Virginia Nurses Today

The Official Publication of the Virginia Nurses Foundation

August 2017 | *Quarterly publication direct mailed to approximately 104,000 Registered Nurses* | Volume 25 • No. 3

VNA VIRGINIA NURSES ASSOCIATION VNF VIRGINIA NURSES FOUNDATION

We are pleased to provide every registered nurse in Virginia with a copy of Virginia Nurses Today. For more information on the benefits of membership in of the Virginia Nurses Association, please visit www.virginianurses.com!

Fall Staffing Summit

Page **4**

Friend of Nursing Award

Page **8**

Repeal? Replace? What's Next?

Page **12**

Opioid Conference

Page **13**

Meet the Nurses Running for the House of Delegates

This November, every seat in the House of Delegates is up for grabs in our statewide election. Two of those races feature a registered nurse candidate! We sat down with Kellen Squire and Dawn Adams to learn more about the impact of their nursing careers on their decision to run for office.

VNA is a non-partisan organization that does not endorse candidates for office. We are passionately dedicated to ensuring nursing's voice is heard and that you, as an individual, have the information and opportunity necessary to effectively engage in the political arena.

Remember: 1 in about 50 registered voters in Virginia is also a registered nurse. We encourage all 100,000+ RNs to make an informed decision and vote on November 7th.

All candidates will be afforded the opportunity to share their thoughts on the issues facing the nursing profession in our electronic 2017 *Virginia Election Guide* available to VNA members in September.

Dawn Adams

Kellen Squire

Dr. Dawn Adams

Dr. Dawn Adams is a nurse practitioner running for the House of Delegates in District 68. She currently serves as the Director for the Office of Integrated Health and teaches Health Policy to Doctoral nursing students at Old Dominion University.

What led you to make the leap into entering the race for delegate?

Over the last few years, working in State government, I developed a strong desire to seek a position in the General Assembly. I feel that improved communication/understanding on the part of the Assembly members from a non-physician perspective would be really helpful, especially since l understand that there is a fiscal impact to many of the decisions that are made.

After the 2016 election, there was so much enthusiasm for real government change, I thought 'the time is now' to make the leap.

What do you love best about being a nurse?

Being a nurse affords us as individuals infinite opportunity for growth. As a life long learner, I love this. Nurses have the privilege of working with others across the lifespan and continuum of the human experience. We also have the luxury of doing so in nearly any arena that appeals to us. It is a pretty extraordinary profession.

How do you think your experiences in the nursing world will help you as you campaign? What if you ultimately win your race – what parts of being a nurse translate best to serving as an elected official?

There is something about being a part of the most trusted profession that I think makes running for office unique and interesting. All of my experiences as a nurse I believe have prepared me for both running for office and serving. There are many parts of the campaign that require you to manage day to day ops as well as what seems like mini-crises; this is the same skill set used being a charge nurse or having 15 patients as a hospitalist NP. The most important skill set I believe is our listening/communication skills. Nurses are often the true experts when it comes to communicating messages that are difficult to hear whether to patients, physicians, or administrations.

What is your stance on APRN scope of practice legislation?

I believe there is more than ample evidence to support independent practice for APRNs. There is also a great deal of misinformation spread by groups who feel threatened by this prospect. With the proper guidelines, such as having either a fellowship or a defined period of practice (like 3-5 years) prior to independence and the expectation that APRNs

House of Delegates continued on page 9

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Teresa Haller to Receive VNA Nancy Vance Award

Teresa Haller

The Virginia Nurses Association is pleased to announce that Teresa (Terri) Haller, MSN, MBA, NEA-BC, FAAN, has been selected from an exceptional pool of candidates as the 2017 *Nancy Vance Award* recipient. This award is the Virginia Nurses Association's (VNA) highest honor and is awarded annually at the Virginia Nurses Foundation (VNF) Gala.

Nancy Vance Award recipients are nurses who have made significant contributions throughout their career to our community through their exceptional leadership, sustained dedication and inspiring achievements. Haller continues the legacy of Nancy Vance's excellence in service through her dedication to the nursing profession in Virginia.

"Terri is a nurse's nurse, advocating for them in all that she does in her day to day work, her teaching, and in professional service," said American Nurses Association (ANA) President Pamela Cipriano. "I believe Terri demonstrates some of the same exceptional traits that characterized Nancy Vance as an extraordinary nurse and person."

During her decades of work, Haller has advocated for nurses to be able to provide quality care by practicing a safe, ethical, satisfying, and supportive environment. Among her many accomplishments are the advancement of policy leading to salary increases for faculty in state nursing facilities, foundational work leading to a state Healthcare Workforce Center, and the implementation and optimization of a workforce management system at UVA Medical Center guiding resource decisions to support nursing care delivery

"Terri exemplifies the legacy of Nancy Vance as a trusted nurse leader who is always true to her values and always generous in sharing her time and expertise with nursing colleagues. She has been the face of VNA and VNF, leading initiatives and representing the nurses of the Commonwealth regionally, nationally, and internationally," said Dr. Joyce Hahn, 2016 Nancy Vance Award recipient. "It will be both an honor and a privilege to recognize Terri as the 2017 Nancy Vance Award recipient at this year's gala."

Haller currently works for the University of Virginia Health System as the administrator of business operations and workforce development, patient care services. She serves on the board of

Nancy Vance Award continued on page 8

President's Message

Richardean Benjamin

Four VNA members attended ANA's Membership Assembly (MA), held on June 9th and 10th. Linda Shepherd and I were voting members; Sheri Wilson and CEO Janet Wall were observers. The highlight of the meeting was the revision of bylaws that have implications for the organization moving forward. The major proposed revisions included reauthorization of the MA and moving ANA away from being a labor organization. Election of officers was the other major area of business for this meeting.

Bylaws Amendments:

- The Membership Assembly did not approve reauthorization of the Membership Assembly; however, a conditional amendment to establish the total number of representatives passed. This means that the MA shall be comprised of 300 representatives, as opposed to 200 representatives in the failed version of the amendment.
- Proposed amendments designed to transition ANA from a labor organization to a non-labor organization were approved, meaning that ANA would not exist for any labor-related or collective bargaining purposes and would eliminate all vestiges of control over the labor states.

Election of Officers:

American Nurses Association (ANA) announced that the voting representatives of ANA's Membership Assembly elected four members to the nine-member board of directors. Ernest James Grant, PhD, RN, FAAN, of the North Carolina Nurses Association, has been re-elected as Vice President. The newly elected board members are: Treasurer Jennifer Mensik, PhD, RN, NEA-BC, FAAN, Arizona Nurses Association; Director-at-Large MaryLee Pakieser, MSN, RN, FNP-BC, ANA-Michigan; and Director-At-Large, Recent Graduate Amanda Buechel, BSN, RN, ANA-Illinois. Terms of service begin January 1, 2018.

Also, the following ANA board members continue their terms: President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, Virginia Nurses Association; Secretary Patricia Travis, PhD, RN, CCRP, Maryland Nurses Association; Faith Marie Jones, MSN, RN, NEA-BC, Wyoming Nurses Association; and Director-at-Large, Staff Nurse Gayle M. Peterson, RN-BC, ANA-Massachusetts; and Director-at-Large Tonisha J. Melvin, MS, CRRN, NP-C, Georgia Nurses Association.

Elected to serve on the Nominations and Elections Committee are: Thomas Stenvig, PhD, MPH, RN, NEA-BC, FAAN, South Dakota Nurses Association, who is chair-elect; Anthony King, BSN, RN, CPN, ANA-New York; Terry Throckmorton PhD, RN, Texas Nurses Association; and Elizabeth Welch-Carre, MS, APRN, NNP-BC, Colorado Nurses Association.

