles slow you down. Encounter them head on or push them to the side and move forward.

Nurses are not a cost to be managed but must be envisioned as an investment. Consistently articulate in every venue the essential value and importance of nursing’s positive proactive impact on health.

If you want to go fast; go alone. If you want to go far; go together. Collaborate with patients, communities, and interdisciplinary teams to insure all issues are addressed and resources are mobilized.

Purpose + Action = Results. How can you make your nursing footprint? Motivate everyone at every stage, manipulate environments and advocate for every patient. Venture beyond your comfort zone. Set personal goals and develop an action plan. Change begins with yourself. If you want a seat at the table bring your own chair!

Opportunities are like sunrises - if you wait too long you miss them.

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Arthur L. Davis
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The Nominations & Elections Committee is pleased to announce the ballot for 2017 Elections. Meet your candidates. Polls will be open from 7/28/17 through 9/6/17. The candidate profiles will be available in the members only section of our website www.anany.org. Campaign materials from those candidates wishing to submit them will also be available in the members only section of our website.

ANA-NY 2017 Candidate Profiles

Vice President

William Donovan, MA, RN – Brooklyn, NY

Current Employment: Adjunct faculty, Excelsior College School of Health Services

Position Statement: I hold strong beliefs that we must continue to maintain and expand the energy and vitality of ANA-NY. I believe our primary goal is to increase membership by getting the word out to nurses in NY state. By increasing our visibility and membership, we will have the ability to address the concerns of nurses statewide and continue to serve as the voice for nurses at the state level and in addition having a strong presence within ANA. I bring my experience in elected and appointed positions at both ANA and ANA-NY. It would be an honor to continue to serve the organization.

Joanne Lapidus-Graham, EdD, RN, CPNP, CNE – Woodbury, NY

Current Employment: Professor, Farmingdale State College, Department of Nursing; Pediatric Nurse Practitioner, Pierce Country Day Camp

Position Statement: Goals for ANA-NY: 1) Encourage the voices of Registered Professional Nurses at local, state, and national levels as experts and leaders in the delivery of quality health care. 2) Support ANA-NY’s vision and mission of excellence in nursing practice. 3) Lead initiatives that promote innovative and excellence in the preparation of nursing students at all levels. 4) Inspire the ANA-NY membership to embrace research and evidence-based practice. 5) Facilitate collaboration with other healthcare professionals to build and strengthen ANA-NY. I would be HONORED to have the opportunity to serve on the board as the Vice-President. The last four years have been an exciting time of developing new policies and guidelines that have helped to shape and to increase the visibility of ANA-NY. I am highly motivated and my colleagues can attest to my accountability and diligence in completing work. I am committed to continuing the excellent work ANA-NY has done and to lead the organization on to new heights.

Secretary

Tanya Drake, MSN, RN – Haverstraw, NY

Current Employment: Retired

Position Statement: I am a Founding and Charter Member of ANA-NY. I have been active in my local, state and national professional nursing organizations since my initial licensure. I have held numerous leadership positions in nursing and academia and am currently chairperson of the ANA-NY Bylaws Committee. If elected, I will bring a fresh perspective on governance and my passion for nursing and universal access to quality healthcare to the Board of Directors as we continue to work to strengthen ANA-NY, grow our membership, and advance our mission of patient advocacy and providing a voice for all nurses across all specialties.

Patricia Hurld, BSN, RN – Grand Island, NY

Current Employment: Retired

Position Statement: ANA-NY, needs the flexibility to meet today’s challenges and the vision to prepare for the future. We need to reach out to All RNs: to be inclusive of all specialties and education levels, from new graduates to retirees in innovative ways. Everyone is needed at OUR table if we are to meet the challenges of tomorrow. Over my career, I have experienced nursing from the ICU to homebound, from the hospital and clinic to coordination of service between New York State and counties, from the perspective of both nurse and client. The future is ours if we reach out for it!

Director-at-Large

Verlia Brown, MA, RN – Wantagh, NY

Current Employment: Position Statement:

Advace your career

Master’s Degree in Nursing
Family Nurse Practitioner

Master’s Degree in Business Administration
Healthcare Management

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central area of New York State. I will assure continued effort in recruiting young new graduates to our organization and mentorship activities for them to transition into leadership roles in professional organizations. I will also continue to support any effort to foster the advancement of nurses in their academic and professional careers through advocacy and continuing education efforts.

Rona Faye Levin, PhD, RN – Yonkers, NY
Current Employment: Retired
Position Statement: I submit my nomination with great enthusiasm. I have been involved for 20 plus years with NYSNA, as district 14 board member, chair of both the Council of Nursing Research and the Council of Nursing Education. As chair of the Council of Nursing Education, I have been an observer during my tenure include development of a Statewide Nursing Research Agenda and the initiation of a Faculty Camp during June, which became a popular event. I have also worked to help ANA-NY achieve not only strength, but reach new heights, and will strive to create innovative ways to enhance membership and provide members with what they expect from a professional nursing association.

Mary Lee Pollard, PhD, RN, CNE – Ballston Spa, NY
Current Employment: Dean, Excelsior College School of Nursing
Position Statement: I am proud of the accomplishments of the ANA-NY Board of Directors and wish to continue my service as a director for a second term. During the last two years, the Board has successfully transitioned to a new leadership team with a new President and Executive Director. We have extended our participation in the Northeast Multistate Division, recognizing cost savings by sharing staff and services. We have increased our membership to more than 4,450 Registered Nurses while also increasing the number of organizational affiliates. I am asking for your vote to continue this path of success for our organization.

ANA Membership Assembly Representative and Alternate
Toby Bressler, PhD, RN, OCN – Brooklyn, NY
Current Employment: Vice President Oncology Nursing and Clinical Quality for the Mount Sinai Health System
Position Statement: Dr. Bressler is the chair of the ANA-NY Education Committee and is also serving a 2-year term as a Jonas Policy Scholar with the American Academy of Nursing. Her research interests include Interprofessional education, promotion of palliative care and quality of life of patients and families living with serious illness. She has published and presented extensively both nationally and internationally and has received awards for exemplary leadership, academic excellence and community service. Her proven track record in clinical, quality, administrative and research program development, coupled with her strong leadership skills makes her an ideal candidate for a Board position with ANA-NY.

Donna Florkiewicz, BS, RN, CCRN-CMC, CSC – Glenslee, NY
Current Employment: Expenses Hospital ICU RN
Position Statement: I would like to represent ANA-NY as a representative at the ANA Membership Assembly because I want to advocate for ANA-NY members at the national level. I am an active, founding member of ANA and firmly understand how our organization’s mission and vision mesh with that of ANA. I have attended the ANA Membership Assembly for many years as an observer and alternate representative, and I am ready and willing to advance to the position of representative. I would appreciate your vote for me as Membership Assembly Representative.

Ann Franczek, PhD, RN – Endicott, NY
Current Employment: Assistant Professor, Decker School of Nursing, Binghamton University
Position Statement: I have previously served a successful 3-year term as a Director on the inaugural board. I was elected, plan to continue the leadership efforts of ANA-NY and serve as a member from the Upstate central area of New York State. I will assure continued effort in recruiting young new graduates to our organization and mentorship activities for them to transition into leadership roles in professional organizations. I also will continue to support any effort to foster the advancement of nurses in their academic and professional careers through advocacy and continuing education efforts.

Winnie Kennedy, MSN, RN – Brooklyn, NY
Current Employment: Position Statement:

Candidate Profiles continued from page 3

Green Haven Correctional Facility
Registered Nurse Opportunities
NYS Licensure • Paid Post License Clinical Experience
- Base Salary: $49,727.00
- Geographic Pay: $12,871.00
- Incentive Pay: $775.00
- Location Pay: $13,170.00
- Shift Differential: $3,620 Evenings, $4,500 Nights
- Salaried with additional experience.

Benefits Include:
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Please submit letters of interest along with resume to: Green Haven Correctional Facility - Attention: Personnel Dept.
Phone: 845-221-2711 ext. 6100
Fax: 845-221-2775 ext. 2099

For more information contact: 516-299-4158 | marie.colin@liu.edu

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**Nominations and Elections Committee**
Louise Dean-Kelly, DNS, RN, FNP – Deerfield, NY
Current Employment: SUNY Polytechnic Institute, Associate Professor, Coordinator of NP programs, Family Practice, Chair of Nursing Department, College of Human Health and Community Supervision
Position Statement: I have been a nurse and family nurse practitioner of over 30 years and a continuous member of ANA for all of that time. My focus has been on practice, education and cultural. In the last 2 years I have practiced as a nurse practitioner, coordinator of NP programs and chair of the Nursing department in addition to being a Board member and treasurer of our local chapter. I am concerned about the future of health care in our country as we anticipate decreased funding of preventive health care, nursing issues and programs of our most vulnerable populations.

**For more information:** 516-299-4158 | marie.colin@liu.edu

**Your Vote Matters**
YOUR VOTE MATTERS

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R – Altamont, NY
Current Employment: Director of History & Education, Center for Nursing, FNYSN; Adjunct Professor, SUNY ESC
Position Statement: As a charter member of ANA-NY and an employee of the Center for Nursing, FNYSN, I am seeking a way to participate in this organization. As a professional nurse, ethicist, historian, and archivist, I understand the importance of documentation. It is key to preserving the history of an organization as well as facilitating the day-to-day functions of ANA-NY. I understand the importance of deadlines. I have functioned as an elected or pro-tem secretary for many years within my professional and non-professional organizations. I am currently secretary for NENYONEL.

