The cruelty and disregard for another human being is evident in the numerous 2017 tragic events. Hundreds of innocent lives were lost and today a traumatized ambience persists across the nation.

However, there is hope. Small embers are emerging from the ashes of violence and despair. Victims found their voice and came forward with chilling accounts of long-standing sexual harassment and abuse in virtually every domain. Nurses continue to advocate for their clients even when their best holistic efforts are hindered by a financially driven health care system.

This sense of powerlessness is daunting and contributing to nurses grappling with moral distress and compassion fatigue at alarming rates. Our colleagues; recent graduates or seasoned caregivers are leaving the profession defeated due to an inability to implement the “Art of Nursing.”

How can we address this invasive negative pattern and move forward? I propose we get back to basics utilizing ANA’s Code of Ethics to rekindle our passion and promote professional resilience to facilitate change.

Resilience is the process of adapting well in the face of adversity, trauma or significant sources of stress. Nurses face recurrent challenges in diverse settings: at the bedside, in classrooms, homes, communities and even boardrooms. A resilient person is one who is strong, healthy and successful again after an event and for nurses after multiple and repetitive stresses. I can attest that it is imperative for nurses to cultivate resilience every day, but it cannot be achieved in a vacuum.

The profession of nursing is a rich tapestry composed of unique threads: nurses, clients, families, interdisciplinary colleagues and diverse communities binding us together. Nurses must be empowered to create a supportive and synergistic environment to inspire one another, promote resilience and stay the course. This is inherent as ANA-New York’s vision: “Building a community of empowered registered professionals as the preeminent voice of nursing in New York State.”

I thank you for being such dynamic, dedicated and innovative professionals. As President, I strongly encourage every nurse to collaborate with their colleagues and ANA-New York to reaffirm and sustain your resilience and passion for nursing. We proved we can overcome the most difficult obstacles with the BSN in 10, and now moving forward we can take on any pressing issue or opponent. Nurses Rock with Resilience!

PASS THIS NEWSLETTER ALONG TO A NURSE COLLEAGUE

MEMBERSHIP APPLICATION ON PAGE 19
I am so honored to have been your Executive Director for the past year. It has been an incredible learning experience for me and I appreciate the support of the committee chairs, the board, and my incredible “right arm,” Jamilynne! We have had so many accomplishments as an organization as we celebrate our 5th Anniversary! I am so glad that you are all with me on this journey and look forward to another year of exciting opportunities!

During 2017 ANA-NY:
- Was represented at 5 regional, 10 state, 6 national, and 2 international events
- Added 2 Organizational Affiliates: Nurses Association of the Counties of Long Island and the International Society of Nurses in Genetics
- Increased membership by over 700 members
- Had 13 board committees
- Present 32 Future Nurse Leader Awards
- Celebrated Nurses Week with insert in Daily News
- Started second year of quarterly newsletter
- Decreased the number of members for whom we do not have an email by more than half
- Joined the Northeast Multistate Division of ANA
- Activated the “Members Only” section of website
- Co-sponsored 14 events across the state including participation in the national screening of Defining Hope on November 1, 2017
- Sponsored an American Nurses Advocacy Institute
- Sponsored a Nursing Research Fellow
- Increased collaboration between committees
- Poster presentations at 2018 Annual Meeting and Conference
- Created uniform marketing tagline, PowerPoint presentation, and “one-pager”
- Moved to virtual record-keeping and paperless board meetings
- Negotiated discount tickets for members for Madison Square Garden events
- Appreciated an operating budget savings of over $50,000 compared to 2017 projected budget which will allow us to continue to expand member benefits
- Added pre-conference workshop to 2017 Annual Meeting and Conference