Additionally, the American Nurses Association announced that ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, was elected to the International Council of Nurses (ICN) Executive Board. The election took place during the governing body meeting at the ICN Congress, held May 27th to June 1st in Barcelona. More than 8,000 nurses from around the world met to discuss global health care priorities and share knowledge. Several VNA members, myself included, gave presentations at the ICN meeting indicating our active involvement in education, practice, and advocacy initiatives in the Commonwealth.

Stay tuned for updates about VNA board member election results, as well as the calendar of events for the coming year. Our efforts to support the health care needs of individuals in the Commonwealth while advocating for the nursing profession remains central to our mission, which requires input from you. Let us hear from you.

Sincerely,
Richardean Benjamin
President, Virginia Nurses Association

www.VirginiaNurses.com

Published by:
Arthur L. Davis Publishing Agency, Inc.

Virginia Nurses Today

is the official publication of the Virginia Nurses Foundation: 6912 Three Chopt Road, Suite H, Richmond, Virginia 23226, a constituent member of the American Nurses Association.
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The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Foundation.

Virginia Nurses Today reserves the right to edit all materials to its style and space requirements and to clarify presentations.

VNF Mission Statement
The mission of VNF is to continue programs of support and innovation for nurses and nursing in the Commonwealth.

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Virginia Nurses Today is published quarterly every February, May, August and November by the Arthur L. Davis Publishing Agency, Inc.
Copyright © 2012, ISSN #1084-4740
Subscriber rates are available, 804-282-1808.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613. (800) 626-4081, sales@aldpub.com.

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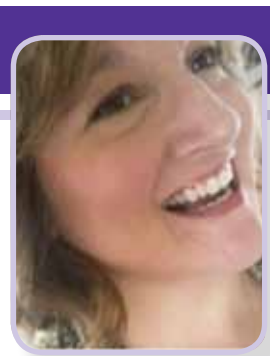
CEO Report



Janet Wall

We're Ramping Up Our Political Advocacy and Engagement Efforts. *Are You Onboard?!*

You're part of a community of 107,000 registered nurses in Virginia. That's huge! And it's more than any other segment of healthcare professionals in Virginia. Add to that the annual Gallup Poll in which the public has identified nursing as the most trusted profession in the country for the last 15 years, and you're a potentially unstoppable powerhouse of influence!

We recognize and respect the fact that nurses are of various political persuasions; we are, after all, residents of a clearly purple state. Differing beliefs, in concert with respect for all, can only serve to generate healthy debates, and make us stronger in the long haul… so please join us as we ramp up for this fall's elections and the 2018 legislative session.

These are just a few of the initiatives on which we're working:

Encouraging nurses to volunteer for the candidate of their choice

With this fall's elections comes a great opportunity to help the candidate of your choice achieve their goals. Consider contacting the campaign office to offer your volunteer support. Offer to establish a "Nurses for [Name of Candidate] Committee." Plan a nursing reception for them. And let us know about any town hall meetings or public/nursing receptions they're holding. We're happy to promote their events to member nurses in their district. Simply contact VNA Communications Coordinator Payton Drake at pdrake@virginianurses.com.

Registration is open! Co-hosting fall legislative receptions throughout Virginia

We're thrilled to once again be partnering with the Virginia Coalition of Nurse Practitioners (VCNP) to host multiple legislative receptions throughout the state. Nurses will have the opportunity to meet with legislators to exchange ideas and explore solutions to improve access to healthcare in the Commonwealth. The receptions are FREE and are open to all members of the healthcare community. (There is a fee for the Augusta event, which is a dinner, rather than a reception.) Several other nursing organizations support our receptions and participate in our planning committees. At the local level, our new Chapter Government Relations Chairs are working to ensure the success of these events. **Please volunteer** your time and talent to help them in this important effort. To find out who you should contact in your chapter, email my executive assistant, Rachel Phillips, at rphillips@virginianurses.com.

In addition to the receptions listed below, we will also be partnering on receptions in our Central Virginia (Richmond) and Hill City Chapters, and hopefully two others. Please check the events listing on our home page for new listings and also to register for any of the events below. **And tell your nursing friends!**

- Augusta Legislative Dinner - 09/20/2017
- Blue Ridge Nurses Legislative Reception - 09/21/2017
- Northern Virginia Legislative Reception - 10/04/2017
- Tidewater Nurses Legislative Reception - 10/05/2017
- Southwestern Virginia Nurses Legislative Reception - 10/16/2017

Preparing an electronic guide to the 2017 election cycle in development

We are in the process of developing a members-only electronic guide for the 2017 election cycle that features gubernatorial and district candidate information. We are reaching out to each candidate and asking them to share a short statement on what they feel are the biggest threats and opportunities facing nursing in Virginia. This guide will also be provided to all individuals who RSVP to any of our legislative receptions. In the latter instance, it will serve as a helpful study guide so that you can be better prepared to meet and greet legislators.

Registration is open! Planning for a phenomenal Legislative Summit on November 14

We're busy at work developing an agenda that includes political commentary of the 2017 elections and political environment, an update from ANA on how 2017-18 legislative issues impact healthcare and nursing, reports from the Virginia Republican and Democratic parties regarding their plans related to healthcare in the state, discussions on consensus building, and education on how to advocate for nursing issues. Learn more on our website, www.virginianurses.com.

CEO Report continued on page 5

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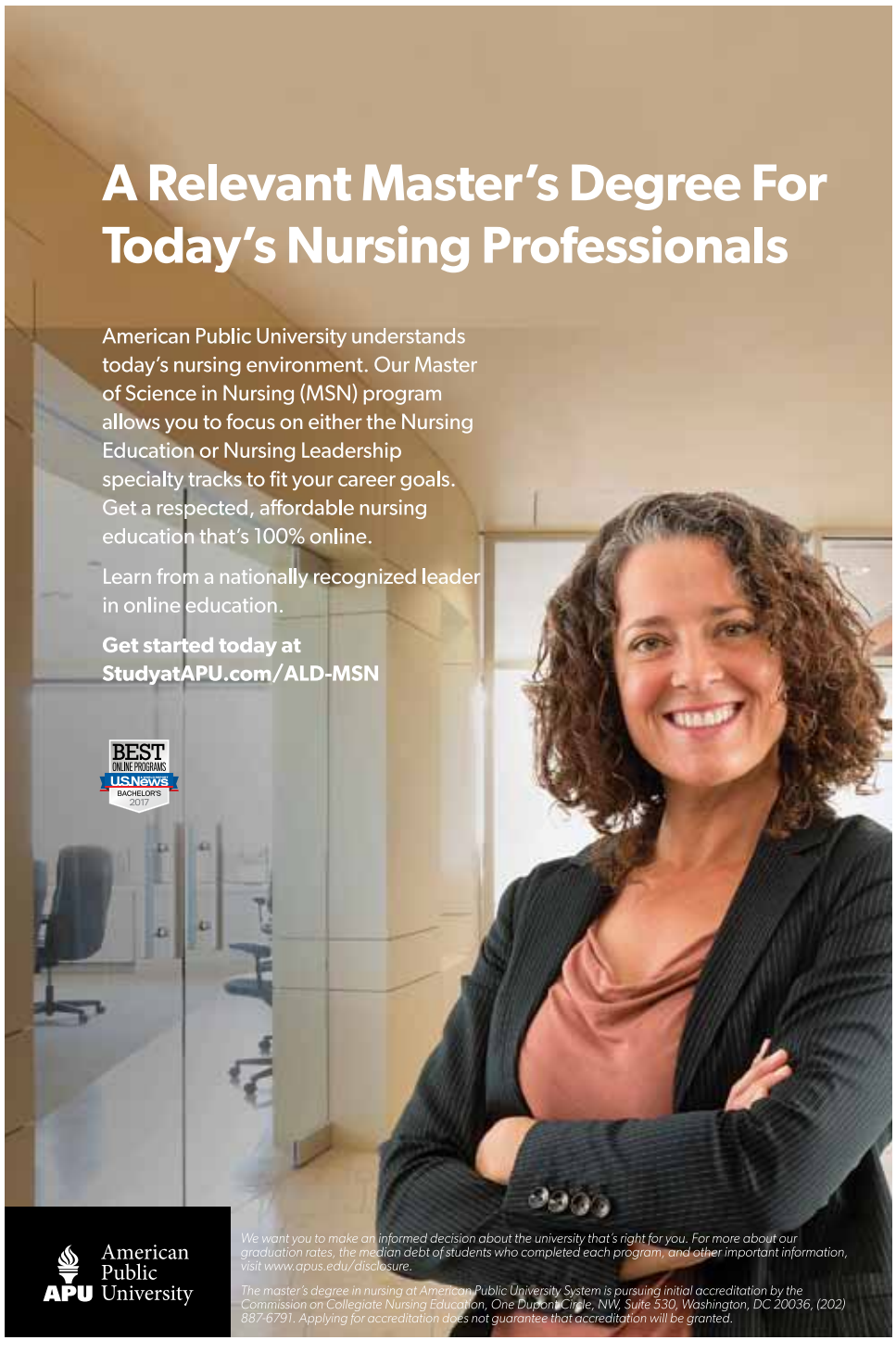

