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VNA Welcomes Laura Nakoneczny

Shirley Gibson, MSHA, RN, FACHE, President

It is with tremendous excitement that I introduce to you, the Virginia Nurses Association’s (VNA) new Chief Executive Officer, Mrs. Laura Nakoneczny, CAE, IOM. After diligently searching for an appropriate candidate, the VNA search committee is happy to announce that Laura will be joining VNA on March 19, 2012. Laura comes to us from Raleigh, NC where she has over 20 years experience in association management. She has been successful in raising visibility and increasing membership within the organizations she has served. Her strengths include public policy advocacy and financial management. A graduate of the University of Iowa, Laura has a BA in Communications; in 2001 she earned the designation of Certified Association Executive (CAE). Laura brings to the Virginia Nurses Association the combination of enthusiasm and management experience that our members have come to appreciate and expect.

Thanks to the VNA search committee for their hard work in locating our next Chief Executive Officer. Laura and her family will be relocating to Richmond and are excited about their move to Virginia. In the following weeks, there will be information forthcoming as to how you can meet our new Chief Executive Officer, Mrs. Laura Nakoneczny.

www.VirginiaNurses.com

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What an exciting time this is for nursing and the Virginia Nurses Association! Nursing has been referred to as the oldest of arts and the youngest of professions. The untrained nurse is as old as history, while in comparison, the trained and educated nurse is a relatively new discovery.

Our current healthcare environment presents nurses with opportunities that have never before been imagined. Opportunities to lead change in healthcare delivery systems—not just adapt.

Every day delivers new, exciting challenges and opportunities for nursing and I’m excited to join you on the journey as the new CEO of the Virginia Nurses Association.

VNA is ideally positioned and ready to tackle the challenges of shifting, social changes, and the technology-eased access to content and community. Change is a condition of life and VNA is not immune to its demands.

While legislative and regulatory policies will continue to threaten nursing, they can be monitored and controlled. Business costs will continue to rise, and corporate and non-traditional competition will increase exponentially. But again, these threats are manageable.

As I join VNA, the only real barrier I see standing in the way of our success is... us. Working in such a dynamic environment, it’s easy to fall prey to distractions and pseudo-opportunities that ultimately provide little value to the big picture of Virginia nursing. VNA lacks the staff and financial resources to be all things to all nurses, and staying on focus to deliver our mission may be our most difficult and pressing priority.

In the coming weeks, I’ll be working with leadership to examine and implement the next steps in VNA’s future through its strategic plan. The experience will be stimulating to say the least. I’m also eager to get to know you better. Whether we meet through a chapter, at an education session, at a coming event, or on the phone it’s your insights and perspectives that make VNA the valuable organization it is and I can’t wait to meet you.

To start the process of getting to know each other, here are a few details about me...

I’m joining VNA after nearly 25 years of association management experience. Having worked for large, national associations and smaller stakeholder groups, I deliberately prefer the more meaningful involvement I have with members in smaller groups like VNA.

Although my peers tend to consider me “executive management” I actually tend to think of myself as a generalist. Thanks to great mentoring and open opportunities I’ve done almost every job in an association that there is: lobbying, public relations, membership and chapter development, conference management, technology transitions, accounting... the list goes on.

My formal education includes a B.A. in Communications from the University of Iowa. I’m a Certified Association Executive (CAE), and also a graduate of a five year non-profit management program at the University of Delaware (IOM).

While working with nurses, will be new to me, healthcare and nursing-related issues won’t be. That’s because my family includes a doctor, a cardiovascular practice administrator, five MSNs, one current med student, one future med student, an LPN and lots of hospital volunteers. (To keep up with conversation at holiday dinners, I actually sideline as a registered pharmacy technician and hospital volunteer.)

My husband, Dave, and I have three sons who range in age from 16 to 23. The eldest, David, studies business marketing in Ohio. Brandon, our 18 year-old, hopes to graduate high school this spring, but hasn’t committed to anything beyond his plans to eagerly move out.

That leaves our youngest, Michael, at home. Since Mike is mostly focused on his GPA and hospital volunteer work (he plans to be an orthopedic surgeon), life at home generally revolves around Dave’s odd hours (he’s in management with Target), and various four-legged creatures our sons collected.

I’m very much looking forward to making you and the needs of Virginia’s nurses, a new priority in my life. Please don’t hesitate to introduce yourself by phone, email or any other means and start me on my way!

Laura Nakoneczny, CAE, IOM

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Kane Wins Hildegard Peplau Award

Congratulations to Catherine Kane, PhD, RN, FAAN, long time VNA member. She has been selected to receive the American Nurses Association’s 2012 Hildegard Peplau Award. The award was created to recognize individuals who have made “significant contributions to nursing practice over a lifetime through scholarly activities, clinical practice, and policy development. [It is] specifically directed towards the psychosocial and psychiatric aspects of nursing care delivery.”

Catherine will receive the award at the ANA House of Delegates in June at National Harbor, Maryland. Congratulations Catherine!

Virginia Nurses Today

LEGISLATIVE UPDATE–GENERAL ASSEMBLY 2012

by James A. Pickral, Jr.
VNA Legislative Consultant

The Virginia General Assembly adjourned on Saturday, March 10th. While applauding on schedule, the legislature, for the eighth time since 2000, required extra time to work on the state budget. While not completing budget work on time has become standard practice; this year’s impasse is unique.

Coming off of elections for both the House of Delegates and the Senate there was a general concern as to how the 2012 session would progress. While nothing had really changed in the House, except for republicans extending their majority, the Senate was tied with twenty democrats and twenty republicans. This caused a great deal of uncertainty especially regarding who would be in control of the Senate. Republicans, with the help of a republican Lieutenant Governor, were the ultimate victors.

However, one of the items that the Lt. Governor cannot vote on is the state budget. This gave democrats, unhappy with the lack of power sharing, immense leverage. Public comments made by Senate democratic leadership on the budget were conflicting. Some indicated that the budget stalemate was politically motivated. Others indicated deep divide on various fiscal issues. This was the first time in Virginia history that no budget vehicle existed at the close of session. The Senate failed to pass either its own budget or the House budget. Because of this a special session was called for March 21st. After much work, the Senate Finance Committee passed a budget. On March 26th, the full Senate approved that budget and sent it to the floor of the House of Delegates. As is the usual course, the House rejected the Senate budget. This placed the budget in a committee of conference where select members of the House and Senate worked to settle their differences and produce a unified budget. As of this writing, the budget process has not concluded. There is a handshake agreement among the conferences. However, some in democratic leadership have expressed doubt as to whether or not the Senate democrats will vote to support the budget compromise.