Coretta Killikelly, MS, RN – Albany, NY
Current Employment: RN Care Manager Samuel S. Stratton Veterans Administration Medical Center; Clinical Examiner Excelsior College
Position Statement: My nursing experience includes Geriatrics, Management, and Education. I am employed at the Veterans Administration [VA] Medical Center in Albany as an RN Care Manager for nine years. I believe in the development of nurses from bedside to the boardroom. I wish to align myself with an organization whose mission is to “foster high standards of nursing, promote the professional and educational advancement of nurses, and advocate for the welfare of nurses to achieve the outcome of better health for all.” It would be an honor to serve and represent my colleagues through this post.

Tara Millson, MSN, RN, CIC – Rome, NY
Current Employment: Infection Preventionist, Mohawk Valley Health System
Position Statement: I look forward to serving the professional nurses of NY. Nurses need strong representative voices to advocate for our profession and for our patients, and I vow that if I am selected I will be that voice for you. I have experience serving on committees and the Executive Board with a regional APIC Chapter, and have been an invited speaker at the local, state, and national level. I am dedicated to the advancement of nursing as a profession, and to providing safe, effective care to our patients.

Jeffrey Schwertfeger, MBA, BSN, RN – Hilton, NY
Current Employment: Chief Nursing Officer, Monroe Community Hospital
Position Statement: I am a seasoned nursing leader with 13+ years of senior Management experience. I strive to be a transparent and transformational leader. I believe strongly in shared governance and the empowerment of bedside staff nurses. However, this empowerment should not occur without adequate preparation and training. This education and training is essential in order for the nurse to act effectively in an empowered role. It is important that nursing leader’s and the ANA represent the interests of this group.

Maryann Sharpe-Cassese, MS, RN – Rhinebeck, NY
Current Employment: Faculty, Excelsior College, Adjunct faculty, Duchess Community College
Position Statement: My expertise in the field of professional nursing includes education, sales, marketing, business development, surgical and transplant services. As an RN with over 45 years in the field, my interests include education and professional development. Insuring a smooth transition into the professional role and advocating for the health and life balance of colleagues throughout their career is an essential role for all nurses, as champions of health and wellness. If elected, I will commit to being a visible presence and will focus on the well being of all RN’s, as they achieve their professional goals and aspirations.

Christine Verni, EdD, RN, FNP-BC – Buffalo, NY
Current Employment: Clinical Associate Professor, D’Youville College; Family Nurse Practitioner and Research Coordinator, UB/MD Emergency Medicine
Position Statement:

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How would you make healthcare more accessible?

The 18-month, low-residency Health Advocacy master’s program at Sarah Lawrence College—the nation’s original program in the field—prepares professionals like you to answer this and other critical questions.

Learn how to help patients navigate an increasingly complex health care system. Influence health policy. Enhance the capacity of individuals and communities to voice and advocate for their own concerns. Become an agent of positive change in the health care system.

WHAT PROBLEM DO YOU WANT TO SOLVE?

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The American Nurses Association – New York (ANA-NY) is proud to introduce its 2017 cohort of Future Nurse Leaders. Started in 2014 to recognize the high quality of students graduating from nursing schools in New York and foster engagement and ongoing professional development, the award is given to graduating students in honor of their scholarship, professional dedication and commitment to community service.

The 2017 cohort of ANA-NY Future Nurse Leaders is:
- Laurel Marie Algalas, Le Moyne College
- Marisa Armstrong, Farmingdale State College
- Kelsey Baker, The College at Brockport
- Kayla C. Brooks, Fulton Montgomery Community College
- Sarah Godnick, Nazareth College
- Arlen Halstead, Mohawk Valley Community College
- Alexander Klotsche, Adelphi University College of Nursing and Public Health
- Daniel Leon, D’Youville College
- Erin Lepgien, Niagara University
- Hannah M. Mackay, Arnot Ogden Medical Center School of Nursing
- Jaclyn Malone, Molloy College
- Kacy Mang, Memorial College of Nursing
- Cassedy J. Meade, Corning Community College
- Melissa Mendoza, Binghamton University
- Kacey Merhige, Ellis Medicine, The Belanger School of Nursing
- Lindsey Theresa Michaud, Wegmans School of Nursing, St. John Fisher College
- Marielle Claire Morin, Russell Sage College
- Rachel Nurse-Baker, Hunter College, CUNY
- Santasha Reed, Roberts Wesleyan College
- Patricia Rojas, Phillips School of Nursing at Mount Sinai Beth Israel
- Alexander Salinas, University at Buffalo School of Nursing
- Lorenzo Sanguedolce, State University of New York – Downstate Medical Center
- Jennifer Schmidt, Suffolk County Community College
- Henry L. Snyder, Pace University
- Danielle K. Spaggiari, Elmira College
- Maryann Thayer, Bay Path College
- Shelby Lynn Valenti, Finger Lakes Community College
- Angela J. Vilasi, NYU Rory Meyers College of Nursing
- Elizabeth Weaver, Samanthan Hospital School of Nursing
- Tashya Wellington, Monroe College School of Nursing

The ANA-NY Future Nurse Leaders were nominated by their schools of nursing as outstanding students who embody the ethics and values of nursing; demonstrate leadership; make a significant contribution to the overall excellence of their school; set a healthy example and promote a healthy lifestyle; and demonstrate a clear sense of the direction for their future nursing careers.

Each future nurse leader receives a certificate of recognition, a free online continuing education course from Advantedge Education, Inc., and a complimentary membership to American Nurses Association and ANA-NY for a year.

Preparation future leaders in nursing, health care & health care research

Jess Robie grew up in a family with strong values about taking care of others, the environment and the world. She graduated with a BA from Friend’s World Program of LIU (now Global College) saying, “I want to help people, and I thought that would be a case manager for young adults with addiction and mental health issues and quickly moved up the ranks into various supervisory roles, eventually overseeing all the adolescent services provided by the agency, a runaway crisis shelter, a transitional living program with two sites and numerous case management programs located across the county. Jess also oversaw the agency wide training and provided support to the program supervisors for program specific trainings and staff development.

After 13 years of service, Jess decided to go back to school to become an RN. In addition to her work at Family, she had been running a small body and energy work practice for 6 years and decided that becoming a nurse practitioner would give her the licensure, knowledge and experience to grow the small practice into a full health practice. She left her position at Family and started her associates in nursing science at SUNY Ulster. While in school full time, Jess worked full time on the Ulster County Mobile Mental Health team, responding to mental health crises across Ulster County. She worked part time at the Psychiatric Emergency Room at the local hospital and took a leading role in her nursing class. She was president of the Nursing Club, organized class wide study games, and worked as a peer tutor in the nursing lab. Jess was instrumental in bringing in speakers to address the pressing issues in Nursing, like cultural senility when working with LGBTQ patients, and patients with mental health issues.

After graduating, Jess got a job at the local hospital working as a staff nurse on a med-surg floor and got involved in committee working to prevent re-admissions. After seeing the discrepancy in care given to patients who do not speak English, Jess organized a Spanish class for medical professionals. She is taking a leading role in developing the hospital’s hands on healing program which incorporates reiki, healing touch, and therapeutic communication into patient care. She is looking forward to attending the annual conference for the American Holistic Nurses Association in June where she hopes to learn new ways to expand the program.

Outside of work, Jess has been advocating about health care issues in politics. She, along with a friend and fellow nurse, organized a group of nurses around the issue of universal health care in NY. They have participated in a lobby day in NY, attended many rallies outside their congressman’s office, and are in the process of organizing an event to raise awareness about Healthy NY, the NY state bill for universal health care in NY.

Jess loves to garden, hike and play games and spends time doing all these things with her supportive wife, Brenda and dog, Ozzie. Jess is currently exploring the options for continuing her education with the goal of becoming a Family Nurse Practitioner with a Psych Certification. She continues to have a spiritual private practice where she does body and energy work.
- **Two Goals** -
  Support of Graduate Nursing Education Through Annual Scholarship Awards and Mobilizing a Give Back Spirit

Nurses Educational Funds, Inc. (NEF) is the largest professionally endowed source of scholarships for advanced nursing study in the US. The NEF mission and vision encompass our two goals:

First: To promote leadership through scholarship support for professional nurses seeking masters and doctoral degrees in nursing education, practice, service and research. Second: To be the national leader in providing graduate funds for nurse leaders in education, practice, service and research.

The need for nurse leaders is critical. NEF-funded scholars have become outstanding faculty and deans of schools of nursing, renowned researchers, and experts in healthcare delivery, administration, and policy – all leading change in every arena across the country and globally. Funding scholarships for graduate nursing education is an ongoing and challenging process that has been the key focus of NEF’s volunteer board of directors. If you are seeking to elevate your career by returning to school for a master’s or doctoral degree and seek financial assistance, our annual completely online application process at [www.n-e-f.org](http://www.n-e-f.org) begins on October 1 of each year and closes on February 1 of the following year. A description of the requirements for NEF Scholarship application follow.

About the Scholarships:
- Scholarships are based on academic performance, a personal essay, reference letters, and validated study already in progress in graduate programs throughout the United States.
- Scholarships are provided directly to students for their use in supporting their studies.
- A long list of named endowed scholarships is available on the NEF web-site, at [www.n-e-f.org](http://www.n-e-f.org). Since 1912 over 1200 professional nurses have received a Nurses Educational Funds, Inc. Scholarship.
- Each student’s application is reviewed and scored by two separate nurse reviewers from NEF Board of Directors who do not consult with each other regarding their reviews. The review scores are then tabulated by the Criteria and Eligibility Committee nurse members for the final scholarship application determination.