Coming in 2018:
- Additional ANA-NY awards to recognize member achievements
- Engagement of Future Nurse Leaders
- Complementary CE activity approval for Organizational Affiliates
- Increase in Organizational Affiliates and OA engagement activities
- New York Nurses Change the World anthology
- Documentation support for NY nurses applying for NEMSO CE activity approval
- ANA-NY credit card
- ANA-NY speakers’ bureau
- ANA-NY continuing education offerings beyond the Annual Meeting and Conference
- Moving committees on to Microsoft Office 365
- Increased collaboration between committees
- Poster presentations at 2018 Annual Meeting and Conference
- Pigs, plenty of opportunities to be involved:
  - Committee work
  - CE Peer Reviewer
  - 2018 Annual Meeting and Conference speaker
  - Submit articles for newsletter
  - Submit a poster abstract for the 2018 Annual Meeting and Conference
  - Participate in CE offerings
  - Run for a position on the Board of Directors
  - VOTE in our election
  - Nominate a colleague for an ANA-NY award
  - Be a Future Nurse Leader presenter at your local college or university
  - Submit an article for the Daily News insert
  - Update your profile on My ANA to include a current email address
  - Visit www.ana-newyork.org
  - Follow my blog: https://ananyexecutivedirector.wordpress.com
  - Like us on Facebook
  - Follow us on Twitter
  - Connect with us on Nursing Network
  - Attend the 2018 Annual Meeting and Conference and bring a friend!

ANA-NY is partnering with Advantedge Education, Inc. as a preferred provider for New York State mandatory courses. There are several online continuing education courses available, including infection control.

The courses will be available to ANA-NY members in Spring 2018 and provided at a discounted rate. More details to follow!
Who in Your Class of 2018 Stands Out as a Future Nurse Leader?

Criteria for Student Nomination

The ANA-New York Future Nurse Leader should be a graduating senior from an undergraduate nursing program who:

- Demonstrates leadership:
  - Participates in community activities and gives back to others
  - Mentors fellow students
  - Promotes activity in nursing organizations
- Creates opportunities for engagement and involvement
- Makes a significant contribution to the overall excellence of the school
- Sets a healthy example and promotes a healthy lifestyle
- Demonstrates a clear sense of the direction for his/her nursing career

ANA-NY and ANA hope that you will give this award your consideration and participate. Please direct any queries to futurenurseleader@anany.org.

Laurel Algase

Laurel is a 2017 graduate from Le Moyne College in Syracuse, NY. She currently works at the University of Rochester Medical Center in the Pediatric Cardiac Care Center. She chose nursing as a career because she enjoys the critical thinking, has the ability to care for others and loves to see the impact she is making in people’s lives. In college she was actively involved in the admissions process with prospective students, participated in a study abroad trip with fellow nursing students to the Dominican Republic and planned social activities for the different dorms through Residence Hall Association. She received the ANA – NY Future Nurse Leader Award and joined ANA to become more involved in the profession as well as meet other professionals from various disciplines. This year she accepted the position as Co-Chair of the membership committee and is excited to actively engage with new graduates and experienced nurses. In her spare time, she enjoys sailing, traveling, paddle boarding, snowmobiling, and spending time with her friends, family and new puppy.

Hotel Reservations at the Renaissance Albany Hotel

Book your group rate for ANA NY Room Block at https://goo.gl/kVmboq

ANA-NY would like to welcome International Society of Nurses in Genetics (ISONG) as ANA-New York’s newest Organizational Affiliate

ISONG is dedicated to fostering the scientific and professional growth of nurses in human genetics and genomics worldwide

In the Spotlight – Future Nurse Leader

Laurel Algase

Laurel is a 2017 graduate from Le Moyne College in Syracuse, NY. She currently works at the University of Rochester Medical Center in the Pediatric Cardiac Care Center. She chose nursing as a career because she enjoys the critical thinking, has the ability to care for others and loves to see the impact she is making in people’s lives. In college she was actively involved in the admissions process with prospective students, participated in a study abroad trip with fellow nursing students to the Dominican Republic and planned social activities for the different dorms through Residence Hall Association. She received the ANA – NY Future Nurse Leader Award and joined ANA to become more involved in the profession as well as meet other professionals from various disciplines. This year she accepted the position as Co-Chair of the membership committee and is excited to actively engage with new graduates and experienced nurses. In her spare time, she enjoys sailing, traveling, paddle boarding, snowmobiling, and spending time with her friends, family and new puppy.
The ANA-NY Awards Committee is pleased to announce the ANA-NY Award categories for 2018. This is a wonderful opportunity to recognize superior achievements of our members. Watch for the official call for nominations coming in Spring 2018!