The General Assembly found itself in the national spotlight more often than it would have liked this year. The repeal of “one gun a month,” the “ultrasound bill,” and the “person hood bill” all garnered massive national attention. This was exacerbated by the potential for Governor McDonnell to be the republican vice-presidential nominee. It will be interesting to see if the negative attention ends up hurting republicans in the upcoming House of Delegates elections in 2013.

With the 2012 session adjourned and the budget stalemate almost broken, VNA will turn its attention to the upcoming 2013 session. I will keep you informed as matters progress both with the budget and plans for 2013.

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The Virginia Action Coalition is more than 300 nurses working with partners like VNA, VCPN, VONEL, AARP, hospitals, and educators. They are united in their desire to build a stronger future for nursing and patients here in the Commonwealth.

We need your help. Please donate $5 today. Do it for yourself, for someone you care for, on behalf of a mentor, a colleague...

Your small contribution, when combined with others, will benefit nurses and patients who you may never know; who will never be able to thank you personally, but who will be deeply appreciative of the role you played in their lives.

Like Florence Nightingale. Like Nancy Vance.

Your $5 donation will do more than touch lives. It will touch generations.

Learn more and donate at www.vaifn.org
**ANNUAL MEETING • EDUCATION DAY • VNF GALA**

**SAVE THE DATES**

On September 28, 2012, come and be a part of history as VNA holds its 112th Annual Meeting. We will gather at the Jefferson Hotel in Richmond. You are invited to come, meet our CEO, Laura Nakoneczny and become involved in VNA’s future as we plan for another year of being the one strong voice for Virginia’s nurses.

The following day, Saturday, September 29 we will host VNA Education Day. Linda Aiken, PhD, FAAN, FRCN, RN will be the keynote speaker and you don’t want to miss hearing her message.

On September 29, plan to be in Richmond for the VNF Gala at the Jefferson Hotel in Richmond. Last year there we sold out, so please save the date and register early.

The Virginia Magnet Consortium will present the Excellence in Nursing Practice and Excellence in Clinical Practice Awards. Join the Virginia Action Coalition as we celebrate with AARP, the Center to Champion Nursing in America and the Robert Wood Johnson Foundation the accomplishments of the VAC workgroups over the past year.

Please plan to attend. Additional information, including registration and sponsorship opportunities will follow in the August edition of the VNT and be posted on our website at www.virginianurses.com.

**Preliminary Slate of Candidates for Office**

On-line voting begins on July 1, 2012 and will continue through August 31, 2012.

**Secretary**

Denise (DeDee) Foti, MSN, RN

Roanoke Valley Chapter

Chelsea Savage, MSNA, RN

Central Virginia Chapter 5 (Richmond)

**Commissioner on Nursing Education**

Linda Dedo, MSN/MHA, RN

Piedmont Chapter 7 (Charlottesville)

Lauren Goodloe, PhD, RN, NEA/BC

Central Virginia Chapter 5 (Richmond)

Nina Trocky, DNP, MSN, BSN

Chapter 8, Northern Virginia

**Commissioner on Nursing Practice**

Frankie Myers, MSN, RN, NE-BC

Central Virginia Chapter 5 (Richmond)

**Commissioner on Workforce Issues**

Kathy Baker, PhD (c), RN, NE-BC

Central Virginia Chapter 5 (Richmond)

Carolyn Guinn, MSN, BSN, RN

Northern Shenandoah Chapter (Winchester)

**Director at Large**

Kevin Shimp, BSN, RN

Central Virginia Chapter 5 (Richmond)

**Director at Large (new Grad)**

Avery Pennell, ADN

Central Virginia, Chapter 5 (Richmond)

**Committee on Nominations**

(3 needed)

Richarden Benjamin, PhD, MPH, MSN, RN

Hampton Roads Chapter 4

Jennifer Matthews, PhD, CNS-BC

Northern Shenandoah Chapter (Winchester)

Faith Miller, RN

Central Virginia, Chapter 5 (Richmond)

Write-in Nominations are allowed prior to the beginning of the election. For further information go to www.virginianurses.com, click on “About VNA” and drop down to “Election 2012”

This slate is subject to and will change; please refer to www.virginianurses.com for updates.

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**Rappahannock Community College**

**Dean of Health Programs Position Number FA020P**

Position reopened. Previous applicants are still under consideration and need not reapply. Rappahannock Community College invites applicants for the position of Dean of Health Programs to serve as the college-wide academic administrator of Nursing and all other health programs, reporting directly to the Vice President of Instruction and Student Development. The Dean is responsible for the supervision of all nursing and health programs, faculty, and staff. The primary duties are to provide direct oversight of all health programs, to ensure adequate personnel and facilities are available, to ensure appropriate and adequate efforts for achieving and maintaining accreditation, and to provide effective leadership for planning, growth, and improvement.

**Nursing Faculty Position Numbers—F0032 & F0011**

Rappahannock Community College, a two-campus institution serving a rural 12-county area in the Chesapeake Bay region of Virginia, seeks applicants for a full-time, nine-month Program Head for Nursing and for a full-time, nine month teaching faculty member in Nursing. Both positions begin August 16, 2012. The general responsibilities include teaching didactic and clinical/laboratory courses in an associate degree nursing program. Teaching assignments and schedule may include day and evening assignments, cross-campus or off-campus assignments. Expectation is to teach using a variety of delivery systems including interactive video, web, and other electronic media. Other duties include, but are not limited to, student advisement, inclusion committee work, special projects, program assessment and student recruitment and retention.

For further information, qualifications, and to apply, please visit the Commonwealth of Virginia’s online application system at https://jobs.agencies.virginia.gov/applicants/jsp/shared/Welcome.cws.jsp.

Rappahannock Community College is an EEO/AA/Equal Access employer.

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www.pcs.udel.edu/rnrefresher
CALL FOR NOMINATIONS!

The VNA Nominating Committee is accepting nominations for the upcoming election that will take place electronically this summer.

Members who would like to submit their name to the Nominations Committee for consideration of an elected position are strongly encouraged to take the time to review job descriptions as outlined on the website www.virginianurses.com.

The VNA Nominating Committee is responsible for creating a slate of nominees and is available to provide guidance, answer any questions you may have, and generally work with you to facilitate the process. Additionally, questions can be directed to the VNA office at 804-282-1808 or emailed to admin@virginianurses.com.

The following positions are up for election:

- Secretary
- Commissioner on Nursing Education
- Commissioner on Nursing Practice
- Commissioner on Work Force Issues
- Director at Large
- Director at Large, New Graduate

3 positions are available for the Nominations Committee.

Qualified registered nurses may become candidates by:
1. Submitting Consent to Serve Form to the VNA Nominating Committee by May 30, 2012.
2. Self-nomination through the submission of a Consent to Serve Form to the VNA Nominating Committee by May 30, 2012.