About the criteria:
- GREs are not required as part of the application process.
- Student applicants must be licensed registered nurses with a bachelor of science in nursing degree.
- References are required from the student’s academic, employment, and professional colleagues.
- Scholarship awards are given to students in nursing research, clinical practice, education, and administration.

About our funding:
- Each year in spring and winter NEF sends letters to nurses, nursing schools and colleges, medical centers, corporations, foundations, and individuals asking for financial support for the annual scholarships.
- Our annual Fall Gala, this year scheduled for November 1, 2017, seeks sponsorship from schools or Colleges of Nursing, medical centers, corporations, foundations, and individuals at varying levels: $50,000, $25,000, $10,000, $5,000, $2,500, and $1000. NEF Gala Reception tickets are $100.
- NEF Gala Sponsors will be acknowledged on the invitation, on the Gala Program, and during the Gala, November 1, 2017.

Nurse Philanthropy:
As professionals, we can also be philanthropists, while helping others understand the need for philanthropy. Nurses Educational Funds, Inc. will only continue to be a successful graduate nursing scholarship provider if we can mobilize a give-back spirit among our colleagues. Individual nurses can give as part of their legacy. Nurses Philanthropy is essential to their communities and health care but need to help their communities understand their vital health care delivery contributions. It is imperative that NEF continue to expand the number of graduate nursing scholarships if we are to facilitate and sustain nursing health care delivery contributions.

For further information, see our web site at [www.n-e-f.org](http://www.n-e-f.org) or contact our Executive Director, Jerelyn Weiss, at [jweiss@n-e-f.org](mailto:jweiss@n-e-f.org), (917) 524-8051, Nurses Educational Funds, Inc., 137 Montague Street, Ste. 144, Brooklyn, NY 11201

Resources:
Jerelyn Weiss, Executive Director
Susan Bower-Ferres, PhD, RN, NEA-BC, President of Nurses Educational Funds, Inc., April, 2012-April 2017.

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**Where Nursing Leaders Are Made**

Graduate programs include:
- Nursing Education
- Nursing Administration with Informatics
- Clinical Nurse Specialist: Adult-Gerontology
- Family Nurse Practitioner
- Adult-Gerontology Nurse Practitioner
- Pediatric Nurse Practitioner
- Family Psychiatric/Mental Health Nurse Practitioner

Doctoral programs include:
- Doctor of Philosophy (PhD) Nursing program
- Doctor of Nursing Practice (DNP) program

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**Nurses Educational Funds, Inc. Gala Reception, New York City, November 2, 2016, from left to right Susan Bower-Ferres, NEF President, Diane Mancino, Executive Director of NSNA and Honoree, and Cynthia Sculco, NEF Vice President.**

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- Family Psychiatric/Mental Health Nurse Practitioner

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- Doctor of Nursing Practice (DNP) program

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- Part-time course work that can be completed within three years
- Interprofessional faculty
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Brittney Sullivan, NEF Scholar, 2016-2017, on top of Table Mountain in Cape Town after presenting at the Sigma Theta Tau International Nursing Research Congress, July 2016.
PROTECT YOUR NURSING LICENSE

John A. Musacchio, Esq.

You’ve worked hard to become a nurse. Patients and their families put their trust in you, and you enjoy providing your patients with the best possible care.

It should be no surprise that nurses who abuse patients are likely to lose their nursing licenses, in addition to facing severe criminal penalties. But did you know that you could face professional discipline even if you make an honest mistake, or if you get in trouble outside of the workplace?

The thought of losing your license can be terrifying. How will you provide for your family? Will anyone ever hire you again? How can you face your friends?

This article is intended to help you protect your license, enhance your patient care, and understand what to expect if you ever face disciplinary charges.

What Constitutes Professional Misconduct?

The New York State Education Department’s Office of the Professions, the agency which disciplines nurses, provides the following list of activities constituting professional misconduct on its website (http://www.op.nysed.gov/opd, as of May 25, 2017):

- Engaging in acts of gross incompetence or gross negligence on a single occasion, or negligence or incompetence on more than one occasion
- Permitting or aiding an unlicensed person to perform activities requiring a license
- Refusing a client or patient service because of race, creed, color, or national origin
- Practicing beyond the scope of the profession
- Releasing confidential information without authorization
- Being convicted of a crime
- Failing to return or provide copies of records on request
- Being sexually or physically abusive
- Abandoning or neglecting a patient in need of immediate care
- Performing unnecessary work or unauthorized services
- Practicing under the influence of alcohol or other drugs

As you can see, the definition of professional misconduct is pretty broad. Some prohibited conduct is easy to identify and avoid. Other violations are not as easy to figure out, however, and a nurse could end up committing professional misconduct unintentionally, despite his or her best intentions.

To help understand this dilemma, consider the following scenario which I recently learned from an excellent nurse consultant who worked with me as an expert in a medical malpractice case.

CASE STUDY #1: An RN at a mental health clinic was responsible for administering injections of a controlled substance to patients suffering from severe mental illness. Failure to strictly adhere to a patient’s dosing schedule would create a substantial risk of extreme regression and resurgence of symptoms.

Occasionally, when a patient would present for an injection, the RN would discover that the clinic did not have the new order from the patient’s doctor, as required to administer the injection. Knowing the severe consequences if the patient’s dose was delayed, the RN would borrow a dose from another patient, administer the injection, and replace that dose after obtaining the order.

Even though this practice was clearly done for the benefit of patients, it was, technically, an unacceptable clinical action. The RN was suspended from her job and faced serious professional discipline. However, after fighting the charges, her license was not negatively impacted. She received a mere warning and was restored to her previous position.

If you are concerned that you may have done something that could subject you to discipline, you should consult an attorney with experience defending nurses.

Ways to Protect Yourself

- Understand and follow your employer’s rules, policies and procedures
- Treat your patients, supervisors and co-workers in a courteous and professional manner
- Do not access or release confidential information without authority
- Keep complete, accurate charts and progress notes for your patients
- Keep copies of your positive employment evaluations, letters of reference, awards, and records of other professional accomplishments
- Do not practice under the influence of alcohol or drugs
- Do not use illegal drugs
- Avoid activities that could lead to criminal charges
- If arrested, hire a criminal defense attorney who has experience defending nurses

Types of Discipline

The Office of the Professions can institute a variety of penalties depending upon the seriousness of the conduct, and discipline can include a monetary fine of up to $10,000.00.

Revocation. For the most serious offenses, such as gross negligence resulting in a patient’s death, the license may be permanently revoked.

Suspension. A nurse’s license may be suspended, during which time the nurse is not allowed to practice. The length of the suspension will depend upon several factors, including the seriousness of the offense.

Stayed Suspension. A nurse may be offered a “stayed” suspension of his or her license, which allows the nurse to continue working during the suspension.

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John A. Musacchio, Esq.
Probono. A nurse may be subject to a period of probation during which the nurse may continue to practice, as long as he or she abides by the terms of probation. A violation of any term could lead to more serious forms of discipline.

Censure and Reprimand. Less serious offenses may be punished by censure and reprimand. The nurse continues to work without restriction, but future acts of professional misconduct could lead to more severe penalties.

How Does the Process Begin?

In some circumstances, when a complaint is made against a nurse, the Office of the Professions might contact the nurse to learn his or her side of the story. If the Office of the Professions decides to seek discipline, the nurse will receive a written notice containing the basis of the charges, the proposed penalties, and the date and time of a hearing to determine whether the nurse has committed professional misconduct. In other cases, such as where the nurse has been convicted of a crime, the Office of the Professions may simply mail the nurse a written notice of the hearing and the penalties which will be sought.

To help give you some guidance, let’s look at a common scenario.

CASE STUDY # 2: A nurse has one too many drinks on her night off and begins to drive home. She gets pulled over by a police officer, fails a sobriety test, and is charged with Driving While Intoxicated (DWI). She hires an attorney who negotiates a favorable plea bargain which allows her to pay a small fine and keep her driver’s license. She breathes a sigh of relief, as the painful ordeal is over.

Or so she thought. Several months later, out of the blue, she receives a notice from the Office of the Professions informing her that she is facing professional discipline for her drinking and driving.

In some circumstances, when a complaint is made against a nurse, the Office of the Professions might contact the nurse to learn his or her side of the story. If the Office of the Professions decides to seek discipline, the nurse will receive a written notice containing the basis of the charges, the proposed penalties, and the date and time of a hearing to determine whether the nurse has committed professional misconduct. In other cases, such as where the nurse has been convicted of a crime, the Office of the Professions may simply mail the nurse a written notice of the hearing and the penalties which will be sought.

Do’s & Don’ts

DO:
- Read all letters and notices from the Office of the Professions carefully
- Hire an experienced attorney as soon as possible
- Give all relevant paperwork to your attorney
- Maintain a courteous and professional attitude at work, if you are still employed

DON’T:
- Ignore the Office of the Professions’ letter informing you that you are under investigation
- Contact the Office of the Professions yourself
- Confront your supervisor or anyone who filed a complaint against you
- Break any other rules or laws

What Are Your Options?