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REGISTRATION IS OPEN

Join the Virginia Nurses Association on September 15-16 in Richmond as we take a deep dive into nurse staffing, our most frequently requested education topic in 2016-17. We'll be discussing current challenges and workable solutions that will enable our nursing workforce to continue to grow and thrive in the years ahead.

VNA Member $249 | Nonmember $299
Omni Richmond HotelConference Rate - $149

KEYNOTE SPEAKER

Reflecting on our Past, Present, and Future: Strengths and Challenges in the Nursing Workforce

Peter Buerhaus, PhD, RN, FAAN

tinyurl.com/2017NurseStaffingFC

Have you completed or planned a performance improvement, evidence based practice, or research project? Share your work with nurses around Virginia during our Fall Conference Poster Sessions!

Accepted poster presenters receive a $70 discount off the nonmember registration cost! Awards will be given to the outstanding posters as determined by judges.

Submission deadline: August 31

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Talking to Patients and Parents about the HPV Vaccine – *Free CE!*

Tira Hanrahan, MPH, Adolescent Immunization Coordinator, Office of Epidemiology, Virginia Department of Health

Almost 1 in 4 Americans are currently infected with a virus that can cause cancer. Are you protecting your patients?

The reality is that most sexually active men and women contract human papillomavirus (HPV) at some point in their lives. This shifts the question of "if" someone will contract HPV to a matter of "when." HPV clears on its own in 90% of cases. If it does not, there is a high risk of cancer in the future. In 2015, only 41.9% of girls and 28.1% of boys in Virginia between the ages of 13 and 17 completed the HPV vaccine series. These low HPV vaccine completion rates mean most of Virginia's adolescents are vulnerable to HPV associated cancers.

Strains of HPV cause most cervical, vulvar, and vaginal cancers in women; most penile cancers in men; and most oropharyngeal and anal cancers in both groups. There is no way to determine when and which HPV infections will turn into cancer. Latency periods of ten or more years increase the importance of HPV vaccine uptake.

A major misconception regarding the HPV vaccine is that there has to be a discussion about sex. This does not have to be the case. You don't have to talk about sex when you recommend the HPV vaccine, just as you probably don't talk about how to get diphtheria when you recommend the Tdap vaccine.

The most important predictor of HPV immunization is a recommendation from a trusted provider: you. Research finds that 70% of adolescents initiate cancer prevention by completing the HPV vaccine series when they receive a recommendation from their provider. Every single time a patient between the ages of 11 to 26 years old leaves your office without a recommendation for the HPV vaccine, you are missing an opportunity to prevent cancer.

Don't miss an opportunity to receive free CE and to learn how to both give a strong HPV recommendation and communicate with parents about the safety and importance of the HPV vaccine with the CDC's "You Are the Key to HPV Cancer Prevention."

https://www.cdc.gov/vaccines/ed/hpv/index.html

CEO Report continued from page 3

Re-convening the Kitchen Cabinet to vet candidates and engage nurses

With gubernatorial and legislative elections quickly approaching, VNA is reconvening the Kitchen Cabinet,* a nonpartisan group composed of nursing leaders from various nursing organizations throughout Virginia, who gather to vet gubernatorial candidates, and ensure that nurses throughout the commonwealth have the information they need to make informed decisions about candidates. The purpose of this group is ***not*** to persuade nurses to vote in one way or the other, but rather to educate them about the candidates' platforms and, specifically, their stance on issues of import to nurses, and to encourage their engagement in the political process. The Kitchen Cabinet may also vet Lt. Governor and legislator candidates. You will hear more about the work of the Kitchen Cabinet in the weeks and months ahead.

***The name "Kitchen Cabinet" harkens back to the days of President Andrew Jackson, who routinely consulted with a group of unofficial advisors rather than utilizing his official cabinet**

The Virginia Nurses Association is a non-partisan organization. Always has been, always will be. We are passionately dedicated to ensuring nursing's voice is heard and that you, as an individual, have the information and opportunity necessary to effectively engage in the political arena.

Total Pancreatectomy with Islet Auto Transplantation

VCU Health
Hume-Lee Transplant Center

The Hume-Lee Transplant team at Virginia Commonwealth University is pleased to have established Total Pancreatectomy with Islet Auto Transplantation (TPIAT) as a therapy for patients with refractory chronic pancreatitis on its campus.

TPIAT is a little-known but highly effective procedure aimed at eliminating chronic pain and improving quality of life for patients with severe refractory chronic pancreatitis, while reducing or eliminating the risk of the brittle diabetes that ordinarily follows surgical removal of the pancreas.

The typical candidate considered for TPIAT has well-established chronic pancreatitis by clinical and imaging standards (typically best seen on endoscopic ultrasound), a markedly diminished quality of life, narcotic dependence at extraordinarily high doses, and has faced lost or threatened loss of employment and relationships because of their frequent need for medical treatment of their chronic pain. Their narcotic dependence often leaves them as outcasts from the mainstream medical community. They have exhausted less invasive approaches to the treatment of their chronic pancreatitis, including often endoscopic interventions such as nerve blocks and pancreatic duct stenting.

All non-malignant disease etiologies that lead to chronic pancreatitis, including those caused by genetic mutations or previous gallstone disease are considered. Frustratingly, we may not always be able to narrow down the exact precipitating cause. The vast majority of patients who undergo TP-IAT are adults, yet this procedure is applicable to pediatric patients as well, almost exclusively those who suffer from pancreatitis caused by a genetic mutation.

Results of TPIAT are very favorable. Better than 90% of patients describe good to excellent pain relief, with measurable strong improvements in their quality of life. A large majority are able to completely eliminate narcotics use, the remainder see a better than 90% reduction in their narcotics dose. Up to 40% of the patients reach insulin independence, and 70% have superior glycemic control (hemoglobin A1C ≤ 7.1).Mortality risks are favorable for such a complex operation (1%), as are major complication risks. Most patients express immense relief at no longer having to live with the pain of chronic pancreatitis.