To be considered for the initial slate of candidates prepared by the Nominations Committee, mail your completed Consent to Serve Form to VNA HQ by May 30, 2012.

Virginia Nurses Association
Nominations Committee
7113 Three Chopt Road, Suite 204
Richmond, VA 23226
Fax: 804-282-4816
Email: admin@virginianurses.com

Do not attach anything to the form. Do not send a resume or curriculum vitae.

Submission of the Consent to Serve form does not constitute being placed on the Election ballot.

The Nominating Committee’s Chairman will inform nominees of their placement on the initial slate of candidates by June 15, 2012. At that time candidates will be asked to submit a Complete Nominee Packet.

For more information, including position descriptions, please go to the VNA website, www.virginianurses.com and click on “About VNA” and scroll down to Election of Officers. You may also contact the VNA office at admin@virginianurses.com or a member of the VNA Nomination Committee, listed below.

VNA NOMINATING COMMITTEE
Richard B. Benjamin, PhD, MS, MPH, RN
benjamin@vdbh.org
Florence Jones-Clarke, MS, BSN, RN
Fix: 06@comcast.net
Ronnette Langhorne, MSN, RN
langhorner@tncc.edu
Kathryn Tagnesi, MA, BSN, RN, [chairman]
tagnesi@valleyhealthlink.com
JoAnne Wakeham, PhD, RN
joanne.wakeham@vdbh.virginia.gov

A statement on what I think the duties and priorities for this office are and relevant experience I have had: (may be attached on separate sheet of paper)

Certification

I understand that VNA policy requires that no officer or director of the Board shall serve concurrently as an officer or director of a board of another association or body if such participation might result in conflict of interest to VNA or the individual as determined by the Board. I also understand that I may be requested to provide the Nominating Committee with additional information to facilitate the development of the slate.

I authorize VNA to include my name, home address, home phone and home e-mail address on rosters if elected.

I certify that my signature below indicates that, if elected, I promise to fulfill all accountabilities and assignments as called for by Bylaws, Policies, and Strategic Plan of the Association.

Further, I certify that my signature below indicates my consent to serve, if elected, and that, in accordance with the above referenced VNA policy, I do not hold membership on a board of directors or other governing body of any other organization which could result in a conflict of interest.

I certify that the information on this form is true and accurate to the best of my knowledge.

Nominee’s Signature: ___________________________ Date: ___________________________
Nominees Sought for Nancy Vance Award

The Virginia Nurses Association's highest award is the Nancy Vance Award. Created in 1948, the award is meant to inspire nurses to the same selfless service that Miss Vance practiced so successfully throughout her life. As a leader in nursing in Virginia during the early twentieth century, Miss Vance created the five point program for health for Virginia school children. Her leadership resulted in improved health for thousands of Virginia's children. Her personal commitments were to maternal child health and to improving the care of people with cancer. The award, the five point star is a constant reminder of nursing excellence.

Nominations of nurses who exemplify Miss Vance's excellence can come from any field of nursing. The nomination consists of a letter outlining the nominee's sustained contributions to nursing and a resume/vita. Nominations must be submitted to VNA headquarters no later than July 15, 2012. The selection committee will conclude its work by August 15, 2012. The Nancy Vance Award recipient will receive the award at the VFN Gala on September 29, 2012 at the Jefferson Hotel in Richmond, Virginia.

Call for Nominations

The Virginia Nurses Association has recognized an unusual and outstanding member every two years with the awarding of the Nancy Vance Pin. After serious consideration, the Virginia Nurses Foundation, in March of 2012, decided to make it an annual award. The award consists of a small replica of the original pin which is retained permanently by the recipient. The original Nancy Vance Pin is used for the ceremony.

The Award Committee is normally chaired by the last recipient of the Nancy Vance Pin. The last recipient was Nancy Langston, PhD, RN, in 2011. Nominations may be made by individuals, groups or through a VNA District. The data sheet for required information accompanies this announcement and is also on our website at www.virginianurses.com. The Award Committee will consider those nominations submitted to the committee chairman by July 15, 2012.

The criteria used by the Committee in the selection of the recipient are as follows:

- been actively engaged in professional nursing for at least 5 years immediately preceding the award;
- been a member of the VNA for at least five years immediately preceding the award;
- exemplify Miss Vance's characteristics: character above reproach; demonstration of unusual qualities of unselfishness in service;
- accomplishment of outstanding results in practice area; and demonstration of an unusual ability to work with others.

To assist with the search for nominations, VNA previously used the following description, originally published in 1964 in the Virginia Nurse Quarterly. “The Nancy Vance Award is dear to the hearts of nurses in Virginia because it perpetuates the memory of a courageous and outstanding Virginia nurse of achievement.” In 1952 a pearl studded five point star pin was awarded to Nancy Vance by Dr. Enmen Williams, Virginia's first Commissioner of Health. Miss Vance was a public health nurse in the Bureau of Maternal and Child Health. She was responsible for developing the Five Point Health Program in Virginia public schools, which helped to improve the health status of school children in the state.

The career of Nancy Vance was brought to an early end by illness but her concern for the health and welfare of others continued to her last days. Just before her death, Miss Vance gave her cherished five point star pin to her friend, Ellen Harve Smith, who wanted to see the pin used as an award on a continuing basis. She presented it to the Richmond Professional Institute (now Virginia Commonwealth University) for that purpose. Nora Spencer Hamner, Executive Secretary of the Richmond Tuberculosis Association was selected as the first recipient for her outstanding work as a public health nurse. When the Public Health Nursing course was discontinued at the college, VNA was asked to accept the honor and responsibility of awarding the Pin.

To nominate a deserving nurse for this prestigious award, you may do one of the following:

- Go to www.virginianurses.com download, complete and email the form to admin@virginianurses.com on or before July 15, 2012.
- Use the nomination form below and send it to Nancy Vance Award, Virginia Nurses Association, 7113 Three Chopt Road, Suite 204, Richmond, VA 23226

If you have questions, please call the VNA office at 804-282-1808 or email VFN at admin@virginianurses.com