If you are facing discipline, it is important to remember that you have options. You have the right to a hearing at which you can defend your actions and attempt to have the charges dismissed. You also have the right to be represented by an attorney throughout the entire process, and it is strongly recommended that you retain a lawyer with experience defending nurses as soon as possible to protect your legal rights. You should remember that everything you say to the Office of the Professions can be used against you, and sometimes even if you feel you did nothing wrong, your statement can have an unanticipated, detrimental effect. An attorney experienced in dealing with matters before the Office of Professions can help you build the best possible defense to the charges against you, handle all communications with the Office of the Professions, attempt to have the charges dismissed, attempt to negotiate an acceptable resolution without the need for a hearing, and protect you at the hearing.

It is also important to note that if the nurse in the above example had hired a criminal defense attorney with experience defending nurses, the attorney could have warned the nurse about the criminal conviction’s effect on her license and taken steps to minimize the impact.

Conclusion

The thought of defending your nursing license can be scary. There are many practices that nurses can employ to help them stay out of trouble, while simultaneously enhancing patient care. Even when a nurse is facing potential discipline, an experienced attorney can help minimize the impact on the nurse’s career, so they can get back to doing what they do best – helping patients.

John A. Musacchio is an associate attorney with the law firm Towne, Ryan & Partners, P.C., which has five offices in Upstate New York and a sixth office in Bennington, Vermont. In addition to defending nurses in professional discipline matters, John’s statewide practice also includes criminal and DWI defense, labor and employment law, personal injury litigation, estate planning, real estate transactions and business law. He has been selected to the Upstate New York Super Lawyers Rising Stars list in 2015, 2016 and 2017.

John serves on the New York State Bar Association’s Committee on Disability Rights, the Board of Directors for the Capital Region Italian American Bar Association, and as Co-Chair of the New York State Trial Lawyers Association Young Lawyers Committee, Capital Region division.

John can be reached by telephone at (518) 452-1800 and by e-mail at john.musacchio@townelaw.com.
ANA-New York 5th Annual Meeting

Healthy Nurse: Work/Life Balance

September 14-16, 2017 | 12:30pm – 4:00pm

Hilton Albany, 40 Lodge Street, Albany, NY 12207 | Registration Deadline: September 12, 2017

To register, please visit https://goo.gl/bzSr8p

This is the fifth meeting of the membership of the fastest growing professional nursing association in New York. This association is a constituent member of the American Nurses Association (ANA). The continuing education program is approved for 15.5 contact hours for attending Thursday’s preconference, Friday and Saturday full conference days.

### ANNUAL MEETING AGENDA

#### THURSDAY, SEPTEMBER 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12:30 pm – 1:00 pm</td>
<td>Pre-conference Sign in</td>
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<tr>
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<td>(No cost to attend but registration is required.)</td>
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<tr>
<td>1:00 pm - 4:00 pm</td>
<td>Treatment for Hepatitis C: New Tests, New Drugs, &amp; New Recommendations</td>
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<td>Hepatitis C: Treatment in the Active Substance User</td>
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<td>HCV Among Women of Childbearing Age</td>
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<tr>
<td>4:15 pm - 5:15 pm</td>
<td>Bylaws Forum (Bylaws Committee)</td>
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<tr>
<td>7:00 pm – 8:00 pm</td>
<td>Legislative Forum (Legislation Committee)</td>
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#### FRIDAY, SEPTEMBER 15

<table>
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<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00 am - 9:00 am</td>
<td>Sign in/Continental Breakfast/Exhibits/Committee</td>
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<td>Open House</td>
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<tr>
<td>9:00 am – 9:15 am</td>
<td>Presidential Welcome</td>
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<td>9:15 am - 10:45 am</td>
<td>CE - Governing Assembly</td>
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#### SATURDAY, SEPTEMBER 16

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>7:00 am – 8:00 am</td>
<td>Nurses’ House Healthy Nurse Walk</td>
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<tr>
<td>8:00 am - 8:30 am</td>
<td>Exhibits/Continental Breakfast [Sponsored by NSO]</td>
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<tr>
<td>8:30 am - 9:45 am</td>
<td>David Griffiths</td>
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<td>Errors Happen! Malpractice Case Studies</td>
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<td>[Sponsored by NSO]</td>
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<tr>
<td>9:45 am - 10:00 am</td>
<td>Break/Ten Minute Tune-up/Exhibits</td>
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<tr>
<td>10:00 am - 12:00 pm</td>
<td>CE - Governing Assembly</td>
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<tr>
<td>12:00 pm - 1:15 pm</td>
<td>Lunch/Exhibits</td>
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<tr>
<td>1:15 pm - 2:30 pm</td>
<td>Keith Algazzine, PA-C</td>
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<td>Telemedicine: Keeping Yourself and Your Patients Healthy</td>
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<td>In today’s fast pace busy world, it’s often challenging to get</td>
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<td>affordable, quality and convenient healthcare you need for you, your</td>
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<td>family and even your patients. Using technology to make</td>
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<td>quality healthcare more affordable and accessible is happening all</td>
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<td>around you. Telemedicine is the fastest growing segment</td>
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<td>in healthcare today and will soon be a normal part of every</td>
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<td>healthcare delivery model. Learn how organizations and patients</td>
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<td>are already benefiting from this new and innovative space today.</td>
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<tr>
<td>2:30 pm - 3:45 pm</td>
<td>End Note Speaker : Scott Burton</td>
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<td>Looking for Laughter in all the Wrong Places!</td>
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<tr>
<td>3:45 pm - 4:00 pm</td>
<td>Closing</td>
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### NEW THIS YEAR:

**Psychiatric Mental Health Nurse Practitioner**

- Offering a Nurse Practitioner Master of Science, Post-Master Advanced Certificate, and Doctor of Nursing Practice with a Specialty in Psychiatric Mental Health

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  - Psychiatric Mental Health Nurse Practitioner

- **DOCTORAL PROGRAMS**
  - Doctor of Nursing Practice (Family Nurse Practitioner)
  - Doctor of Nursing Practice (Psychiatric Mental Health Nurse Practitioner)

- **ADVANCED CERTIFICATES**
  - Family Nurse Practitioner (post-master’s certificate)
  - Nursing and Health-Related Professionals Education
  - Psychiatric Mental Health Nurse Practitioner (post-master’s certificate)

### New This Year:

**Healthy Nurse: Work/Life Balance**

- Toleration of HCV
- Hepatitis C
- HCV Among Women of Childbearing Age

**ANNUAL MEETING AGENDA**

- 10:45 am – 11:00 am Break/Ten Minute Tune-up/Exhibits
- 11:00 am – 12:15 pm CE – Marilyn Mitchell
  - Being a Healthy Health Professional
  - [Sponsored by Rochester Regional Health]
- 12:15 pm – 1:30 pm Lunch/Exhibits
- 1:30 pm – 2:45 pm Keynote: Brenda Birmann
  - Healthy Living and Chronic Disease Prevention: Insights from the Nurses’ Health Study
  - [Sponsored by Arthur L. Davis Publishing Agency, Inc.]
- 2:45 pm – 4:45 pm CE – Governing Assembly
- 4:45 pm – 5:00 pm Break/Ten Minute Tune-up/Exhibits
- 5:00 pm – 6:15 pm CE – Jeanne-Marie Havenor
  - Chronobiology, Sleep and You: Awakening to the "truth" and Unleashing Your Potential
- 6:15 pm – 6:30 pm Closing
- 7:00 pm – 8:30 pm Awards Reception (Invitation only)

### SATURDAY, SEPTEMBER 16

- 7:00 am – 8:00 am Nurses’ House Healthy Nurse Walk
- 8:00 am – 8:30 am Exhibits/Continental Breakfast [Sponsored by NSO]
- 8:30 am – 9:45 am David Griffiths
  - Errors Happen! Malpractice Case Studies
  - [Sponsored by NSO]
- 9:45 am – 10:00 am Break/Ten Minute Tune-up/Exhibits
- 10:00 am – 12:00 pm CE – Governing Assembly
- 12:00 pm – 1:15 pm Lunch/Exhibits
- 1:15 pm – 2:30 pm Keith Algazzine, PA-C
  - Telemedicine: Keeping Yourself and Your Patients Healthy
  - In today’s fast pace busy world, it’s often challenging to get affordable, quality and convenient healthcare you need for you, your family and even your patients. Using technology to make quality healthcare more affordable and accessible is happening all around you. Telemedicine is the fastest growing segment in healthcare today and will soon be a normal part of every healthcare delivery model. Learn how organizations and patients are already benefiting from this new and innovative space today.
- 2:30 pm – 3:45 pm End Note Speaker : Scott Burton
  - Looking for Laughter in all the Wrong Places!
- 3:45 pm – 4:00 pm Closing

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Keynote Speaker: Brenda Birmann  
Healthy Living and Chronic Disease Prevention: Insights from the Nurses’ Health Study

Jeanne-Marie Havener  
Chronobiology, Sleep and You: Awakening to the "truth" and Unleashing Your Potential

Jeanne-Marie Havener, PhD, RN, CNS, FNP is a nurse administrator, nurse researcher, and nurse educator with over 30 years of experience in the field of nursing. She works with student nurses, educators, and fellow nurses at the point of service. Her research interests are broad and have focused thematically around understanding human motivations to behave and organizational behaviors including nurse engagement, sulogestiousness, mindfulness, sleep and fatigue.

David Griffiths  
Errors Happen! Malpractice Case Studies

David Griffiths is Senior Vice President for the Healthcare division of Aon Affinity. David has overall responsibility for the malpractice insurance program for Nurses Service Organization. David is a licensed property and casualty insurance agent and has worked on the NSO medmal programs for the past 10 years. David works extensively on risk education often speaking at conferences on the topic of professional liability. David received his B.S. from the University of Maryland and his MBA from Moravian College.