If you would like more information or to make a referral contact:

Genevieve Hobbs, BSN, RN
Pancreas Auto Islet Transplant Program Coordinator
VCU Health Hume-Lee Transplant
(804) 828-6705
Genevieve.Hobbs@vcuhealth.org

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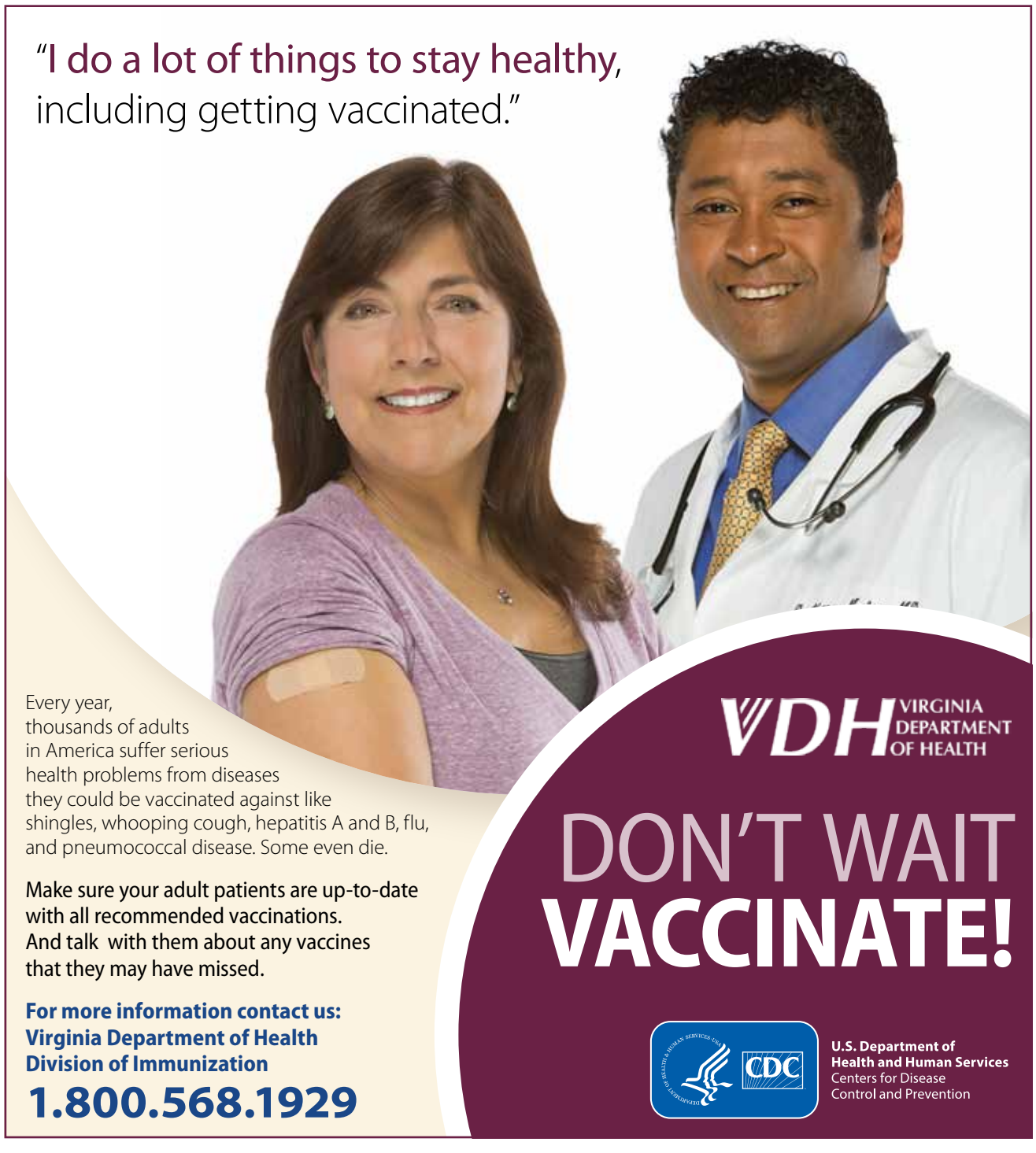

VNF Announces Leadership Excellence Award Finalists

Virginia's nursing ranks are filled with leaders. From nurse faculty, nurse entrepreneurs, and acute care nurses, to CNOs and school nurses, our leaders are all ages, cultures, experience levels and disciplines. As we prepare to celebrate nursing this September 16th at our Annual Gala, we are eager to recognize outstanding nurse leaders from throughout the Commonwealth.

Nominees by Category

Chief Nursing Officer

Ursula Butts, BSN, MSHA, CNAA-BC, FACHE, VCU Community Memorial Hospital
Fadia Feghali, MS, RN, NE-BC, Inova Alexandria Hospital
Jill Kennedy, MSHA, BSN, NE-BC, FACHE, Bon Secours Virginia Medical Group
Genemarie McGee, MS, BSN, RN, NEA-BC, Sentara Healthcare
Claudia Meinhard, MHA, BSN, RN, CENP, Centra Southside Community Hospital
Arlene Messina, RN, MSN, CCRN, CPHQ, Riverside Doctors' Hospital Williamsburg
Heather Norman, BSN, MSN, CRRN, HealthSouth of Northern Virginia
Margaret Scheaffel, BSN, RN, MBA-MHA, Carilion Roanoke Memorial Hospital

Direct Patient Care Leader – Patient Experience

James Abbott, RN, CMSRN, Riverside Shore Memorial Hospital
Adriane Alexander, ADN, Carilion Clinic
Jackie Andrusky, BSN, Carilion Clinic
Donna Baybay, BSN, RN, CMSRN, Sentara Leigh Hospital
Michelle Carter, RN, Riverside Doctors' Hospital Williamsburg
Sam Chase, BSN, RN, UVA Health System
Fran Concklin, BS, RN-BC, CRNI, VA-BC, Centra
Betty Distel, RN, Riverside Walter Reed Hospital
Sharon Easter, RNC, CDE, Riverside Regional Medical Center
Terri Gregory, RN, Carilion Clinic
Robin Harry, RN, CEN, Virginia Hospital Center
Sarah Henshaw, BSN, RN, CCRN, Carilion Roanoke Memorial Hospital
Paula Hill-Meade, DNP, FNP-BC, FAANP, The Health Wagon
Meredith Holaday, RN, Riverside Walter Reed Hospital
Brandon Jones, MSN, RN, CEN, Carilion Clinic
Timothy Kisner, RN, Riverside Walter Reed Hospital
Jacquoline McCall, RN, Riverside Doctors' Hospital Williamsburg
Shannon Miles, RN BSN, Centra Mira Shata, RN, Riverside Doctors' Hospital Williamsburg
Michelle Shepeluk, RN, BSN, CCRN, Riverside Walter Reed Hospital
Sarah Shotwell, RN, BSN, IBCLC, Riverside Shore Memorial Hospital
Sarah Rose Sienes, RN, BSN, MSN, Sentara Life Care
Aimee Wooldridge, BSN, Carilion Children's Hospital