**NOMINEE FOR NANCY VANCE PIN AWARD**

- **Name:**
- **Address:**
- **Total Number of Years Active in Nursing:**
- **Total Number of Years Active in VA:**
- **Educational Preparation:**
- **Professional Nursing Experience:**
- **PLACE OF EMPLOYMENT & DATES**
- **POSITION TITLE & DUTIES**
- **Membership in Professional Organizations:**
- **Participation in nursing organizations:**
- **Membership in Honorary Society and Honors Received**
- **Contributions to nursing as a profession:**
- **Civic and Community Affairs:**
- **Personal Interests and Hobbies:**
- **Sponsored By:**
- **Address:**
Joining Forces Anniversary Event at the University of Pennsylvania

by Thelma Roach-Serry, RN, BSN, NE-BC, VNA Vice-President

First Lady Michelle Obama and Dr. Jill Biden marked the first anniversary of the Joining Forces campaign in a series of events during April 11 and 12 at the White House, Philadelphia, Pennsylvania, Shreveport, Louisiana, and Jacksonville, Florida. After a kick-off at the White House on April 11th, the first and second ladies travelled to Philadelphia to the University of Pennsylvania – Irvine Auditorium, where a group of nurse leaders, nursing students, military service members and others waited patiently. I was tremendously honored to be amongst those waiting. My presence there was as one of four national board members of the Nurses Organization of Veterans Affairs which is a voice for registered nurses in the Department of Veterans Affairs (DVA). I was also proud to be amongst so many other nurse leaders who have come to know through the years as a member of ANA/VNA and other affiliate organizations that caring for our returning heroes is the highest call to action to serve veterans and military families. The initiative focuses on key priority areas—employment, education, and wellness—while raising awareness about the service, sacrifice, and needs of America’s veterans and military families.

The University of Pennsylvania School of Nursing is a nationally recognized leader in nursing education and was the perfect host site for Mrs. Obama and Dr. Biden to announce a major initiative involving more than 150 nursing schools, leading nursing organizations and more than 450 nursing schools in 50 states and territories to ensure our nation’s nurses are prepared to meet the unique health needs of service members, veterans, and their families. They thanked the organizations and nursing schools accepting the pledge to unite and support those who have served and protected our freedoms by providing the best care possible. ANA reports that only 50% of returning military members receive healthcare in military or VA system. Among them, veterans, accepting the pledge were led by the American Nurses Association, the Department of Veterans Affairs – Office of Nursing Service, and the Nurses Organization of Veterans Affairs.

This initiative is projected to reach more than 3 million nurses by 2015 in every health care setting across America and its territories. Nursing leaders have committed to train practicing and future nurses on how to recognize and care for those suffering from post-traumatic stress disorder, traumatic brain injury, post deployment depression and other combat-related issues including wounds of war that are not physical.

Dr. Alaf Meleis, dean of Penn’s nursing school stated that “nurses are in a good position to help veterans at every level of the health-care system” to Dr. Biden, “You have come to the right partners…Nurses tend to attend to the whole person, mentally, emotionally, and physically.”

Dr. Biden who is the mother of a military service member stated that “military families deserve the best that we have to offer.” Mrs. Obama charged everyone present to realize that since 2000; more than 3 million military service members have suffered from moderate brain injuries. She also reported that one in six soldiers has had PTSD and similar numbers of soldiers report depression after returning home.

She said, “These emotional problems are natural, normal human responses to the violence of war.” She assured those soldiers present, “No matter what you’re going through, America will be there for you and your families. That’s what this is about.”

Following the 45 minute program to announce the Joining Forces Initiative for nursing, the ‘2012 Leadership Summit – Joining Forces, Nurses Uniting & Joining Forces to support our military service members and their families’ commenced. After a brisk walk across the historic U of Pennsylvania campus to the School of Nursing – Claire M. Fagin Hall, nurse leaders were directed to assigned tables to participate in Table Top Discussions surrounding the areas. Each table had a nursing doctoral student who facilitated the discussions focusing on the essentials of the Joining Forces agenda, and identify assistance or resources may be required to promote the Joining Forces agenda, and identify assistance or resources may be required from national nursing organizations or other agencies to implement the ideas generated. The summit concluded with a representative from each table reporting out on ideas and new collaborations from each table discussion top.

Being a DVA nurse who has worked with veterans and service members for most of my nursing career, I felt I had a lot to contribute to the discussion. It was an awesome opportunity to hear how other nurses are ready for the challenge and look to the DVA. As a nurse and the mother of a son in the US Army, I look forward to the opportunity to share more of my experience and knowledge as a contribution to the Joining Forces initiative.

ANA Joins Forces with First Lady Michelle Obama and Dr. Biden to Meet the Health Needs of Veterans and Military Families

First Lady Michelle Obama and Dr. Jill Biden have announced a commitment from nurses across the country who are eager to serve our veterans and military families as well as they have served us. The American Nurses Association (ANA), in coordination with the Departments of Veterans Affairs (VA) and Defense, is co-leading a broad, coordinated effort of more than 160 state and national nursing organizations and more than 500 nursing schools to ensure our nation’s 3.1 million nurses can better meet the unique health needs of service members, veterans, and their families.

Other partnering organizations include the American Association of Colleges of Nursing, American Organization of Nurse Executives, American Association of Nurse Practitioners, American Psychiatric Nurses Association, American Association of Neuroscience Nurses, Association of Rehabilitation Nurses, the National League for Nursing, and the federal nurses of the military and public health services, and the Department of Veterans Affairs. The nursing organizations and institutions committed to the mission and future discussions on how “military families deserve the best that we have to offer.”

“Whether we’re in a hospital, a doctor’s office, or a community health center, nurses are often the first people we see when we walk through the door. Because of their expertise, they are trusted to be the frontline of America’s health care system,” said First Lady Michelle Obama. “That’s why Jill and I knew we could turn to America’s nurses and nursing students to help our veterans and military families get the world-class care they deserve.”

Nurses are at the center of providing lifesaving care in communities across the country—and their reach is particularly important because our veterans don’t always seek care through the VA system,” said Dr. Biden. “This commitment is essential to ensuring our returning service men and women receive the care they deserve.”

ANA President Karen A. Daley, PhD, MPH, RN, FAAN, said, ‘The American

Joining Forces Anniversary Event at the University of Pennsylvania

Joining Forces Fact Sheet

• Since September 11, 2001, more than 2 million US troops have been deployed to Iraq and Afghanistan.1 About 40% of current military service members have been deployed more than once.
• There are 1.4 million active duty service members—14% of whom are women—and 1.1 million Guard and Reserve members.2
• There are 2.6 million spouses and children/dependents of active duty service members.
• 44% of active duty service members have children—76% of these children are age 11 and younger.
• Only 37% of families live on military installations; the remaining 63% live in over 4,000 communities nationwide.
• With the end of the war in Iraq and the drawdown in Afghanistan, over one million service members are projected to leave the military between 2011 and 2016.
• There are an estimated 22.2 million Veterans in the U.S.—8% of whom are women.3
• In the current conflicts, the military has experienced multiple redeployments, short dwell time between deployments, greater dependence on the National Guard and reserve components, deployment of high numbers of women and parents of young children, and a higher number of service members who survive serious injuries that in previous wars would have been fatal.1
• The majority of returning service members and their families are resilient to the stresses of war and successfully readjust to life after deployment. Absent one in three U.S. service members returning from Iraq or Afghanistan experiences signs of combat stress, depression, post traumatic stress disorder (PTSD) or symptoms of a traumatic brain injury (TBI).
• Only 33% of returning troops who screened positive for PTSD or major depression sought help from a provider for these conditions in the preceding year.4 Of those who had PTSD or depression and sought treatment only slightly over half received adequate treatment.