Keith Algozzine, PA-C  
Telemedicine: Keeping Yourself and Your Patients Healthy

Keith Algozzine is a board-certified Physician Assistant and co-founder and CEO of United Concierge Medicine and Management (UCM). Before creating UCM he has been the Chief PA of Emergency Medicine for St. Mary’s Hospital in Troy, NY as well as part of the national ER start up management team for Vegas Emergency Medicine. He was also a co-founding member and Director of Patient Services for a nationwide telemedicine company. Keith has been recognized by the the Albany Business Review as a 40 under 40 award winner and was Instrumental in UCM being awarded the 2017 CEG LIF Off technology award. Keith currently represents United Concierge Medicine on the American Telemedicine Association Accreditation Advisory Board and has been appointed as a member/advisor to the Clinical Practice Guidelines Committees dealing with telemedicine considerations in the practice areas for primary care and urgent care. He now leads a team of telemedicine experts who are changing the way healthcare is delivered at United Concierge Medicine.

Endnote Speaker: Scott Burton  
Looking for Laughter in all the Wrong Places!

In understanding cancer, most people fear the medical issues the statistical side. But, perhaps more than any other form of survivorship, there is a great need to grasp the human side – the emotional side. As a cancer survivor himself, Scott Burton – an award-winning comic, champion juggler and author – brings that message loud and clear to health care professionals and survivors nationwide.

With refreshing honesty, experienced stand-up and world class juggling, Scott, to the delight of laughter hungry audiences, breaks convention by crafting a comedy routine – laced with joy and passion – of his personal battle with cancer. A veteran of hundreds of shows since his diagnosis, Scott erases the mystique and fear of chronic disease. His audience soon sees that he is not simply a story about cancer. It is the story of life. And in every life there is humor and joy to embrace.

Having been there, Scott believes the gift of laughter helps cancer survivors (or those facing any trial in life) feel normal and see their lives as precious. “I felt, and still do, that each moment laughing is a moment you are – if only for a second – in love with life.” A comedy club headliner, having worked with Jay Leno and Louie Anderson as well as writing for prime-time television, Scott, with clean comedy and high-energy juggles create a breathtaking. “Awe inspiring” and Dr. David Eisenberg of Beth Israel Deaconess Medical Center says, “Simply breathtaking.”

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Nursing Research, Evidence-based Practice, and Performance Improvement: A Differential Diagnosis.

Dr. Lynda J. Dimitroff
PhD, MSED, BSN, RN, MCHES, CC

Nursing research (NR) generates new knowledge and confirms existing knowledge. Evidence-based practice (EBP) changes practice. Performance improvement (PI) improves outcomes quickly and cost effectively.

Confusion exists about the similarities and differences in EBP, NR, and PI. Which of these projects need human subjects (HS) approval? Which of these projects may be published? What information generated from these projects is strong enough to change or confirm practice? Here is a brief introduction to NR, EBP, and PI.

Nursing Research

Nursing research is a scientific process with the purpose of answering a research question and testing a hypothesis. Nursing research describes, explains, predicts, explores, and discovers something about variables. We will save the concept of variables for another article. Nursing research includes two different research methods – qualitative and quantitative. The research method is determined by the purpose and research question of the study. A nursing research study can take years to complete and then years to publish. Typically, it is not a quick process.

The ANA Standards of Professional Performance, Standard 13. Evidence-based practice and research states, “The registered nurse integrates evidence and research findings into practice.”

“The registered nurse:
• articulates the values of research and its application relative to the healthcare setting and practice;
• identifies questions in the healthcare setting and practice that can be answered by nursing research;
• uses current evidence-based knowledge, including research findings, to guide practice;
• incorporates evidence when initiating changes in nursing practice.

• participates in the formulation of evidence-based practice through research.
• promotes ethical principles of research in practice in the healthcare setting.
• appraises nursing research for optimal application in practice and the healthcare setting.
• shares peer reviewed research findings with colleagues to integrate knowledge into nursing practice.” (American Nurses Association, 2015)

A registered nurse’s role in NR, EBP, and PI is determined by educational preparation. According to LoBiondo-Wood & Haber (2010), Associate Degree nurses:
• “understand and have an awareness of the value and relevance of research in nursing;
• help identify problems in nursing practice;
• assist in data collection;
• use research findings in practice; and,
• develop and revise or implement clinical standards, protocols, and critical paths” (LoBiondo-Wood & Haber, 2010).

Baccalaureate prepared RNs need to:
• “be intelligent consumers of research;
• understand every step in the research process;
• understand how each step relates to the others;
• critically read and understand research reports, studies;
• determine strength of evidence of studies;
• generate clinical questions to identify nursing research projects;
• participate in the implementation of nursing research;
• disseminate findings of nursing research studies; and,
• participate on nursing research-related committees” (NR, PI, EBP) (LoBiondo-Wood & Haber, 2010).

Masters prepared RNs must:
• “be active research team member;
• assume the role of clinical expert;
• collaborate with an experienced researcher in proposal development, data collection, data analysis, and interpretation; and;
• take active role in quality improvement projects to improve nursing practice in the clinical situation” (LoBiondo-Wood & Haber, 2010).

Doctorally prepared RNs:
• “appraise, design, and conduct research;
• serve as role model, mentor, guide, and encourage nurses to engage in the nursing research process;
• collaborate and consult with social, educational, government, and health care institutions in research; and,
• disseminate research findings to the scientific community” (LoBiondo-Wood & Haber, 2010).

Evidence-Based Practice

Evidence-based practice is the process of examining and combining the best clinical evidence, clinical expertise, and patient values to inform practice (Sackett & Strauss, 2000). EBP is a way of identifying a clinical problem, searching for the best evidence in the literature, critically appraising the evidence, synthesizing the evidence, applying the evidence, and evaluating the outcomes. An EBP project is usually completed faster than a nursing research study.


When designing an EBP, NR or PI project it is helpful to begin by developing a PICOT question. PICOT is an abbreviation for:
• P – population/problem: Who will you be studying and what problem is being examined?

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What's In Your Cleaning Product?

Dr. Lynda J. Dimtruff received her BSN at the SUNY College at Brockport, a MSEd in Grief Counseling at the SUNY University at Buffalo, and a PhD in Health Education at Southern Illinois University Carbondale. Dr. Dimtruff works as a registered nurse, an advanced certified health education specialist, and certified coach who has worked in academia, hospice, palliative care, and long-term care for the past 32 years. Currently, Dr. Dimtruff is an education and research consultant, a leadership coach, and an Assistant Professor. Lynda has consulted with local, state, national, and international organizations, and colleges and universities on a wide variety of topics including evidence-based practice, leadership, mindfulness, and nursing research.


eight what's in your cleaning products.

New reporting requirements for cleaning product makers will inform public about ingredients, potential hazards.

Rebecca Sackett, RN, Washington, DC

A dvocates a nd the long-standing environmental chemicals how subjects applaud critical to approval. Governor Cuomo for standing up for women’s health,” said Jamie McConnell, Director of Programs and Policy at Women’s Voices for the Earth.

“Full disclosure of all ingredients in cleaning products sold in NYS is a valuable new tool to accompany the state’s highly regarded green procurement program,” said Claire Barnett, Executive Director of Healthy Schools Network. “We congratulate the State on this action.”

“Love Canal is infamous in New York’s history because it exposed low income communities and communities of color to harmful toxic chemicals that negatively impacted the health of so many New Yorkers. Today, Governor Cuomo sent a clear signal for all in our country to see that in the new New York all communities will be protected, regardless of race or income, from harmful toxic chemicals whether they are in the products we use to clean our homes or in the dry cleaners cleaning our clothes. These new regulations couldn’t have come at a better time because of Donald Trump’s proposals to cut all funding to the U.S. EPA, especially its Office of Environmental Justice. WE ACT for Environmental Justice applauds Governor Cuomo’s leadership to protect vulnerable communities,” said Cecil Corbin-Mark, Deputy Director and Director of Policy Initiatives for WE ACT for Environmental Justice.

“This action by the Department of Environmental Conservation was spurred by Earthjustice’s legal efforts, on behalf of New York-based organizations, to have cleaning product companies comply with regulatory language developed in the 1970s. Numerous companies requested clarity on the form and extent of the required reporting. This form gives that direction.

For more information contact: Bobbi Wilding, CHNY, 518-708-3875, bobbi@cleanhealthyhny.org.

Dr. Lynda J. Dimtruff received her BSN at the SUNY College at Brockport, a MSEd in Grief Counseling at the SUNY University at Buffalo, and a PhD in Health Education at Southern Illinois University Carbondale. Dr. Dimtruff works as a registered nurse, an advanced certified health education specialist, and certified coach who has worked in academia, hospice, palliative care, and long-term care for the past 32 years. Currently, Dr. Dimtruff is an education and research consultant, a leadership coach, and an Assistant Professor. Lynda has consulted with local, state, national, and international organizations, and colleges and universities on a wide variety of topics including evidence-based practice, leadership, mindfulness, and nursing research.