Direct Patient Care Leader – Patient Safety

Renee Belliveau, RN, Salem VAMC
Ashley Browne, RN, BSN, CCRN, Clinician 4, UVA Medical Center
Kaley Edwards, RN, Riverside Walter Reed Hospital
Theresa Farley, RN, Riverside Lifelong Health and Aging Related Services
Jason Hann, RN, BSN, Bon Secours DePaul Medical Center
Frances Luanne Jordan, RN, BSN, Bon Secours DePaul Medical Center
Terri Kanode, RN, PCCN, Carilion Clinic Roanoke Memorial Hospital
Robert Koon, BSN, Bon Secours DePaul Medical Center
June Kelly Mays, BSN, RN-BC, Centra
Cathryn Mitchell, RN, BSN, CPHQ, Riverside Doctors Hospital Williamsburg
Sharon Poff, RN, Carilion Clinic Roanoke Memorial Hospital
Naomi Rademeyer, RN, CCRN-NEO, University of Virginia Children's Hospital
Jane Reczek, BSN, RN, Virginia Hospital Center
Cheryl Rudolph, LPN, Riverside Lifelong Health and Aging Related Services
Bethany Sarosiek, RN, MSN, MPH, CNL, University of Virginia Medical Center
Dawn Shaver, MSN, RN, CNRC, UVA Health System Nurse Educator
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Community Health Assessments in Virginia

A community health assessment is a systematic examination of health status indicators of a given population used to identify key assets and problems in a community. The CHA process provides an in-depth assessment of the community's health needs and service gaps. This information is strategically prioritized in order to address identified health needs and/or gaps with resources available in a given community. This part of the process is known as a community health improvement plan (or CHIP). The CHA-CHIP process assesses the health of the community and identifies opportunities for health improvement—this, in turn, leads to implementation of a project to address the issues identified. This assessment is community-driven to gain the truest understanding of life for residents in a community. The community health assessment extends beyond the traditional medical definition of health (i.e. the healthcare system) to address the conditions in which people are born, live, play, work, and age. It has been shown that these social determinants of health (e.g. income, housing status, employment status, level of education, etc.) play an important role in the health of individuals and communities.

The CHA is a collaboration that involves community members across various sectors within the community serving on a steering or advisory committee. The CHA consist of qualitative and quantitative data collection. Quantitative data is derived from sources such as the Virginia Department of Health (VDH) data portal (http://www.vdh.virginia.gov/data/), Robert Wood Johnson Foundation's County Health Rankings, the census bureau and a variety of existing data resources. Qualitative data is collected using focus groups, key informant interviews, community surveys, photo voice etc.

The Plan for Well Being (PWB) lays out a plan for ensuring all Virginians are healthy and outlines goals and strategies that communities can employ so that Virginia is the healthiest state by 2020. The CHA aligns with AIM1: Healthy Connected Communities. At the time of the PfWB's rollout a year ago, 43% of Health Districts were in the process of, or had completed a CHA. The Division of Population Health is currently working with health districts to complete CHA's. These efforts are currently ongoing in Mathews, Southside Health District, Franklin, Fredericksburg, Russell County, Henrico, Hanover, Petersburg and Hopewell. These ongoing efforts have been a collaborative process using various nationally recognized framework including the National Association of County and City Health Officials (NACCHO), Mobilizing for Planning and Partnership (Framework). In the fall, the CHA results will be available on Health District's websites and the PfWB website. For more information on the CHA, please contact: Khalida.willoughby@vdh.virginia.gov.

The results of the CHA will be used for strategic planning and to develop a CHIP.

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Nancy Vance Award continued from page 1

the American Nurses Credentialing Center and previously served as treasurer of the American Nurses Association. She has held many leadership and volunteer roles at the state level, including both VNA and VNF president and chair of VNA's Safe Staffing Taskforce.

To learn more about the history of the Nancy Vance award and view the list of previous winners, visit virginianurses.com/Main-Menu-Category/Foundation/Awards.

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Sturtevant and Robinson to Receive VNF Friend of Nursing Award

Glen Sturtevant

Roxann Robinson

The Virginia Nurses Foundation (VNF) will honor Senator Glen Sturtevant and Delegate Roxann Robinson with the 2017 *Friend of Nursing Award* at the VNF Gala on September 16th. Senator Sturtevant and Delegate Robinson co-sponsored legislation during the 2017 General Assembly session that improved workplace violence protections for nurses and all healthcare professionals in hospitals and facilities providing emergency care.

"Prior to the passing of this legislation, increased penalties for battery against a nurse or other provider only applied in the emergency room setting," said Kevin Shimp, Virginia Nurses Association (VNA) commissioner on government relations. "Thanks to the hard work of Senator Sturtevant and Delegate Robinson, all healthcare providers now share equal protections against workplace violence."

Senator Sturtevant and Delegate Robinson's legislation went into effect on July 1, 2017, and also requires the Department of Health to work closely with stakeholder groups to develop effective guidelines for training of healthcare professionals and providers in violence prevention programs, as well as guidelines for the publication of penalties for battery.

"Almost one-fourth of registered nurses report having been physically assaulted at work,[1] and this legislation is a great step forward in reducing this statistic. VNA looks forward to working with the Department of Health to continue improving safe working conditions for the more than 100,000 registered nurses in Virginia," said Janet Wall, VNA chief executive officer. "We are grateful to have nurse champions like Senator Sturtevant and Delegate Robinson in our legislature."

1. http://www.nursingworld.org/HRA-Executive-Summary, pg. 5.

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House of Delegates continued from page 1

carry malpractice and do not practice outside of their formal and/or experiential level of training, there should be no issue. There are more than enough patients; it doesn't threaten physician livelihood. The threat narrative, as with the lack of education and patient safety narratives are not congruent with research.

What do you feel is the biggest threat facing the nursing profession in Virginia? What's the biggest opportunity?

The healthcare system is both the biggest threat and biggest opportunity. I believe nurses are the answer to the healthcare problem; nurses must find the energy and bravery to step up and speak out on the needs of the country and the needs of nurses. Nursing has become in some ways too technology driven; patient-nurse ratios are often too high taking away the ability to provide expert assessments and the human compassion that puts the 'care' in healthcare. APRNs have the knowledge skills and ability to off load the primary care burden and afford access to patients at a lower cost without sacrificing quality. APRN autonomy will afford Virginians the opportunity to find healthcare providers willing to serve individuals who have been historically underserved more readily as APRNs have barriers to their practice removed.

For more information on volunteering with Dawn Adams, please contact Dawn Traver, volunteer coordinator, at traver@adamsfordelegate.com or visit adamsfordelegate.com.

Kellen Squire

Kellen Squire is an emergency department nurse from Barboursville, Virginia, running for the Virginia House of Delegates in the 58th District

What led you to make the leap into entering the race for delegate?

I sat in a funk after the election last fall; I think that, no matter who people voted for, the way everything went down was a total debasement of the values our country was founded on: dispassionate discourse, country before party, etc. I watched neighbors turn against neighbors. Family members who couldn't even speak to one another at Thanksgiving. It was everything I was raised to believe our country was better than.

I was also concerned, as an emergency department nurse, with how many politicians I saw who said, in regards to healthcare reform- "Meh! People can just go to the ER! Problem solved!" The old axiom of "nurses don't quit, we just burn out" is too true. If the solution to our healthcare problem is "go to the ER"... well. We had an emergency services provider in our community who attempted to commit suicide rather than have to ask anyone else for help. Nurses are really good at taking care of other people, but nowhere near as good at taking care of ourselves. And hard work and perseverance can only get you so far.

So I thought I could sit around, bellyaching on Facebook about how bad things were... or I could stand up and try to do something about it. That if worse came to worse, and things did devolve onto us to solve for legislators who refused to govern, it wasn't because someone didn't stand up and fight it with every fiber of their being.

What do you love best about being a nurse?

There's a saying that goes: "I always wondered why someone didn't do something about that. And then I realized I am somebody."