(Left to right) Thelma Roach-Serry, VNA Vice President with ANA President Karen Daley, and fellow NOVA Board Member Dee Zander of the Philadelphia VAMC (Veterans Affairs Medical Center)

Joining Forces Fact Sheet continued on page 10

Joining Forces continued on page 10
Nurses Association is honored to participate in the White House’s Joining Forces Initiative. We are dedicated to addressing the specific health care needs of military service members, veterans, and their families. They sacrifice much for our country. In return, we owe them our professional expertise to help with the traumas of deployment and the challenges of homecoming.

“We seek to educate and prepare every nurse to recognize symptoms, provide care, and refer those with both visible and invisible wounds of war to get treatment,” Daley stated.

Post-traumatic stress disorder and traumatic brain injury have impacted approximately 1 in 6 of our troops returning from Afghanistan and Iraq – more than 300,000 veterans. Since 2000, more than 44,000 of those troops have suffered at least a moderate-grade traumatic brain injury. Health care professionals who have received extensive training in mental health issues often treat veterans seeking care within the VA health system. But the majority of veterans in the country seek care outside of the VA system; they usually visit their local hospital staffed by nurses and physicians in their communities.

Following the announcement, more than 80 nursing leaders gathered for a summit to unify the profession’s commitment to Joining Forces and to generate new ideas about ways to support the efforts.

ANA and its partners have pledged to:

- Educate future nurses to care for our nation’s veterans, service members, and their families facing post-traumatic stress disorder, traumatic brain injury, depression, and other health care issues.
- Ensure that evidence-based, best practices are used in providing care.
- Disseminate the most current information related to post-traumatic stress disorder and other health conditions.
- Add to the current body of knowledge to improve care.
- And lead the health care community in achieving the Joining Forces health goals.

By Joining Forces, the profession of nursing will inspire and prepare each nurse to recognize the unique health and wellness concerns of this population, and they will improve the lives of those who have sacrificed in the service of our country. For more information and to access the pledge, go to http://www.anajoiningforces.org.

Joining Forces Fact Sheet continued from page 9

- Only 57% of those with a probable TBI had been evaluated by a physician for a brain injury in the preceding year.
- Although 53% of recent Iraq and Afghanistan Veterans receive their health care through the VA, many Veterans and their families will seek care in community settings from primary care and community mental health clinicians.
- Of recent Operation Enduring Freedom/Operation Iraqi Freedom (OEF/ OIF) Veterans who used VA care, 48% were diagnosed with a mental health problem.
- In the 5 years from 2005 to 2010, on average, one service member committed suicide every 36 hours.
- U.S. Army suicides reached an all-time high in July 2011 with the deaths of 33 active and reserve component service members.
- Mental and substance use disorders caused more hospitalizations among U.S. troops in 2009 than any other cause.
- Children of deployed military personnel have more school, family, and peer-related emotional difficulties, compared with national samples.

1 Strengthening Our Military Families: Meeting America’s Commitment January 2011
2 Demographics 2010: Profile of the Military Community
4 Returning: Home from Iraq and Afghanistan: preliminary assessment of readjustment needs of veterans, service members and their families. 2010, Institute of Medicine

You think of others first. Now it’s time to think about yourself. The ANA recommends that you protect your career and your financial future by setting up your personal malpractice safety net.

- You need malpractice insurance because ...
- you have recently started, or may soon start a new job.
- you are giving care outside of your primary work setting.
- it provides access to attorney representation with your best interests in mind.
- claims will not be settled without your permission.
- ANA recommends personal malpractice coverage for every practicing nurse.
- As an ANA member, you may qualify for one of four ways to save 10% on your premium.
- Every day you make a difference in someone’s life. Personal malpractice insurance helps protect your financial future so you can go on making a difference. Set up your malpractice safety net … because you care.

800.503.9230
for more information • proliability.com
Are You Ready to Take Your Leadership to the Next Level?

The Nurse Leadership Institute of Virginia (NLI) is recruiting for its sixth class, the Class of 2013. The NLI is a 9-month leadership development opportunity for high-performing RNs from across Virginia who serve as, or have been identified as having the potential to be, a nurse manager or a member of the management team. Fellows can work in any healthcare environment (e.g., hospital, long-term care, public health). Experience suggests that a diverse and balanced Class provides rich discussion and learning opportunities. Applicants must be nominated by their employer.

For more details, please go to: www.VirginiaNLI.org or contact Denise Daly Konrad at 804.282.6282 or dkonrad@VirginiaNLI.org. The application and employer Nomination and Recommendation Form must be submitted by 11:59 pm, Tuesday, June 5, 2012. The Nurse Leadership Institute is a program of the Richmond Memorial Health Foundation.

Opportunities in Palliative Care

Palliative care is one of the fastest growing trends in U.S. health care. In fact, the number of palliative care teams within hospital settings has increased approximately 138%, from more than 600 in 2000 to more than 1,500 today. This growth has occurred primarily in response to the increasing number of older Americans who are living with symptomatic chronic diseases several years before dying—and to the care giving demands faced by their families. Yet, there continues to be confusion by assuming that palliative care is synonymous with end of life care. The Georgia Nurses Association and Palliative Care Education© have partnered to provide online continuing nursing educational modules. These modules can be accessed individually on palliative care topics. A Certificate of Completion by the Georgia Nurses Association is provided to users who complete all eight modules and gain a total of 11 continuing education credits.

The palliative care module content has been produced by national experts and has undergone a peer-review process by an interdisciplinary panel of distinguished clinicians. Nurses who are knowledgeable about palliative care, in the form of symptom management, will be able to: ensure optimal symptom relief, promote patient-centered quality of life, help maintain physical functioning, reduce disease exacerbations, and support a coordinated cost effective approach in patient care.

Current information regarding nursing education in the assessment, management, and follow-up of patients living with symptomatic disease is focused on the end of life, when palliative interventions increase in intensity and use. These same issues need to address those who are not at the end of their life, but who suffer from symptoms associated with chronic diseases for several years before dying.