References


To gain access to 1200+ issues of official state nurses publications, all to make your research easier!
Ensuring quality and safety for patients is essential to nursing practice. The Institute of Medicine Committee on Quality of Health Care in America recommended reform in the education of health care professionals. As a result, the Quality and Safety Education for Nurses (QSEN) initiative was developed to prepare nurses with the competencies necessary to continuously improve quality and safety of the health care systems in which they work. These competencies include patient/family-centered care, informatics, teamwork and collaboration, quality improvement, evidence-based practice, and safety.

Evidence-based QSEN resources and materials were created for faculty to use in educating nursing students about quality and safety in healthcare. Research indicates that the QSEN competencies have been fairly well integrated into nursing curricula, however a gap exists in the education of practicing nurses related to these competencies. Although quality and safety initiatives exist in healthcare settings, the knowledge, skills, and attitude necessary to deliver patient-centered care as part of an interdisciplinary team emphasizing evidence-based practice and quality improvement approaches, needs to extend to clinical settings.

To provide clinically based nurses and educators with information and resources necessary to integrate QSEN competencies into their practice, the Nursing Education committee of ANA-NY, will provide a series of articles focusing on each competency. Much of this information was obtained from the QSEN Education Consortium which is a national initiative of the American Association of Colleges of Nursing (AACN).

The focus of this article is on the patient-centered care competency which is defined as recognizing the patient or designee as the source of control and full partner in providing compassionate care based on respect for patient’s preferences, values and needs. The key message of this competency is that the patient and family are in a partnered relationship with their healthcare provider and are equipped with relevant information, resources, access and support to fully engage in and direct the healthcare experience as they choose. Often, patients and families are left out of the decision-making process and are not consulted about the plan of care or their preferences for how they are treated in the healthcare setting.

The priorities of both patients and families are not always congruent with the professionals providing their care. Patients want to know the details related to their prognosis and be able to talk with members of the healthcare team during their care and be an active participant in their care. In order to create an environment that is patient-centered, personalized, individualized, and holistic; healthcare institutions need to begin with a philosophy and principles emphasizing the patient as a full partner in the decision-making process related to care and treatment.

Patient satisfaction survey results must be taken into consideration and used to make improvements to the hospitalization experience. Establishment of patient/family advisory councils, family resource centers, and patient-care rounds will help ensure that patients’ voices are heard and their preferences, values, and needs are respected. Nurses also need to know the knowledge, skills and attitudes (KSA) to deliver patient-centered care. Knowledge of how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values is needed, as well as the knowledge of ethical and legal implications, patient-centered care, and the principles of effective communication. Nurses must develop skills such as eliciting patient values, preferences, and expressed needs as part of the clinical interview, implementation of the care plan, and evaluation of care. In addition, communication of the care provided and needed at each transition in care, as well as the provision of patient-centered care with sensitivity and respect for the diversity of the human experience is essential to this skill competency (QSEN, n.d).

Nurses need to be willing to support patient-centered care for individuals and groups whose values differ from their own and engage in continuous improvement of their own communication and conflict resolution skills. Nurses should focus on valuing the concept of seeing the illness “through the patient’s eyes.” Identifying barriers to effective patient-centered care also is a priority in the practice setting (QSEN, n.d).

Integration of the QSEN competencies into clinical practice requires support for nurses, especially in the inpatient setting. Nursing educators and nursing administrators need to help nursing staff in patient care units to become more knowledgeable about QSEN competencies and assist the staff to access the appropriate resources. The QSEN website (QSEN.org) has extensive, evidence-based materials available including the KSA for each competency, teaching strategies, academic and practice resources, conferences, and courses to support this effort.

References
Bylaws Committee

The written bylaws of an organization provide an instrument that identifies how the organization will conform to its charter and fulfill its functions. Bylaws identify who has the power to organize, outline its structure, leadership, and responsibilities, and how each part relates to the others. The bylaws form a set of rules that the members consider vital to the organization that they cannot be changed without advance notice to the membership plus a super-majority vote in favor of the change. ANA-NY’s Bylaws Committee vets proposed changes for possible conflict with our Articles of Incorporation, purpose, and functions, and assures that our Bylaws remain congruent with the ANA Charter and Bylaws. A bylaws committee is important, along with astute governance, if it functions as a watchdog to guarantee that the organization does not stray from its purpose and functions as set forth in its charter.”

Any deletions are to be indicated with strikethrough font and additions are to be indicated with underlined font.

<table>
<thead>
<tr>
<th>CURRENT LANGUAGE with Strikethrough</th>
<th>PROPOSED LANGUAGE</th>
<th>RATIONALE</th>
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</thead>
<tbody>
<tr>
<td>I.2. The purposes of ANA-New York shall be to foster high standards of nursing, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better health care.</td>
<td>Deleted text moved to VIII. Relationship with ANA.</td>
<td></td>
</tr>
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</tr>
<tr>
<td>I.3. Functions</td>
<td></td>
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</tr>
<tr>
<td>a. perform actions that will assist in achieving the purposes of ANA-New York</td>
<td>Provides for inclusion of other functions not specifically identified.</td>
<td>Clarifies non-discriminatory membership requirements.</td>
</tr>
<tr>
<td>I.2. Composition</td>
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<tr>
<td>Members of ANA-New York shall be those persons accepted as members in accordance with qualifications described in these Bylaws. Membership is unrestrictable by consideration of age, race, ethnicity, gender, national origin, sexual orientation, gender identity, religion, disability or health status, history of military or veteran status, or any other factor that is not relevant to carrying out the purposes and functions of ANA-New York.</td>
<td></td>
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</tr>
<tr>
<td>2. a. are current in their dues</td>
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<tr>
<td>2. b. meet the qualifications described in these Bylaws</td>
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<td></td>
</tr>
<tr>
<td>2. c. are current in their dues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IV.3. Meetings**

a. The Governing Assembly shall meet at least annually. Special meetings may be called by two-thirds of the Board of Directors of ANA-New York. The Board of Directors shall provide the time and place of the meetings.

b. Notice of annual meetings of the Governing Assembly shall be sent to all members and each organizational affiliate at least thirty (30) days prior to the meeting.

c. The Board of Directors shall determine the time and place of meetings of the Governing Assembly. Notice of annual meetings of the Governing Assembly shall be sent to all members and each organizational affiliate.

### Bylaws continued on page 16

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**Upstate’s College of Nursing**

educates students who are already RNs, helping them build upon their previous training. Studies show advanced education translates to better outcomes for patients.

Our evidence-based programs help students develop the critical thinking, knowledge and skills to provide the highest level of nursing care. The programs are also designed to accommodate the working nurse.

---

**Advanced Degrees for the RN**

Bachelor of Science

Post Master’s Advanced Certificate

Doctor of Nursing Practice

---

**Upstate’s College of Nursing:**

- is the only nursing program in Central New York that is part of an academic health center.
- has 2+2 agreements with many colleges in the region.
- offers advanced degrees for nurses at every phase of their career.
- has the region’s first Doctor of Nursing Practice degree program.

Because we’re part of the State University of New York (SUNY), tuition for programs at Upstate is less than at private colleges.

Upstate’s College of Nursing participates in financial aid programs, and many employers offer tuition assistance.
V.1. Definition
The Board of Directors is the governing body, consisting of nine elected officers and directors. There shall be four officers: President, Vice-president, Secretary, and Treasurer. The remaining five members are Directors-at-Large.

V.2. Composition and Officers
The Board of Directors shall consist of nine elected officers and directors: President, Vice-president, Secretary, Treasurer, and five Directors-at-Large. New language clarifies the function of the Board of Directors as the governing body of ANA-NY.

V.3. Accountability
The Board of Directors shall be accountable to its membership. The Board of Directors shall submit all books annually to a certified public accountant for audit, and submit an annual financial statement to the membership and the Governing Assembly.

V.4. Responsibilities
- a. hold meetings of the Board of Directors in a timely manner.
- b. not be an employee of ANA-NY.
- c. Not to be a director or executive officer of more than two non-profit organizations.
- d. Business requiring action by the Board of Directors.
- e. Business requiring action by the Executive Director.

V.5. Responsibilities
- a. maintain current membership in ANA-NY and/or affiliated organizations.
- b. No Officer or Director of ANA-NY shall serve more than two consecutive terms in the same office or more than eight consecutive years on the Board of Directors, or any officer or director who has served 12 months or more shall be considered to have served a full term.

V.6. Terms of Office
No officer or director shall serve more than two consecutive terms in the same office or more than eight consecutive years on the Board of Directors. An officer or director who has served 12 months or more shall be considered to have served a full term.

V.7. Qualification
- a. be an employee of ANA-NY.
- b. be a registered nurse licensed to practice in New York State.
- c. be a member of ANA-NY.
- d. The treasurer shall be responsible for the maintenance of the insurance fund for the Association.

V.8. Duties of Officers
- a. The treasurer shall be responsible for the maintenance of the insurance fund for the Association.
- b. The treasurer shall be responsible for the maintenance of the insurance fund for the Association.
- c. The treasurer shall be responsible for the maintenance of the insurance fund for the Association.
- d. The treasurer shall be responsible for the maintenance of the insurance fund for the Association.

V.9. Meetings
- a. A meeting of the Board of Directors shall be held at least 20 and no more than 30 days prior to the meeting.
- b. A meeting of the Board of Directors shall be held at least 20 and no more than 30 days prior to the meeting.
- c. A meeting of the Board of Directors shall be held at least 20 and no more than 30 days prior to the meeting.
- d. A meeting of the Board of Directors shall be held at least 20 and no more than 30 days prior to the meeting.

V.10. Quorum
A quorum of the entire Board of Directors shall constitute a quorum. The quorum shall consist of a majority of the Board of Directors excluding the non-voting Directors-at-Large.