Mentorship:
The ANA-NY Mentorship Award recognizes a nurse who has been an exemplary mentor to less experienced nurses (novices) in any domain of nursing – education, research, practice improvement, clinical practice, and/or health policy. The recipient of this award will have provided professional guidance and support to the mentees over a protracted time period during the evolution of their careers in an effort to help the mentees reach their professional, mutually agreed upon goals.

Criteria:
- Demonstrated activity as a mentor through:
  - Documentation by at least two (2) mentees of the role played by the mentor in helping them to achieve their professional goals;
  - Collaborative publications and/or presentations with mentee as first author;
  - Acknowledgement of mentor in published works (mentor not author) or awards supported by mentor (mentor not part of award).
- Protracted relationship between mentor and mentee (i.e., going beyond a work relationship). Examples: If a faculty member, working with a student beyond graduation from a program. If in a clinical role, meeting and working with mentee beyond work hours.

Policy and Service:
The ANA-NY Policy and Service Award recognizes a nurse who has made significant contributions in the policy, legislative, and/or nursing service sectors of the profession and has contributed in these realms beyond their own practice to advocate within the policy and/or service arenas to bring change to nursing and the healthcare system.

Criteria:
- Demonstrated activity in policy and/or service through a minimum of two (2):
  - Political activity (i.e., development and support of legislation, campaign work, fund raising, or lobbying), which promotes the nursing profession in political and health care arenas
  - Advancement of the knowledge of nurses, politicians, and policy makers concerning the contributions of nursing in the health care field
  - Development of mechanisms to promote the effectiveness of nursing’s role in the provision of health care services through political and/or legislative activities
  - Promotion of the role of nursing as a scholarly discipline by using research findings as a foundation for legislative and regulatory initiatives that promote the role of nursing and the safety and quality of care of our patients
- Demonstrated activity in ANA-NY’s policy, leadership, scholarship and/or educational agenda

Friend of Nursing:
The ANA-NY Friend of Nursing Award recognizes non-nurse individuals or organizations (excluding professional nursing organizations) who have had a significant positive impact on ANA-NY, the health care community, and/or the health of people.

Criteria:
- Demonstrated commitment to the purposes and goals of ANA-NY
- Demonstrated superior achievement and leadership in their field of work.
- Sustained contribution(s) of lasting significance to ANA-NY, the nursing profession, and/or the health of people in New York State.
- Examples of contributions to the nursing profession include, but are not limited to:
  - Leadership in strategic efforts to promote legislation and/or regulation supportive of Registered Nurses and their patients
  - Implementation of critical research which supports the nursing profession
  - Provision of exemplary service to a professional nursing organization
  - Participated in or lead collaborative efforts to improve health care
  - Demonstrated leadership in the promotion of Registered Professional Nurses as equal partners in the health care system
nursing association to the recipient. The school selects a graduating student who has shown the most outstanding leadership qualities. We make the presentation at their graduation or pinning ceremony.

NACLIs’ involvement in community outreach projects includes Wellness fairs, Adopt a school (distribute school supplies), collection and distribution of food to pantries, collection of funds for Nurses House and the Veterans.

NACLIs’ Public Policy Committee addresses political issues. We hold a legislative night every few years when the local politicians hold forums to address nurses about issues concerning health care. This is held in October prior to the November elections. This event serves as an introduction for nursing students and shows that nurses have a voice in policy making and election time presents a great opportunity for your voice to be heard.

NACLIs provides seminars, often offering CE credit. A few topics covered recently include: “The Impact of Incivility on Patient Care,” “Men in Nursing, from a Male Perspective,” Male stereotyping in nursing,” “Globalization and Cultural Competence in Nursing Practice and Nursing Education.”

We are proud to celebrate our nurses at our Annual Awards Dinner Celebration in November. It is a truly festive evening. We award nurses and non-nurses in the following five categories:

1. The Ruth W. Harper Distinguished Service Award For Leadership in NACLI
2. The Eleanor Malowski Mentoring Award
3. Award For Excellence in Workplace (Administrator, Educator, Advanced Practice, or Direct Care)
4. The Beacon Award (Graduation from a nursing program for Bachelor or Advanced Degree)
5. Community Service

When asked why being an active member is important to me? My response would be that I seek opportunities for active involvement in organizations to learn and continue my self-development. Since joining NACLI, my journey has taken me from the nominating committee to serve on Board of Directors, then second and first Vice-Chair to currently my second term as President.