These 8 continuing educational modules provide the nurse with current evidence based palliative care content that spans an array of topics that include:

- Advanced chronic disease pathophysiology (six disease states)
- Symptom assessment and management of common symptoms that accompany chronic disease
- Differentiating palliative care from end of life care
- Cultural aspects associated with chronic disease
- Communication issues surrounding chronic disease management and advance directives
- Ethics surrounding palliative care interventions
- Patient and caregiver education on the trajectory of chronic disease
- Anticipated grief and bereavement

Call 1-912.547.0905 or go to palliativecareeducation.org

Debbie Dawson Hatmaker, PhD, RN-BC, SANE-A
Georgia Nurses Association, Chief Programs Officer
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Kim Kuebler DNP, APRN, ANP-BC
Palliative Care Education©
dkku@palliativecareeducation.org

Where small-town meets high-tech...

At the V.

These are exciting times at the Winchester Medical Center, our award-winning Magnet facility within Valley Health. Our $150 million expansion is now complete, featuring our architecturally stunning new North Tower. Now, you will find our four state-of-the-art Critical Care Units, including our RIGSICU, our new Jump-Down Unit, Urgent, Newly Emerging and Chronic Health Conditions are expertly diagnosed and treated utilizing evidence-based practice guidelines by our highly qualified and compassionate staff. We are now expanding our team of Magnet RNs—so in short, this is your chance to be among the best of the best in nursing today.

RN OPPORTUNITIES
WINCHESTER MEDICAL CENTER
NEW for 2012! Critical Care Nurse Internships!
Heart and Vascular Center - Clinical Nurse Specialists
Telemetry & Critical Care Areas - Clinical Nurse Managers
Telemetry and Step-Down Staff RNs

Looking for a bigger and brighter future? We are seeking Registered Nurses with a dedication to excellence that matches our own. We offer competitive salaries and a dynamic professional practice driven program. Our comprehensive benefits package includes up to 100% in tuition reimbursement in further advance your nursing degree. To see a listing of all currently available openings, visit www.valleyhealthjobs.com. Join our Talent Community and then apply online to be given immediate consideration to become a Magnet nurse. We look forward to hearing from you.

Office of Nurse Recruitment, Valley Health, 1448 Amherst Street, Winchester, VA 22601
Advanced Practice Registered Nurses “Myth Busters”

Myth #1: The quality of CRNA anesthesia training is less than that of a physician anesthesiologist.

Truth: CRNAs and anesthesiologists study the same information, in the same settings, throughout the perioperative and intra-operative continuum. CRNAs graduate from nursing school while anesthesiologists graduate from medical school. The one that I have found the most daunting in my first month of service is this VNT article. I wanted to write something thought provoking, yet non-controversial; fresh, yet professional. How could I possibly fill the shoes of our well-respected and polished immediate past president, Cynthia Fagan?

Well, as the song says, “I gotta be me,” so let me tell you about our recent success with our legislative bill, HB 346. As the president-elect, I was invited to be a part of the leadership group that represented the VCNP during a series of meetings with the Medical Society of Virginia (MSV) to develop draft bill language behind closed doors, sworn to secrecy, that had the potential to change the way nurse practitioners (NPs) practice in Virginia. While I have been a registered nurse for over 30 years, I have only just begun my career as a NP, earning my degree in 2005. Fortunately, we had the wisdom and experience of Judy Collins, a veteran NP, to help navigate the sometimes choppy waters of negotiation with organized medicine that were unfamiliar and difficult. Judy’s work on previous legislation regarding prescriptive authority afforded us knowledge and wisdom not shared by many others. Her availability to attend meetings, provide public testimony, read multiple drafts of the bill, and cheer us on, earned her the first VCNP Award for Advocacy at our Spring Awards Gala on March 10, 2012. How fitting, that the award was bestowed to Judy on the very day the Governor signed HB 346 into law. We are forever indebted to her for her role as advocate and mentor over the past year.

Other leaders that worked on behalf of VCNP were then-president, Cynthia Fagan; Government Relations Chair, Mark Coles; Past-President, Diane Walker and our lobbyists, Phil Boykin and Whitt Clement. We are also thankful for Delegate John O’Bannon, MD who was the patron of our bill and for other sponsors and supporters of the bill throughout the legislative process. We appreciate the support and encouragement of VNA president, Shirley Gibson, and the staff and membership of VNA throughout the session. It was the collective efforts and skills of all team members that contributed to the success of our bill.

Myth #2: Physicians are liable for CRNA actions.

Truth: CRNAs are liable for their own negligent actions. To date, there are no known cases in Virginia where any physician has been held liable for the negligent actions of a CRNA. In fact, only two cases, Blevins v. Sheshadri and Whittfield v. Whitaker Memorial Hospital, attempted to address this issue, neither case resulted in the surgeon being held vicariously liable for the actions of the CRNA.

Certified Nurse Midwife (CNM)

There is a correction to February 2012 APRN Myth Busters article regarding the myth that CNMs must attend births in hospitals because of supervisory/collaborative agreements that forbid out-of-hospital birth attendance. This prevents CNMs from providing services where there is no hospital or physician willing to sign (as is the case with out-of-hospital collaborative agreements). Unfortunately, the areas that could most use the services of a CNM are not being adequately served.

The truth is that in Virginia, it is legal for CNMs to attend births in or out-of-hospitals provided that they have an agreement with a collaborating physician for the settings. There are quite a few CNMs who attend either home births exclusively or attend birth center births.

Myth #1: CNM don’t allow laboring women to have an epidural.

Truth: CNMs focus on what the woman desires. If the woman has made the decision for a hospital birth with an epidural, the CNM supports that decision. If the woman prefers to experience a labor and birth without the use of pain medications, the CNM is able to provide support and guidance to help her experience and delivery.

Myth #2: Midwives only care for low-risk women.

Truth: Many hospital-based CNMs work with women who require high-risk pregnancies, and birth, even women with high-risk conditions. In collaboration with physicians who specialize in high-risk pregnancies, CNMs are often able to provide midwifery care and birth services, utilizing a team approach that is safe and helpful for women.

Nurse Practitioner (NP)

Myth #1: NPs practice under a physician’s license.

Truth: NPs hold their own license at the state level and are held certified at the national level. In Virginia, NPs hold licenses as Registered Nurses and as Nurse Practitioners. In addition they hold an authorization to prescribe. NPs are licensed healthcare providers and are responsible for the care that they provide.

Myth: The NP’s supervising physician is ultimately liable in cases of malpractice.

Truth: NPs hold their own malpractice coverage and are liable if malpractice is committed. If the case also involved the supervising physician, then that physicist might be held liable separately to some degree. However, the NP is ultimately responsible for the care that they deliver.