V.11. Executive Director
The executive director shall serve an initial term of three years which may be renewed at the discretion of the Board of Directors.

V.12. Meetings
- a. Notice of meetings shall be sent to directors at least six days prior to the meeting.
- b. Notice of meetings shall be sent to directors at least six days prior to the meeting.
- c. Notice of meetings shall be sent to directors at least six days prior to the meeting.
- d. Notice of meetings shall be sent to directors at least six days prior to the meeting.

V.13. Procedure
- a. A member may be cause for declaring a vacancy.
- b. A member may be cause for declaring a vacancy.
- c. A member may be cause for declaring a vacancy.
- d. A member may be cause for declaring a vacancy.

VI. Standing Committees of ANA-NY
- Section 1. Qualifications
- There shall be standing committees on Bylaws, Finance, Legislation, and Nominations and Elections.

VI. Committees of ANA-NY
- Section 1. Standing Committees
- There shall be standing committees on Bylaws, Finance, Legislation, and Nominations and Elections.

CURRENT LANGUAGE with Strike-through
- e. Meetings may be held in person or by electronic means.
- f. All individual members of ANA-NY have the right to attend the ANA New York Governing Assembly.

PROPOSED LANGUAGE
- e. Meetings may be held in person or by electronic means.
- f. All individual members of ANA-NY have the right to attend the ANA New York Governing Assembly.

RATIONALIZE
- e. Meetings may be held in person or by electronic means.
- f. All individual members of ANA-NY have the right to attend the ANA New York Governing Assembly.

BYLAWS
- V.1. Definition
- The Board of Directors is elected by the membership of ANA-NY and authorized to conduct business on behalf of the membership that will assist and support the purposes and functions of ANA-NY and the Governing Assembly.

- V.4. Responsibilities
- The Board of Directors shall consist of nine elected officers and directors: President, Vice-president, Secretary, Treasurer, and Directors-at-Large. New language clarifies the function of the Board of Directors as the governing body of ANA-NY.

- V.5. Responsibilities
- a. maintain current membership in ANA-NY and/or affiliated organizations.
- b. No Officer or Director of ANA-NY shall serve more than two consecutive terms in the same office or more than eight consecutive years on the Board of Directors, or any officer or director who has served 12 months or more shall be considered to have served a full term.

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- VI. Standing Committees of ANA-NY
- Section 1. Qualifications
- There shall be standing committees on Bylaws, Finance, Legislation, and Nominations and Elections.

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- Section 1. Standing Committees
- There shall be standing committees on Bylaws, Finance, Legislation, and Nominations and Elections.

SUNY DOWNSSTATE MEDICAL CENTER COLLEGE OF NURSING
EDUCATION AND FACULTY OPPORTUNITIES

UNDERGRADUATE PROGRAMS
- Bachelor's Degree for Non-Nursing College Graduates - 15 Months
- Bachelor's Degree for RNs 12 Months

GRADUATE DEGREE PROGRAMS
- Full-time one day a week
- Master of Science Degree Family Nurse Practitioner - 2 years
- Master of Science Degree Women's Health Nurse Practitioner - 18 months

POST MASTERS CERTIFICATE PROGRAMS
- Advanced Certificate in Family Nurse Practitioner
- Advanced Certificate - Women's Health

SUNY DOWNSSTATE MEDICAL CENTER COLLEGE OF NURSING
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POST MASTERS CERTIFICATE PROGRAMS
- Advanced Certificate in Family Nurse Practitioner
- Advanced Certificate - Women's Health

ANA - New York Nurse
NOMINATIONS AND ELECTIONS

Committees

The Nominations and Elections Committee shall be appointed by the Board of Directors and shall consist of five (5) members appointed by the ANA-NY Board of Directors. The Nominations and Elections Committee shall conduct the Nominations and Elections of the Board of Directors in accordance with the provisions of Article IX.

Chairpersons

Chairpersons of Committees shall be appointed by the Board of Directors except for the Committee on Nominations and Elections. The chairman or chairperson of the Committee on Nominations and Elections shall be the person receiving the highest number of votes for election to that Committee. The chairman or chairperson of the Committee on finance shall be the treasurer.

Attendance

The absence of a member without good cause from two meetings within a twelve-month period of a Committee shall constitute a vacancy. The Board of Directors shall fill the vacancy by appointment for the remainder of the unexpired term.

Functions

Audit Committee: (Provisions in Article IV, Section 1, paragraphs a and d are restated from Article VI.)

The Audit Committee shall:

1) be composed of ten (10) members appointed by the ANA-NY Board of Directors.
2) review fiscal operations to ensure proper financial controls are in place.
3) review the accuracy of financial statements, including the accounts of the ANA-NY and the ANA-NY Foundation.
4) review the accuracy of financial reporting, including the accuracy of financial planning.
5) review the accuracy of financial planning, including the accuracy of financial modeling.
6) ensure the accuracy of financial information, including the accuracy of financial calculations.
7) review the accuracy of financial information, including the accuracy of financial models.
8) review the accuracy of financial information, including the accuracy of financial projections.
9) review the accuracy of financial information, including the accuracy of financial forecasts.
10) review the accuracy of financial information, including the accuracy of financial analyses.

Insert new (5) and renumber remaining items.

Bylaws continued on page 18

CURRENT LANGUAGE with Strike-throughs

PROPOSED LANGUAGE

RATIONAL:

V.2. Standing Committee Leadership

Move composition to individual committees.

Chairs of Standing Committees shall be appointed by the Board of Directors except for the Finance Committee.

The chair of the Finance Committee shall be the person receiving the highest number of votes for election to that Committee. The chairperson of the Finance Committee shall be the treasurer.

V.3. Attendance

The absence of a member without good cause from two meetings within a twelve-month period of a Committee shall constitute a vacancy. The Chairperson of the Committee shall serve in the place of the Finance Committee. The Chairperson of the Committee shall be the person receiving the highest number of votes for election to that Committee.

Add Audit Committee: Roader remaining items.

a. The Audit Committee shall:
1) be composed of five (5) members, at least two of whom shall not be a member of the Board of Directors.
2) be composed of five (5) members appointed by the ANA-NY Board of Directors.
3) be composed of five (5) members appointed by the ANA-NY Board of Directors.
4) be composed of five (5) members appointed by the ANA-NY Board of Directors.
5) be composed of five (5) members appointed by the ANA-NY Board of Directors.
6) be composed of five (5) members appointed by the ANA-NY Board of Directors.
7) be composed of five (5) members appointed by the ANA-NY Board of Directors.
8) be composed of five (5) members appointed by the ANA-NY Board of Directors.
9) be composed of five (5) members appointed by the ANA-NY Board of Directors.
10) be composed of five (5) members appointed by the ANA-NY Board of Directors.

Audit Committee required for compliance with 2014 NYS Revitalization Act and IC non-profit code.

Insert new (1) and renumber remaining items.

b. The Finance Committee shall:
1) be composed of five (5) members appointed by the ANA-NY Board of Directors.
2) be composed of five (5) members appointed by the ANA-NY Board of Directors.
3) be composed of five (5) members appointed by the ANA-NY Board of Directors.
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6) be composed of five (5) members appointed by the ANA-NY Board of Directors.
7) be composed of five (5) members appointed by the ANA-NY Board of Directors.
8) be composed of five (5) members appointed by the ANA-NY Board of Directors.
9) be composed of five (5) members appointed by the ANA-NY Board of Directors.
10) be composed of five (5) members appointed by the ANA-NY Board of Directors.

Insert new (1) and renumber remaining items.

The Finance Committee shall:
1) be composed of four (4) members appointed by the ANA-NY Board of Directors.
2) be composed of four (4) members appointed by the ANA-NY Board of Directors.
3) be composed of four (4) members appointed by the ANA-NY Board of Directors.
4) be composed of four (4) members appointed by the ANA-NY Board of Directors.
5) be composed of four (4) members appointed by the ANA-NY Board of Directors.
6) be composed of four (4) members appointed by the ANA-NY Board of Directors.
7) be composed of four (4) members appointed by the ANA-NY Board of Directors.
8) be composed of four (4) members appointed by the ANA-NY Board of Directors.
9) be composed of four (4) members appointed by the ANA-NY Board of Directors.
10) be composed of four (4) members appointed by the ANA-NY Board of Directors.

Insert new (1) and renumber remaining items.

The Legislation Committee shall:
1) be composed of four (4) members appointed by the ANA-NY Board of Directors.
2) be composed of four (4) members appointed by the ANA-NY Board of Directors.
3) be composed of four (4) members appointed by the ANA-NY Board of Directors.
4) be composed of four (4) members appointed by the ANA-NY Board of Directors.
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8) be composed of four (4) members appointed by the ANA-NY Board of Directors.
9) be composed of four (4) members appointed by the ANA-NY Board of Directors.
10) be composed of four (4) members appointed by the ANA-NY Board of Directors.

Insert new (1) and renumber remaining items.

The Nominations and Elections Committee shall:
1) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
2) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
3) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
4) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
5) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
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7) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
8) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
9) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
10) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.

Title reflects common usage.

1) Composition moved from Section 3 for clarity.
2) Bylaws are approved by the GA, not the BOD. Removing specific article number reference eliminates the need to revise this item if new articles are added.