That saying pretty much defines nursing. I deployed with the American Red Cross to Mississippi in the wake of Hurricane Katrina. I got tasked to work with a group of nurses, completely by random; I'd offered to drive trucks, hand out supplies, anything that needed doing.

When we arrived in Biloxi, there was nothing. No power, no running water, no community services. Nothing. And this group of nurses just... did everything. Every role the community needed; it didn't matter, they jumped in and filled it. Helping set up sanitary facilities when we were still washing our own scrubs in hand sanitizer. Counseling folks who had found dead bodies. And if you've never helped someone give birth in a parking lot in 95 degree Mississippi weather, with the air so thick with humidity you could cut it like a cheesecake, I can tell you – it's a unique experience.

What finally did it for me was the response of our group to the threat of Hurricane Rita. They wanted to evacuate us- and to a single person, without exception, these nurses refused to leave.

That is the instant I decided to become a nurse, and that's what I love most about being a nurse. We don't make excuses, we don't call it someone else's problem. When people are counting on us, we get things done.

How do you think your experiences in the nursing world will help you as you campaign? What if you ultimately win your race, what parts of being a nurse translate best into serving as an elected official?

I always tell folks that when ambulances keep showing up at my ER door, when people keep streaming into triage, we don't get to say "Sorry. We're kind of busy right now; besides, this problem you're bringing me is really hard. Can't we put this off for another time?" We're expected to get things done, without excuses. People are counting on us."

The other thing that's helped me the most in getting into politics, and I think will translate the best into nursing, is how well nurses listen. I mean, really, it's what we do. We don't just wait for our turn to talk, we listen- really listen! For the voters I talk to every day, this is what they seem to be the most distressed about.

They don't want a politician who they agree with 100% on every issue. They want someone who will listen to them, take their concerns to heart , and stand up for them, regardless of whether or not they belong to the same political party. And beyond that, they are looking for someone who represents their concerns first- putting people before party altogether.

Nurses advocate for our patients. It's just what we do. Patient safety and outcomes are at the heart of every single thing we do. We'd do well to have a bit more of that principle in our political system today.

What is your stance on APRN scope of practice legislation?

I'm unequivocally in favor of all of the legislation that's been put in front of the general assembly in regards to scope of practice- independent of an MD, with prescriptive authority. Evidence-based research shows that outcomes from APRNs, particularly in primary and mental health care fields- which are the two fields that we can make the most impact in here in Virginia, especially in already underserved areas- are no different than with an MD. We also have examples from dozens of other states to go by, who have expanded scope of practice for their APRNs, and have seen greater access to care with lowered overall costs.

I plan on advancing legislation that will bring Virginia into parity with other states which have pursued these policies to great success. There is no reason why Virginia should be anything but a national leader on this issue, particularly in conjunction with the world-class nursing schools we have here in Virginia, which are at the forefront of cutting-edge nursing research.

I'm also in favor of care models like community paramedicine, which often employ NPs. For instance, you may have an NP in a chase car that can be summoned by a paramedic. Maybe a patient just needs their medications checked, or needs a breathing treatment; right now, the only option would be to take them all the way to the ER. I love working in the ER, but we're the least efficient place to deliver care. We can, and should, do better.

What do you feel is the biggest threat facing the nursing profession in Virginia? What is the biggest opportunity?

I think the biggest threat, and biggest opportunity, are hand in hand as far as nursing goes. Last year, the two biggest nursing organizations in the country each endorsed a different candidate for president... neither of whom are now currently in the Oval Office, which is a sober reminder of what happens when we can't work together, because one out of every forty-four voters in the United States is a nurse.

Think about that- that's enough to swing elections. That is an incredibly powerful bloc of voters. Nurses are about as diverse a group as you can get, so trying to get us to move in the same direction is a lot like herding cats, but the potential is there! I think we not only need nurses working together, but we need nurses to step in and lead at every level of our government. We have a unique ability to care for, listen to, and get things accomplished for the folks we serve- it's what we do every day. It's at the very heart of our profession.

If we don't do that, we leave it to other folks to figure out how to solve the issues affecting our profession and the people we serve. And they'll never be able to do it as effectively as we can.

For more information on volunteering with Kellen Squire, please contact Ian McDonald at ian@squireforyou.com or visit squireforyou.com.

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That is the goal of the Healthy Nurse, Healthy Nation™ Grand Challenge, an initiative to connect and engage nurses, employers, and organizations around improving health in five areas: physical activity, nutrition, rest, quality of life, and safety.

VNA is partnering with ANA on this initiative, and we are issuing the Take Five challenge to all 100,000+ nurses in Virginia:

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Why five minutes?

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How do I track my progress?

First, sign up! You'll get a confirmation email with a link to our tracking sheet that you use to track your progress. When you're finished, send it to us and we'll include you on our Take Five Champion Wall.

Can my friends join in?

Yes! Anyone can take part in this challenge – you don't even have to be a nurse! Your confirmation email will have some social media graphics you can use to let the world know you're working to live a healthier life. Challenge your co-workers, family members, neighbors, or kids to join you!

What's in it for me?

First and most important, you're improving your health. Second, when you complete the challenge, we'll send you a "high-five" graphic you can use to brag on social media AND you'll receive a surprise in the mail.

Visit tinyurl.com/VNAtake5 to get started!

Congratulations to the RNs in Virginia who've taken the first step to becoming a healthier nurse.

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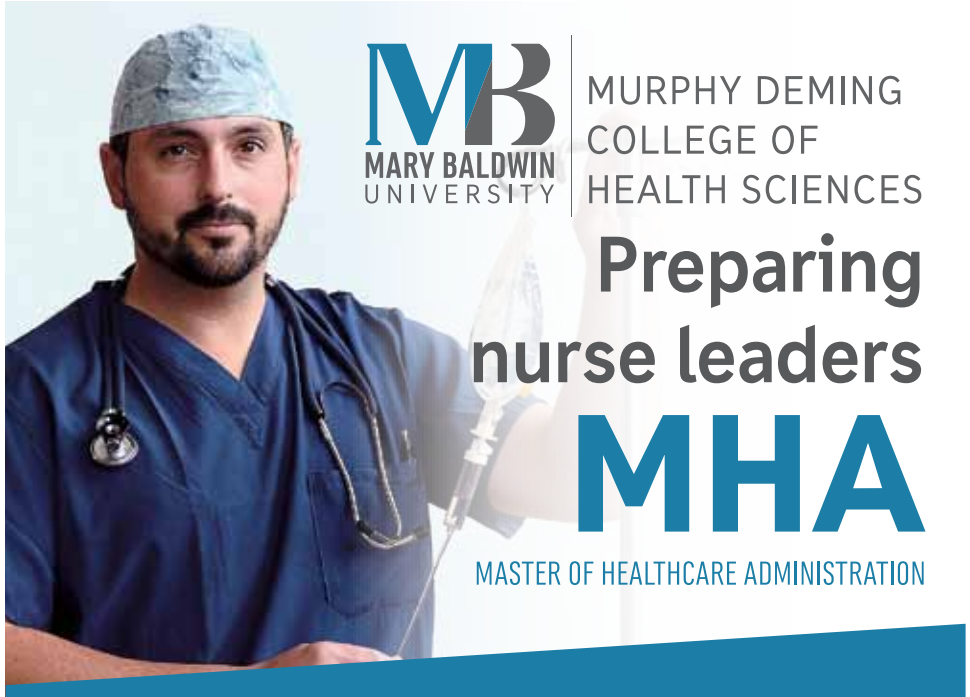

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Repeal? Replace? What's Next? A Policy Update

Joyce Hahn, PhD, RN, NEA-BC, FNAP, Associate Professor, George Washington University School of Nursing

Joyce Hahn

Healthcare continues to be a contentious and important issue facing America. For 7 years, Republicans have called out to repeal the Affordable Care Act (ACA), and one of President Donald Trump's major campaign promises was ACA repeal and replacement. The debate has been passionate on both sides of the congressional aisle, leading some Americans to ask themselves if healthcare is a right or a privilege.