Correction

The February 2012 Virginia Nurses Today VNT article entitled “Advanced Practice Registered Nurses “Myth Busters” incorrectly stated that CNMs must attend births in hospitals because of supervisory/ collaborative agreements that forbid out-of-hospital birth attendance. This is incorrect. In Virginia, CNMs may attend births in or out-of-hospitals provided that they have an agreement with a collaborating physician for the settings. We apologize for any confusion and hope this clarifies the article.
Virginia’s Prescription Monitoring Program (PMP)

by Susan E. Jacobson, NP
Ms. Jacobson is employed at INOVA Behavioral Health in Fairfax, Virginia

Virginia’s Prescription Monitoring Program (PMP) was developed to monitor prescriptions of controlled medications. The program aims to promote appropriate controlled substances for legitimate medical purposes, while also deterring the misuse, abuse and diversion of controlled substances.

Sadly, prescribers frequently say they are not using this resource. But used correctly, PMP data is a tool that can help prescribers develop appropriate treatment plans for their patients, and potentially save lives.

By way of background, PMP data only covers a limited number of drugs. Benzodiazepines, opiates, methadone, and stimulants are categories of medications the Board of Health Professionals deems necessary to monitor. Medications include but are not limited to: Schedule II: Oxycontin, methadone, morphine, Ritalin; Schedule III: Lortab, Vicodin, testosterone, Tylenol with codeine; and Schedule IV: Valium, Xanax, and Ambien.

A DEA number is required to register with the PMP and a prescriber must have a prescriber-patient relationship with the patient for whom they are soliciting information. That said, the data is widely accessible and prescribers, pharmacists, licensing boards, certain law enforcement agents, as well as patients who may want their prescribing history, have access to it.

Legislation in 2010 and 2011 clarified that a prescriber may report suspected criminal activity (54:1-3408.2), and may discuss contents of the PMP with other prescribers and dispensers (54:1-2525, C). As a psychiatric nurse practitioner in an outpatient behavioral health unit, PMP data can help in assessing if a patient has a history of multiple prescribers for controlled substances. Frequency of the prescriptions and the length of time prescribed contribute to developing the plan of care.

Data from the PMP can also assist in helping patients transition to appropriate medications that do not have consequences of addiction. Patients have consented to participating in substance abuse treatment when confronted with the PMP data and issues surrounding the abuse of prescription medications, or combination of prescriptions plus alcohol or other substances.

Additional information about Virginia’s Prescription Monitoring Program can be found online at www.dhp.virginia.gov. A free CEU program on pain management is also available at this website.

CMS Announces New Initiative to Bolster Primary Care Workforce

Demonstration will assist with training of Advanced Practice Registered Nurses

The Centers for Medicare & Medicaid Services (CMS) today announced a call for applications for a new Affordable Care Act initiative designed to strengthen primary care in the United States. Under the Graduate Nurse Education Demonstration, CMS will provide hospitals with nursing schools to train advanced practice registered nurses (APRNs) with payments of up to $620 million over four years to cover the costs of APRNs’ clinical training.

“Thanks to the Affordable Care Act, we’re taking steps to put more advanced practice registered nurses at the forefront of our health care system,” said Marilyn Tavenner, Acting Administrator of CMS, and a nurse. “Better training and support for advanced practice registered nurses will mean higher quality care.”

APRNs—whether they are nurse practitioners, clinical nurse specialists, nurse anesthetists, or nurse midwives—play a pivotal role in primary care. This new initiative will provide funds to eligible hospitals to increase the availability of clinical training settings that will bolster the skills and supply of APRNs. Payments to the participating hospitals will be linked directly to the number of additional APRNs that the hospitals and their partnering entities are able to train as a result of their participation in the demonstration.

The demonstration requires that half of clinical training occur in non-hospital settings in the community. Most clinical training in large hospitals already includes some rotations in settings that treat minority and underserved populations; however, this demonstration sets a higher requirement for training in non-hospital community-based settings in clinics that treat minority and underserved populations however students receiving training funded by the demonstration will be encouraged to practice in non-hospital community-based settings, including in underserved areas.

CMS will select up to five eligible hospitals to participate in the demonstration. The demonstration is expected to run for four years.

The demonstration was authorized by the Affordable Care Act, and will be operated by the Center for Medicare & Medicaid Innovation. It is part of the Administration’s overall effort to strengthen the health care workforce.

For more information including how to apply, visit the Graduate Nurse Education Demonstration website at: innovation.cms.gov/initiatives/gpe.
THE CABANISS LEADERSHIP CHALLENGE
Circle of Giving Can Make a Difference

by Corinne F. Dorsey, MS, RN

The Nursing Division of the Medical College of Virginia Alumni Association of Virginia Commonwealth University (MCVAA of VCU) and the VCU School of Nursing are pleased to announce that we have raised more than $6 million toward our Cabaniss Leadership Challenge, a campaign to attract more donors and raise $8 million for nursing scholarships, patient care and a chair endowed for the position of the dean of the VCU School of Nursing. Now, we want to invite you to join us!

The steering committee expects to announce the completion of the campaign in 2013 at a gala celebration in honor of the 120th anniversary of the School and outstanding leaders like Sadie Heath Cabaniss and VCU Nursing Dean Nancy F. Langston, who plans to retire that year. The major goal is to establish new and add to existing endowed scholarships and graduate fellowships for VCU Nursing students. Among the areas of focus are the RN-BS scholarship fund, an MS/NP fellowship fund, and a doctoral fellowship fund. We want to provide opportunities for highly sought nursing scholars to study with nationally renowned research scientists. We also want to provide opportunities for students who would otherwise be unable to pursue their dream of obtaining a nursing degree.

I am offering a challenge to my fellow VCU School of Nursing alumni, as well as friends and colleagues in health care to join me in this important effort. What can you do to help us meet the Cabaniss Leadership Challenge? Make a gift that means something to you, one that goes beyond your checkbook – a thoughtful gift. For some, that will mean making a gift through a bequest or other planned giving vehicle. For others, it will mean establishing an endowed fund, and for others it will mean a single gift.

One suggestion, from Dean Nancy Langston is for those who cannot establish individual endowed funds, to consider creating a “circle of giving,” perhaps pooling contributions from 10 or more people, to achieve the same goal. A group of classmates might consider creating a class gift campaign. My class and many others have been successful in establishing endowed funds for our schools of nursing through what we call a class gift campaign. This type of giving can help you establish an amazing, lifelong connection with the VCU School of Nursing, its students and faculty. I urge you to join me in accepting the Cabaniss Leadership Challenge to provide the margin of excellence to recruit and retain the best and brightest, and to ensure the legacy of leadership of VCU’s School of Nursing.

For more information on the Cabaniss Leadership Challenge, please contact James T. Parrish, Director of Development, Virginia Commonwealth University School of Nursing at (804) 828-5172 or jparrish@vcu.edu. You can also visit the VCU School of Nursing website at www.nursing.vcu.edu and click the “Make a Gift” button. ◆

Kate Judge Named Executive Director of American Nurses Foundation
Work Will Broaden Philanthropic Activities that Support Nurses and Improve Patient Care

Kate Judge

Kate Judge has been named as the new executive director of the American Nurses Foundation (ANF) to broaden the Foundation’s philanthropic activities to better support nurses and the work they do throughout health care, announced Marla J. Weston, PhD, RN, chief executive officer of the American Nurses Association (ANA).