My goals for the next two terms include computerizing certain aspects of NACLI, renew my commitment to research, and increase the presence of NACLI in the community. My successes:

• Promotes nurses’ awareness and involvement in health care issues
• Promotes nurses’ awareness and involvement in health care issues
• Advances ethical practice by and for a culturally diverse population
• Responds to the changing educational needs of members
• Actively participates in the political process to facilitate the Association’s mission
• Promotes nursing as a career

NACLI just recently became an organizational affiliate to ANA-NY this past September. NACLI is a local nursing organization to help foster collaboration and discussion on a local level of nursing issues. We are one of the few nursing organizations that have a student membership. The thought was if nursing students participate while studying nursing, they will model this behavior working with NACLI and other nursing organizations. We also ‘pin’ selected nursing students with NACLIs’ Student Leadership Award. For years, we have given a certificate of merit, a pin, and a one-year complimentary membership in our professional

Kimberly Velez, MSN, RN

The Nurses Association of the Counties Of Long Island, Inc. (NACLI), Founded in 1919, is a membership organization for RNs and Nursing Students in the Brooklyn, Queens, and Nassau counties. Throughout its rich history, the Association has been a leader in advancing the profession and promoting healthcare. NACLI’s members are practitioners, educators, administrators, researchers, and entrepreneurs. Membership offers opportunities in professional growth, networking, and leadership development. Through its programs, services and structure, NACLI:

• Promotes nurses’ awareness and involvement in health care issues
• Promotes nurses’ awareness and involvement in health care issues
• Advances ethical practice by and for a culturally diverse population
• Responds to the changing educational needs of members
• Actively participates in the political process to facilitate the Association’s mission
• Promotes nursing as a career

NACLI is busy preparing for our centennial in 2019. We are recruiting volunteers, and are seeking past board members to assist us with stories or articles. Also join us in 2019 to celebrate our 100 years.

Kimberly Velez, MSN, RN

Kimberly Velez, MSN, RN is an Informatics Nurse, training and educating staff on the Electronic Medical Record (EMR) at the Northwell Health formerly, North Shore-LIJ Hospital System, has been a practicing Registered Nurse for almost 20 years, working at New York Hospital Queens as an Assistant Nurse Manager, PACU, and Emergency Room Nurse. Kimberly has worked in a variety of settings over the course of her career, which included Inpatient, Emergency Room, PACU, Outpatient, Long-term, and Homecare. She credits the valuable trait of keen assessment skills as the foundation instilled at the start of her career as a Float Nurse at Coney Island Hospital in Brooklyn, NY.

Kimberly loves to learn and loves to teach even more, and this pursuit of knowledge led to continued education after obtaining her RN degree from the College of Staten Island to SUNY Downstate for BSN, Long Island University for Masters in Nurse Executive, and a Postmasters Certificate in Informatics from University of Phoenix with continued plans for certification.

Currently serving as the President of (NACLI), Nurses Association of the Counties of LI, Kimberly is an involved member, and served in various roles with ANA, ANA-NY, NACLI, and NYANA.

Appointed in 2005, she continues to serve as an Auxiliary member of the New York State Board for Nursing. In this capacity, she supports the work of the board through involvement in disciplinary hearings, helping to ensure public safety, maintain the integrity of the profession and fairness to the Registered Nurses. Kimberly is a proud member of NYONE, NACLI, NYSNA, ANIA, ANA-NY, and two Sigma Theta Tau Honorary Societies:

• Alpha Omega Chapter, College of Nursing and Public Health, Adelphi University
• Psi Tau Chapter of the Honor Society of Nursing, (STTI) at Downstate Medical Center College of Nursing

She is committed to evidence based models for patient care, teaching, training, and mentoring nurses entering the profession.
ANA-NY held its fifth successful annual meeting on September 15-16, 2017 at the Hilton Albany where nursing colleagues and friends gathered for two days of dialogue, business meetings, and presentations with various speakers. New this year included a pre-conference on Thursday, September 14, 2017 co-sponsored by the NYSDOH AIDS Institute Clinical Education Initiative and Mount Sinai Institute for Advanced Medicine. On Saturday, September 16, 2017 Nurses House, Inc. hosted a Healthy Nurses Walk to benefit Nurses House, Inc.