Insert new (1) and renumber remaining items.

b. The Bylaws Committee shall:
1) be composed of four (4) members appointed by the ANA-NY Board of Directors.
2) be composed of four (4) members appointed by the ANA-NY Board of Directors.
3) be composed of four (4) members appointed by the ANA-NY Board of Directors.
4) be composed of four (4) members appointed by the ANA-NY Board of Directors.
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8) be composed of four (4) members appointed by the ANA-NY Board of Directors.
9) be composed of four (4) members appointed by the ANA-NY Board of Directors.
10) be composed of four (4) members appointed by the ANA-NY Board of Directors.

Title reflects common usage.

1) Composition moved from Section 2 for clarity.
2) & 3) The GA adopts the legislative program, not the BOD, but the BOD must be able to provide fiscal support and resources.

Insert new (1) and renumber remaining items.

b. The Nominations and Elections Committee shall:
1) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
2) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
3) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
4) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.
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10) be composed of five members elected in accordance with the Nominations and Elections provisions of these Bylaws.

Title reflects common usage.

1) Composition moved from Section 2 for clarity.
2) & 4) Removing specific article number reference eliminates the need to revise these items if new articles are added.

Bylaws continued on page 18
VII.2. Representation

a. Membership

b. The President of ANA-New York shall serve as a representative at the American Nurses Association Membership Assembly in accordance with the Bylaws of the American Nurses Association (ANA).

c. All ANA-New York members shall participate in election results at the Governing Assembly by a two-thirds vote of the members present and voting.

d. The purposes of ANA-New York shall be unrestricted in accordance with the Bylaws.

IX. Amendments

Amendments proposed by the Bylaws Committee for action by the Governing Assembly shall be submitted to the ANA-New York Secretary and shall be appended to the official notification of the meeting of the Governing Assembly. These bylaws may be amended at properly called annual or special meeting of the Governing Assembly by a two-thirds vote of the members present and voting.

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The RN to BS Fall 2017 semester starts in September.

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To register for the RN to BS Instant Decision Day or the LPN to RN open house, please call 212-616-7282 or send an email to Allie.ittoop@helenefuld.edu.

The St. Luke’s Hospital Training School for Nurses opened in response to a shortage of trained nurses in 1888 with six students. The opening of the school was predated by the creation of The Sisterhood of the Holy Communion in 1845. Rev. William Augustus Muhlenberg, D. D. in the Episcopal Church created this voluntary order of Sisters to care for the sick poor of New York City. Five years later (1850), Rev. Dr. Muhlenberg founded St. Luke’s Hospital and put the Sisters in charge of the nursing care. As the years progressed, it became evident that trained nurses were needed and Dr. Muhlenberg created the St. Luke’s Hospital School of Nursing. He asked Sr. Anne Ayres to become the Director of Nursing for the School. She accepted.

Sister Anne was a very devout woman who started her day and ended her day with prayer at the Pre-Dieu or Prayer bench. Her bench came to the Center on September 20, 2007 – the day the St. Luke’s Hospital School of Nursing Alumnae Association (SLHSONAA) celebrated the completion of their endowment to the Center for Public Education and its renaming as the SLHSONAA Center for Public Education.

The Center for Nursing has since received another piece of furniture belonging to Sr. Anne Ayres. In May, 2017, I received a telephone call from Mrs. Dagne Solid. She wanted to talk about “Sr. Annie.” She related the story of having a table that belonged to Sr. Anne which was passed down from Sr. Anne to Mrs. Solid’s great-grandmother, then her grandmother, then her mother, and finally to her. The twist to this story is that Mrs. Solid’s great-grandmother was a ward of Sr. Anne. Both women carried on extensive correspondence throughout Sr. Anne’s life. More amazingly, Mrs. Solid’s mother had this table in her rooms in a nursing home in Clifton Park until her death in 2016 and that table had been held there until Mrs. Solid could find a home for it.

This table now resides in the St. Luke’s Display room at the Center for Nursing, Guilderland, NY.
Nurses Are Key Players in the Battle Against Unsafe Injection Practices

“Wait a minute,” you might ask? “Battle? Doesn’t every healthcare provider observe aseptic technique and follow safe injection practices when preparing and administering an injection?” The answer might surprise you. The Centers for Disease Control and Prevention (CDC) and New York State Department of Health (NYSDOH) have conducted numerous recent investigations into healthcare setting transmission of, and exposure to, bloodborne pathogens due to unsafe injection practices. These lapses are a very real concern for all healthcare professionals who give injections. They include reuse of needles and syringes from patient to patient, or misuse of single-dose and multi-dose vials. In fact, the CDC documented that since 2001, more than 150,000 patients in the United States were notified of potential exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), due to provider failure to observe safe injection practices. As a result, the CDC and the Safe Injection Practices Coalition (SIPC) launched the One & Only Campaign, a public health educational campaign intended to raise awareness among patients and healthcare providers about safe injection practices. Its mission statement is: “One Needle, One Syringe, Only One Time.” NYSDOH receives CDC grant funding for this initiative in New York State.

The Campaign does outreach to practicing nurses, students, and nursing schools. Please feel free to contact the NY One & Only Campaign via an email to marybeth.wenger@health.ny.gov if you are interested in a presentation on injection safety, or to receiving CDC/NYSDOH educational materials, or for more general information.

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Executive Director National Student Nurses’ Association

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ANA Membership Assembly Takes Action on Advocacy Strategies, Member Engagement

Nearly 300 representatives and observers to the American Nurses Association’s Membership Assembly had the opportunity to discuss advocacy-building and member-engagement issues, share effective strategies, and network with colleagues around the country before the two-day event in Washington, DC, came to a close. Eligible Assembly representatives also voted in ANA Board of Directors and committee members.

Representatives approved recommendations that were developed following two separate, but related, dialogue forums held the previous day. One focused on preparing nurses to be effective advocates in an uncertain health care environment and another on fostering member engagement in association policy development.

Those recommendations call on ANA to:
- Highlight and promote the use of policy and advocacy resources.
- Emphasize policy development and advocacy as central to the role of all RNs.
- Advance mechanisms to heighten the involvement of individual RN members in the generation of policy and advocacy topics.

In another action, eligible voting representatives adopted several bylaws, including one that expands the total number of voting seats to the Assembly to allow for more member engagement. Another bylaws change allows C/SNAs to include non-RNs, such as LPNs and respiratory therapists, in their membership -- with no ANA membership status.

They also re-elected Ernest Grant, PhD, RN, FAAN, North Carolina Nurses Association, as ANA vice-president; and elected Jennifer Mensik, PhD, RN, NEA-BC, FAAN, Arizona Nurses Association, as treasurer; MaryLee Pakieser, MSN, RN, FNP-BC, ANA-Michigan, as a director-at-large; and Amanda Buechel, BSN, RN, ANA-Illinois, as director-at-large, recent graduate. Members were also elected to the Nominations and Elections Committee. Terms of service begin January 1, 2018.

Assembly representatives also formally went on the record as firmly opposing the current American Health Care Act. They directed the ANA board to continue to aggressively oppose the AHCA as passed by the U.S. House of Representatives on May 4, 2017; propose provisions based on ANA’s Principles for Health System Transformation; and provide timely reports to the C/SNAs and the IMD.

In her closing remarks, ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, highlighted many of the events and actions that occurred, including the largest participation in ANA’s Hill Day ever, and spoke of the heightened recognition of nurses’ role in advocacy.

ANA Continues to Speak Out Against Harmful Cuts to Health Care

American Nurses Association President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, joined in a press conference with U.S. Sens. Debbie Stabenow (D-MI), Jeff Merkley (D-OR) and Maggie Hassan (D-NH) June 22 outlining the harmful effects of eliminating the Essential Health Benefits currently available to millions of families across the country. These benefits and access to Medicaid are threatened by both a draft health care proposal unveiled by Senate GOP leadership June 22 and the American Health Care Act passed by the U.S. House of Representatives in May.

Cipriano specifically spoke about the importance of ensuring people understand these benefits, which include access to affordable prescription drug coverage, addiction treatment and mental health services, and maternity and newborn care.

“In addition to eliminating the benefits that I just described, the Senate Republican draft health care bill’s changes to Medicaid would be disastrous for our nation’s most vulnerable,” she said. “Medicaid is the safety net for tens of millions of children, as well as the poor and disabled.”

“We’re nurses, and we’re here because we are very worried about our patients. We won’t stop fighting for them. We can do better and Americans truly deserve a better plan.”

Lori Chovanak, MN, APRN, chief executive officer of the Ohio Nurses Association, and Jeanette Klemczak, MSN, RN, FAAN, of ANA-MI, also addressed the impact that having affordable, quality health care insurance has on patients, health care facilities, and the nation. Access the recording on YouTube to hear all that nurses and Senators had to say.

In addition to coming out for this press event, ANA members and nurses and nursing students participated in an “Emergency White Coat Fly-in” with our coalition partners to #ProtectOurCare. Following a press event featuring nurses and physicians and organized by Rep. Raul Ruiz (D-CA), House Democratic Caucus Members, Leader Nancy Pelosi (D-CA) and Whip Steny Hoyer (D-MD), the group planned to meet with senators in Alaska, Arizona, Colorado, Ohio, Louisiana, Maine, Nevada, Pennsylvania and West Virginia to persuade them to protect health care.

ANA also sent a letter to the Senate urging them to reject the AHCA and craft new legislation, which would improve health care affordability, access and delivery for all Americans.

And stay up-to-date on ANA efforts on health system reform, including the latest on the just revealed Senate health care draft.

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ANA - New York Nurse

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