As executive director of ANF, Judge is responsible for establishing long-range plans and strategies, overseeing business operations, promoting and monitoring the philanthropic and grant-making activities of the Foundation, and leading fundraising efforts. ANF is the charitable and philanthropic arm of ANA.

“Nurses have always played an essential role in health care, but the amount of philanthropic support for their contributions to patients and the public has not been as strong as it could be,” Judge said. “I look forward to working with the American Nurses Foundation’s board of trustees to harness greater funding from individual nurses, corporations, and other donors as we move to expand the Foundation’s mission.”

Judge comes to ANF with 20 years of experience in strategic planning, building effective donor relationships, and increasing revenue of non-profit organizations. She most recently was co-principal of End/Start Consulting, where she worked on projects that focused on the assessment and reorganization of major and annual gift programs, board development and training, and the creation of campaign materials and branding concepts.

“When it was established in 1955, the American Nurses Foundation was visionary in its mission to fund nurse-led research,” Weston said. “We believe Kate’s strong background, expertise, and vision will help the Foundation have an even greater ability to support new programs and services that will benefit the nursing profession and nurses as they strive to improve quality and access to health care.”

Judge’s appointment was announced at the ANA Board of Directors meeting in March 2012. The search process was facilitated by consulting firm Giselle O’Connor Associates. Judge succeeds Joanne M. Kottke, who has served as the ANF executive director since 2004.

Working with the Foundation’s board of trustees as its executive director, Judge’s priorities will include increasing ANF’s financial strength for vital programs, increasing the ANF’s ability to support new programs and services that will benefit the nursing profession and nurses as they strive to improve quality and access to health care, and increasing ANF’s ability to collaborate with the ANA. Throughout her career, Judge has served in several leadership roles, helping drive the Foundation’s financial growth and increasing its strategic focus on the assessments and reorganization of major and annual gift programs.

Judge holds a Bachelor’s of Science in Nursing from the University of Pennsylvania School of Nursing, a Master’s in Business Administration for Alumni Relations and Development at Virginia Commonwealth University, a Master’s in Family Nurse Practitioner from George Washington University School of Nursing, and a Master’s of Public Health from University of Pennsylvania. She is a member of the Class of 1986 of the University of Pennsylvania School of Nursing.

For eight years, Judge served as assistant dean for Alumni Relations and Development at the University of Pennsylvania School of Nursing, where she raised on average $84 million annually for scholarships, programs and research. She also led successful fundraising and marketing campaigns, securing $7 million to $9 million annually in largely unrestricted revenue for the second American Red Cross chapter, the Southeastern Pennsylvania Chapter. As a consultant to the American Red Cross, she worked with field leaders to launch nationwide e-mail campaigns to build financial strength for vital programs.

For more information on ANF, see: http://www.anfonline.org.

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The ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, ensuring a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Nurses in the New River Valley

The second meeting of the New River Valley Chapter of the VNA was held on March 21st. The purpose of the chapter was expanded “To promote the professional development of nurses and student nurses in the New River Valley through education, advocacy and a stronger presence.”

Ideas for increasing membership and continuing educational offerings were discussed. The next meeting will be held May 16th at 5:30 PM in the Eure Educational Building at LewisGale Hospital Pulaski in Pulaski, VA.

Laura Nakoneczny, the new VNA Chief Executive Officer, will be our guest speaker. She will provide a VNA update as well as future plans for the VNA. All nurses in the NRV are encouraged to come out and meet the new CFO and help us have an active VNA chapter.

Contact Ellen Linkenhoker at ellen.linkenhoker@hchealthcare.com or the VNA admin@virginia nurses.com for more information on how to join the New River Valley Chapter of VNA. ◆

Search for Balance
Find your perfect nursing career on nursingALD.com
Registration is free, fast, confidential and easy! You will receive an e-mail when a new job posting matches your job search.
ANA Board of Directors Upholds NYSNA Suspension

The American Nurses Association (ANA) Board of Directors has upheld an earlier decision of a hearing panel to suspend the New York State Nurses Association (NYSNA) from constituent member status effective December 15, 2011. The board affirmed the decision following a meeting held on March 7 to consider an appeal of the suspension submitted by the NYSNA leadership. ANA's bylaws stipulate that engaging in “dual unionism” is cause for disciplinary action against a constituent member.

“It’s unfortunate that NYSNA’s appeal did not offer any new information or a remedy to counter the strong record of evidence on which the hearing panel formed its decision,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. Courts have defined “dual unionism” as assisting a rival union in taking over as the bargaining representative, or otherwise undermining the integrity of the labor organization by helping its rival. In October 2011, the newly elected NYSNA Board of Directors brought in the current executive director of the Massachusetts Nurses Association (MNA) to run the association. Massachusetts Nurses Association is an affiliate and founding member of National Nurses United (NNU). NYSNA is affiliated with ANA. Several individual members of NYSNA produced evidence for the hearing panel showing that some NYSNA board members brought in staff leaders of a competing union, provided them with access to proprietary information, and gave them complete control of the organization’s operations.

According to the ANA board’s ruling, “The Board of Directors notes that NYSNA has taken the position on appeal that the existence of dual unionism would be eliminated if it were to have its Interim Executive Director resign from her position with the rival labor organization while serving as NYSNA’s top staff person. That position misses the point—such an offer would not resolve the existence of dual unionism. NYSNA’s Interim Executive Director has positioned herself as the so-called champion of NYSNA members while simultaneously using her MNA email address and enlisting MNA staff members to control the NYSNA offices to facilitate the “transition.” This has created the false impression that the NNU affiliate is better able to serve the interests of NYSNA members, or within the context of MNA/NNU history, that a NYSNA affiliated with NNA would be better able to serve the interests of a NYSNA that is affiliated with ANA, thereby undermining the foundation of the NYSNA/ANA affiliate relationship.”

Because of ANA’s federated model, NYSNA is the organizational member of ANA; therefore, action is taken against the state association. As a consequence, individual members of NYSNA have lost ANA rights and benefits during the suspension, including the right to hold national office, participate in ANA’s House of Delegates, and access to benefits such as periodicals, members’ content on ANA’s website, and discounts. In the event dual unionism is effectively ended during the one-year period of suspension, NYSNA may provide evidence of that fact and petition the ANA Board of Directors to have the suspension lifted.

“We regret the impact this has on NYSNA members who value their ANA affiliation and benefits,” said Daley. “However, it is imperative that ANA enforce its bylaws and protect the rights of all of our members.”

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