We extend a special thanks to the Annual Meeting Committee for their dedication in making this event a huge success. The committee chaired by Pat Hurld and committee members are Gorete Crowe, Marilyn Kleinberg, Ann Purchase, Laura Terrriquez-Kasey, Debra Wolff, President Elisa Mancuso and Board Liaison Linda O’Brien, cannot be thanked enough for their service. We look forward to seeing you at our 2018 Annual Meeting on October 18-20, 2018, to be hosted at the Albany Capital Center with hotel rooms by the Renaissance in Albany, NY.

These are just some of the moments captured from the 2017 Annual Meeting and Conference.

A big THANK YOU to our 2017 Annual Meeting speakers and sponsors

Speakers
Brenda Birman, ScD | Marilyn Mitchell, RN, BSN, MAS | Jeanne-Marie Havener, PhD, RN, CNS, FNP
David Griffiths | Keith Algozzine, PA-C | Scott Burton

Sponsors
Arthur L. Davis Publishing Agency, Inc. | AON Affinity Insurance Services/NSO | Rochester Regional Health
Advantedge Education, Inc. | Center for Nursing at the Foundation of New York State Nurses, Inc. | Nurses House, Inc.

Exhibitors
AXA Advisors | Capital Affinity Partners | CEI | Excelsior College | Mercy College | NYONEL
Safe and Strong at Work | The Daily News | University at Buffalo School of Nursing
University of Rhode Island | Northern Adirondack Nurses Association (NANA) | United Concierge

Currently accepting applications for the following Nursing Programs at WCSU:

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EdD in Nursing-Online Program
Joint program SCSU/WCSU—the only one of its kind in Connecticut and one of few across the country uniquely designed for academic faculty roles.

For more information: Visit our website at wcsu.edu/nursing or call (203) 837-8556.
Executive Director, Jeanine Santelli, addressing the members.

Legislation Chair Marilyn Dollinger and President Elisa A. Mancuso for the President’s Award.

Larry Z. Slater and President Elisa A. Mancuso for the President’s Award.

2018 ANA-NY Board of Directors – Sitting (left to right) Secretary Tanya Drake, Treasurer Donna Florkiewicz, President Elisa A. Mancuso, Vice President Joanne Lapidus-Graham. Standing (left to right) Directors-At-Large - Ann Franzcek, Linda O’Brien, Victoria Record, Mary Lee Pollard, Keith Hornbrook.

(Left to right) Laurel Algase, a 2017 Future Nurse Leader Awardee, and Cecilia Mulvey, co-chairs of the Membership Committee.

Ann Harrington, Ann Purchase, Mary Lee Pollard and Victoria Record having a wonderful time at the meeting.

Karen Ballard, Hall of Fame Recipient and first Executive Director with Mitch Prager from the Daily News.

Enjoying exercise during breaks.


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Patient's "DO NOT RESUSCITATE" Tattoo Sparks Debate

John A. Musacchio, Esq.

I recently became aware of a case study involving a terminally ill patient who had the words "DO NOT RESUSCITATE" tattooed across his chest. This case is so fascinating and has sparked such a large ethical debate that I am compelled to write about it in this quarter's newsletter. (I will refer to the tattoo at issue as the "DNR tattoo" throughout this article.)

The Facts

To summarize the facts, as reported by several news outlets, the 70-year-old patient had presented to a Florida emergency department in an unconscious state with the inability to communicate his wishes. He apparently had no identification and the medical team had no way to reach his family members in an emergent fashion. When his providers saw the words "DO NOT RESUSCITATE" together with what appeared to be the patient's signature tattooed across his chest, they were faced with the difficult decision of whether they should honor the patient's apparent end-of-life directive, or if they should disregard it and take the usual heroic measures to save the patient's life, as they would do for any other patient who did not have a properly executed DNR, health care proxy, or living will.

Initially, the medical team chose to disregard the tattoo. However, they eventually brought in an ethics team, who instructed the providers to honor the DNR tattoo. The patient died shortly thereafter.