More than 60 Republican-sponsored bills to repeal the ACA have been introduced and subsequently defeated. The most recent activity to repeal, replace, or adopt a "skinny bill" occurred earlier this summer. Pushback from consumers and healthcare providers was consistent and pervasive across the country. Many nurses used a strong voice in reaching out to our elected officials, sharing individual experiences and evidence based research.

ANA has been tenaciously following the most recent healthcare reform initiatives. For more specific information, nurses can review ***The High Stakes of ACA Repeal and the 2017 Senate Health Care Plan,*** which explains legislative offerings as they impact all consumers and nurses. It can be accessed at www.nursingworld.org.

The legislative efforts to repeal the ACA targeted major provisions, including the individual and employer mandates, Medicaid expansion, and tax credits that were meant to help consumers afford health insurance on the state exchange marketplace.

Insurance companies gain financially with tax breaks, the ability to raise premiums by increasing deductibles and copayments, and the ability to charge older Americans higher premiums than younger Americans. The Congressional Budget Office (CBO) estimated somewhere between 16 million to 50 million people would lose health insurance by 2026 with the replacement healthcare plans that were offered (CBO, July 27, 2017; The Commonwealth Fund: Collins, S.R., July 21, 2017; Collins, S.R., & Blumenthal, D., May 25, 2017, June 28, 2017).

Healthcare reform has been a policy issue impacting politicians, economists, healthcare professionals, and consumers for decades (Miyamoto, S., 2017). The fix will not be an easy or quick one, and those involved in healthcare reform are looking for a plan that ensures access to quality, affordable health care. Changes and reforms to the ACA are likely inevitable, as it does have issues that must be addressed. For example, there are counties within states with one or no major health insurance company on the state exchange. Additionally, Medicaid expansion was not adopted by all states. Virginia falls into the "did not expand" category.

Where do we go from here? Senators Susan Collins (R-Maine), Senator Lisa Murkowski (R-Alaska), and Senator John McCain (R-Ariz.) spoke out for an approach that would bring members of both parties together to work toward a solution (Pramuck, J., CNBC, July 28, 2017).

Dr. D. Blumenthal and Sara Collins (The Commonwealth Fund; July 28, 2017) write: "The immediate concern is stabilizing marketplaces to ensure that the 17 million to 18 million people getting coverage through the individual market will be able to successfully reenroll during this fall's open enrollment period." They offer three key proposals for legislators.

> Join VNA and support our legislative advocacy! VNA works in a nonpartisan fashion at the state level to educate legislators and develop legislation addressing the issues facing RNs and the nursing profession in Virginia. Joining VNA gives members access to legislative updates, calls to action, election guides, opportunities to network with legislators, and more! *Your VNA membership dollars do not support any partisan lobbying activities.*

Cost-sharing reductions

These would be accomplished by offering permanent appropriations to pay insurers for the cost-sharing reductions they incur by offering insurance to lower-income enrollees on the exchanges.

Bare counties

In order for all Americans to have a health plan available to them, Blumenthal and Collins recommend that all insurance companies are guaranteed to participate in state exchanges. This is not the case in 40 US counties, where all insurers have pulled out of the exchange. Blumenthal and Collins suggest requiring "the largest private health insurers participating in the Federal Employees Health Benefit Program to offer at least one silver plan in the marketplaces in these counties as a condition of participation in the program. Another option is to allow people in states that have expanded Medicaid eligibility to buy into Medicaid. All three of the states with bare counties are expansion states."

Reinsurance

The ACA's reinsurance program works as a risk reduction program for private insurers on the exchanges by transferring funds to plans with higher-risk enrollees to provide incentive not to charge higher premiums. Reinsurance was a provision of the Senate's plan, and appropriating $10 billion to $15 billion for reinsurance would work toward stabilizing the exchanges. Per Blumenthal and Collins, it's "likely lead to lower premium increases for the next few years."

Bipartisan work within Congress may not change individual politicians' viewpoints, but it might

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open the door to necessary dialogue and help start negotiations to achieve an agreeable consensus.

What can nurses do? Become educated on the issues by visiting the ANA website (nursingworld.org). Consider joining the RNAction Community, found on the ANA website, to receive email updates on the ever-changing health policy landscape. Speak with your family, neighbors, co-workers, and legislators about your own experiences and knowledge as a healthcare professional. When nurses speak with one voice, we have the potential to make a tremendous impact on health policy at all levels.

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Mark Your Calendars for December Opioid Conference for Nurses

Opioid and heroin abuse has spiked across the United States. According to the Department of Health and Human Services, 12.5 million Americans abused prescription opioids in 2015 alone. Last year, the opioid epidemic was declared a public health emergency in Virginia. More than 1,250 Virginians will die of a drug overdose this year, with an average of three overdose deaths happening every day. The Virginia Nurses Association (VNA) is committed to providing nurses with the resources they need to help combat this public health crisis.

We're planning an Opioid Conference in December 2017, designed to give Virginia nurses the tools to prevent, treat, and manage opioid addiction. Programming includes an update from the Virginia Office of the Secretary of Health and Human Resources on the work our state is doing to address the epidemic, and the work that will need to be done in the future.

Attendees will also learn about the work of the Virginia Action Coalition's (VAC) Access to Care Workgroup on Chronic Pain Management, focused on the CDC's 12 Recommendations for Chronic Pain Management, developing and implementing alternative pain management strategies, and the community health implications of naloxone's availability at local pharmacies.

Our conference is being planned with nurses at all levels of practice in mind. Since each region is experiencing the crisis differently, we'll be highlighting best practices for treating opioid addiction across the state. You will have access to resources to help support you in identifying and addressing opioid addiction, as well as providing mental health support to patients struggling with addiction.

We hope you'll join us for VNA's Opioid Conference. Join our conference mailing list at tinyurl.com/VNAopioid to receive more information about registration.

Two VNA Members Named to Board of Nursing

Governor Terry McAuliffe announced five appointments to the Board of Nursing, including two members appointed at VNA's recommendation.

VNA members:

- **Ethlyn McQueen-Gibson, DNP(c), MSN, RN, BC** of Yorktown, Clinical Assistant Professor, Virginia Commonwealth University
- **Michelle D. Hereford, RN, MSHA, FACHE** of Glen Allen, Chief, Community Hospitals & Post-Acute Division, University of Virginia Health System

The three other appointments include:

- **Margaret Joan Friedenberg** of Richmond
- **Louise E. Hershkowitz, CRNA, MSHA*** of Reston, retired, Certified Registered Nurse Anesthetist
- **Jennifer M Phelps LPN, B.S., QMHP-A*** of Lynchburg, Substance Abuse Case Manager for HORIZON Behavioral Health's Detox, Recovery House and SA Out Patient; Co-President of the Virginia Association of Community Psychiatric Nurses (VACPN)

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ANA News

ANA Statement in Support of Equality and Human Rights for the LGBTQ Community

The American Nurses Association believes that respect for the inherent dignity, worth, unique attributes, and human rights of all individuals is a fundamental principle. ANA's Code of Ethics with Interpretive Statements establishes the ethical standard for the profession to advocate for social justice and human rights, especially for those whose rights may be more easily violated or not fulfilled.