The Legal Landscape

In the November 2017 ANA New York Nurse Newsletter, I provided information about patients' advance directives - health care proxies and living wills. These documents are typically created to express people's wishes involving life-sustaining treatment and should be used in the event that the person becomes incapacitated or unable to express their wishes at the time care is being provided. To be properly executed and effective, these documents should typically be signed by the patient in the presence of two (2) witnesses, whose names and, often, contact information are provided on the documents. There are many reasons for having these documents properly witnessed, including to indicate that the person making the advanced directive was of sound mind at the time of executing the document, that the person was not coerced or unduly influenced, and to identify other individuals to contact in case a question arises regarding the validity of the patient's directive.

Should the DNR Tattoo's Message Have Been Followed?

Patient advocacy is often at the heart of a nurse's list when providing patient care, as it should be. Following a patient's wishes is certainly one of the most important forms of patient advocacy. While many medical providers would be quick to say that this type of tattoo should be followed, we need to dig deeper to determine what is truly in the patient's best interest.

To me, the answer comes down to being able to sufficiently prove the patient's true wishes. The courts have the job of balancing the importance of upholding people's wishes while protecting people from fraud and undue influence. That is why many states, including New York, require people to go through certain formalities when creating documents such as wills, health care proxies, powers of attorney, etc. In New York, for instance, the courts do not recognize a validly executed will unless it meets the required formalities.

In this particular patient's case, the courts may have disregarded the DNR tattoo, since it does not include the names or attestation of any witnesses and certainly was not notarized. The use of witnesses and notarization are the usual, time-tested methods of proving that the patient was of sound mind at the time he or she made the decision about his or her future healthcare needs. If there is ever a question as to the validity of the incapacitated patient's prior instruction, a healthcare provider or court can ask the witnesses. In the case of the DNR tattoo, however, there were no identifiable witnesses for the providers to ask.

Another important consideration is that most legally enforceable documents can be revoked by the person making them. For instance, if a person changes his or her mind about the wishes specified in a living will, health care proxy or do not resuscitate order, he or she can simply revoke that document and it will no longer be effective. By contrast, it is much more difficult to "revoke" a tattoo - having a tattoo removed is a costly, painful, and time-consuming process. While those same facts may on one hand suggest the strength of the patient's dedication to having a particular wish carried out, it also could be argued that the patient may have changed his mind and just didn't have a chance to get the tattoo removed. Don't we know when the patient got the tattoo - it may have been a week before he presented, or it could have been many years or decades earlier.

Since this tattoo does not have any of the traditional safeguards, it raises important questions, such as: 1) Was the patient of sound mind when he got the tattoo? 2) Was the patient unduly influenced by someone who had an interest in his estate? 3) Was the tattoo made against his will? 4) Did the tattoo still accurately represent the patient's wishes at the time he presented?

There is a presumption with properly executed documents following the required legal formalities that the patient's wishes are accurately described in those documents, and therefore should be carried out. Since none of those safeguards were present with this patient's tattoo, it is hard to determine whether the tattoo's message is enforceable and binding.

Importantly, it has been reported that the medical facility searched for, and found, this particular patient's formally executed DNR, which had previously been filed with the Florida Department of Health, before the ethics committee made the final decision to discontinue its life-sustaining treatment.

What Are We To Do?

The best definitive answer I can give is that people should make their wishes known by using traditional, properly executed and witnessed written documents, such as DNRs, living wills and health care proxies, which have been found by the courts to be valid. Medical providers should typically follow the directions specified in those documents. However, it would not be good practice for a medical provider to rely solely upon a patient's tattoo, without the support of any legally valid documents, in making the decision to let a patient expire.

As always, when a provider is unsure what to do, he or she should ask for guidance from a supervisor or other department leader. Nurses should also be familiar with their facilities' internal policies and procedures with regard to the use of patients' advance directives. And if you ever find yourself facing some form of discipline, you should speak directly with an experienced attorney to discuss your options.