Recent administrative statements regarding transgender individuals in the military as well as Department of Justice arguments stating Title VII of the Civil Rights Act of 1964 does not cover employment discrimination based on sexual orientation critically undermine advances made in supporting the equality, human rights, and dignity of the LGBTQ community.

The 2016 RAND report on The Implication Allowing Transgender Personnel to Serve Openly in the U.S. Military specifically states, "evidence from foreign militaries and the U.S. military has indicated no significant impact on unit cohesion or operational readiness as a result of allowing transgender and gay and lesbian personnel to serve openly."

ANA opposes any action that erodes the integrity and human rights of any person and will fervently strive to protect and preserve the rights of vulnerable groups.

ANA and CDC Release White Paper on Nurses' Role in Antibiotic Stewardship

The American Nurses Association (ANA), in collaboration with the Centers for Disease Control and Prevention (CDC), released a white paper detailing how nurses can significantly impact patient safety through improved antibiotic use. The paper outlines four key areas in which nurses can play a critical role in antibiotic stewardship: improving antibiotic use at bedside, improving nurses' participation in antibiotic use activities, education and training, and engaging nursing leaders in stewardship efforts. Access the white paper at nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper.

Schools of Nursing Faculty and Advanced Degree Students Invited to Partner with VNA

The Virginia Nurses Association is launching an exciting new collaboration with nursing faculty and advanced degree students at Virginia's schools of nursing. The collaboration will:

- Support faculty's scholarship requirement to present and publish, in a means that will be accessible by nurses across Virginia
- Provide advanced degree students with an outlet to share their work with nurses throughout the Commonwealth
- Allow faculty to conduct research and develop presentations in response to professional practice gaps identified by nurses in a recent VNA-conducted survey (These gaps broadly fall into the categories of Infection Control, Communication, Diversity/Cultural Competency, Patient Safety / Medication Errors, Telehealth, Palliative Care, Critical Thinking Skills…). Not surprisingly, "staffing" was also high on the list, however this will be the focus of our Fall Conference.
- Provide faculty and nursing students at the partnering schools of nursing with FREE access to the live event (in-person)
- Raise partnering schools' visibility with Virginia's nursing community
- Provide needed quality CE programming for nurses throughout Virginia

VNA's goal is to develop an even more robust continuing education program that, in addition to our existing conferences, includes a wide array of 1-3 hour CNE activities that are available to nurses throughout the commonwealth via live web-streaming and, following the event, are accessible to all nurses via our online video library. Registrants will have the option to either attend the presentation in-person or access it via the live web-streaming.

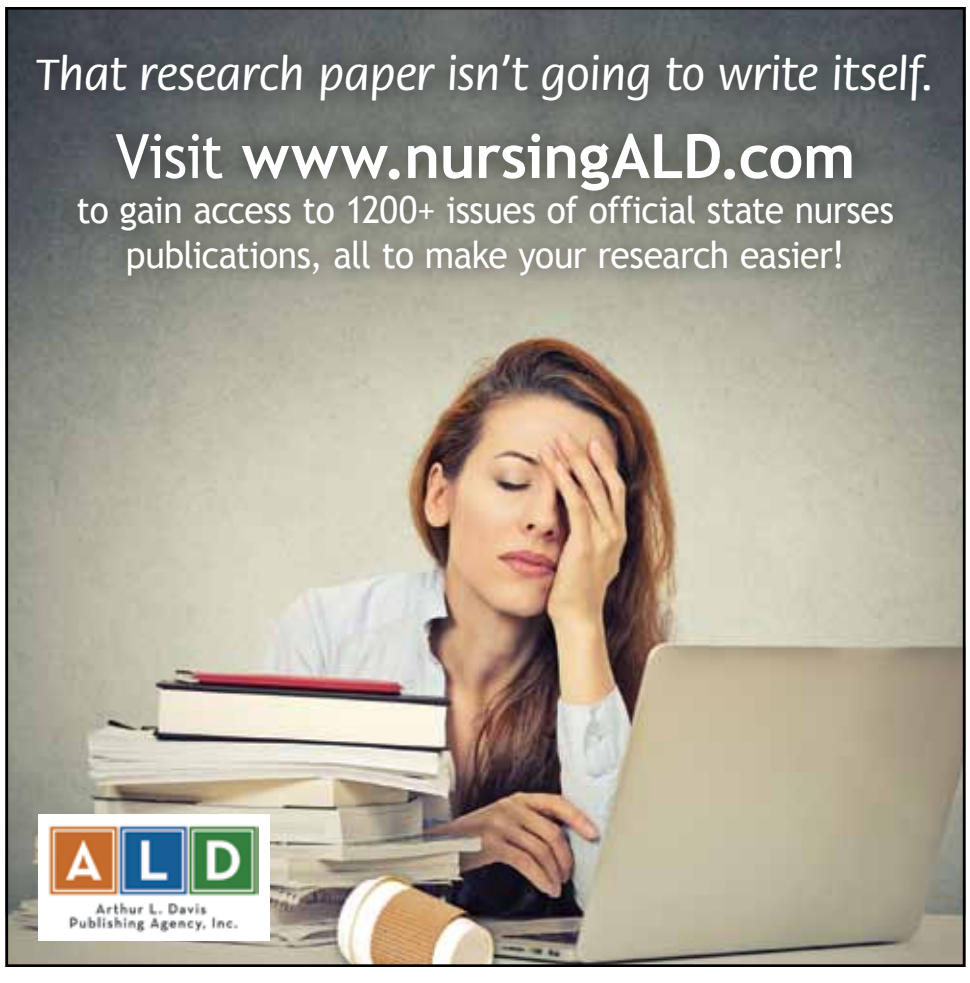
VNA will:

- Provide the support of our director of nursing education in development of the CE activity(ies)
- Provide contact hours for all programs
- Promote the in-person/web-streamed activity to nurses throughout Virginia
- Handle event registration, and the distribution of CE surveys and certificates
- Provide light refreshments for the in-person event
- Post and promote the availability of the enduring program via our online library once the live event has concluded. A slide will be included at the beginning of the presentation thanking the SON for their partnership.

We need your help to:

- Identify faculty and advanced degree students who would be interested in either presenting (1-3 hours) on work they are already doing or on any one of the knowledge gaps identified by Virginia's nurses. In the case of a longer presentation, we would welcome more than one presenter.

Have we piqued your curiosity? Please contact VNA Nursing Education Director Lindsey Cardwell to explore this opportunity, lcardwell@virginianurses.com.



Donate a Basket to the VNF Gala Basket Raffle

We hold a basket raffle during the Virginia Nurses Foundation (VNF) Gala each year to raise funds for the work of VNF, including scholarships and educational initiatives. Baskets can be donated by individuals, hospitals, healthcare systems, schools of nursing - and individual nursing units, floors, and departments!

We award prizes for most popular basket and best overall basket, so get your competitive juices flowing. It's easy to participate – just fill out our donation form at tinyurl.com/2017VNFbasket.

A few tips:

- We recommend baskets have a unifying, creative theme. In previous years, themes have included Fall Harvest, Girls Night Out, A Taste of the Chesapeake, Staycation, Virginia Wine, and many more. If you need help choosing a theme, we're happy to help!
- Baskets may be moved from one location to another during our event, so please make sure you have packaged them with this in mind.
- The overall value of each basket typically ranges from $100-500 dollars.

- Baskets can be dropped off at the Virginia Nurses Association office in advance of the Gala or shipped to our office by 9/13.
- You may also drop baskets off at any time during the day on September 15 and 16 at the conference registration desk at the Richmond Omni Hotel during our Fall Conference.

Questions? Contact Jackie Jester at jjester@virginianurses.com or 804.282.1808

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