References


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- Review your employer's policies and procedures
- Become familiar with the published guidelines in your area of practice
- Ask your supervisor for guidance
- Follow your supervisor's instructions
- Attempt to find proper documentation of the patient's wishes
**Legislative Worksheet (SBAR Format) – How a Bill Becomes a Law**

**SITUATION: IS THIS SOMETHING THAT CAN BE LEGISLATED?**

- **Identify the problem/concern:**
  This Writer works as home visiting nurse for Hospice program. A lot of times while on the road, the Writer would be on the way to a Patient and get a call from Triage nurse to turn around and visit someone before who needs service ASAP, for example Patient is having trouble breathing, or bleeding that family cannot stop, pain, run out of medicine that is delivered via port and family did not notice despite education, but Patient still needs it. In these moments, while Triage Nurse is assisting family over the phone this Writer wishes they could fly. Sometimes, Patient needs to go into Intensive Care Unit in hospice facility, sometimes Nurse can help Patient at home. Most of the Patient and families desire Patient to die at home in comfort and not to be Hospitalized. Unfortunately, traffic and Express Way rules of HOV lane do not allow this Writer to get faster to the Patient in need.
- **State your proposal/idea:**
  Pass the law “move over” for Home Care Nurse on duty.
- **Include studies, reports, personal experience, or anecdotal stories related to your proposal:**
  Personal experience on the road when visiting Patients.
- **Identify the problem/concern:**
  • Has there been similar legislation introduced and/or passed in other states? If yes, include it.
  • Include studies, reports, personal experience, or anecdotal stories related to your proposal.
  • Identify people/groups that would oppose this bill:
    - Hospitals (will reduce readmissions percentage)
    - Home Care agencies (will improve quality of care, feedback survey’s)
    - Health Care providers such as: Visiting MD, NP, RNs, LPNs
    - Community Residents (and their families), that receive Home Care. Hospice Patients and families have to be considered for research depending on circumstances and using ethical considerations and appropriate time frame.
- **Identify stakeholder groups that would support this bill:**
  - Non-Identified
  - Lights are reusable and can be returned to the program in case nurses change place of work and inexpensive feature to add to any model of car.
- **Identify financial impact if any (e.g., added costs, cost savings, increased revenue):**
  - Increase safety on Healthcare providers on the road
  - Reduce unnecessary hospitalization what will save Medicare money
  - Improve Quality of Health Care in Home Care Settings
  - Improve Quality of Health Care in Home Care Settings
- **ASSESSMENT: FINANCES AND STAKEHOLDERS**
  - **Identify financial impact if any (e.g., added costs, cost savings, increased revenue):**
    - Improve Quality of Health Care in Home Care Settings
    - Increase safety on Healthcare providers on the road
    - Reduce unnecessary hospitalization what will save Medicare money
  - **Identify stakeholder groups that would support this bill:**
    - Community Residents (and their families), that receive Home Care. Hospice Patients and families have to be considered for research depending on circumstances and using ethical considerations and appropriate time frame.
  - **Identify people/groups that would oppose this bill:**
    - Non-Identified
  - **Identify financial impact if any (e.g., added costs, cost savings, increased revenue):**
    - Increase safety on Healthcare providers on the road
    - Reduce unnecessary hospitalization what will save Medicare money
    - Improve Quality of Health Care in Home Care Settings
    - Improve Quality of Health Care in Home Care Settings

**BACKGROUND: DO YOUR RESEARCH**

- **Include studies, reports, personal experience, or anecdotal stories related to your proposal:**
  Personal experience on the road when visiting Patients.
- **Identify the problem/concern:**
  "Nearly one in five Medicare beneficiaries is readmitted to the Hospital within 30 days of discharge. According to the New England Journal of Medicine, this translates to 17.4 billion in Medicare spending on patients whose return trips could have been avoided" (Avoidable Hospital Readmissions," 2013, para. 2).
  The Hospice and Palliative care role is focusing on the goal to reduce avoidable hospital readmissions from home care settings and skilled nursing facilities by providing symptom management and addressing needs by using multidisciplinary approach. Communication is one of the keys to provide comfort care and manage symptoms. While education of family plays significant role in Patient care, placing light on the car is another method of communication on the road for the nurse to assure quality of care and faster safe arrival.
- **Has there been similar legislation introduced and/or passed in other states?**
  • Yes, include it.
  • Another supportive factor is recent law passed to “move over” for first responders in NY.
  "While this law had great intentions to protect our law enforcement and utility workers, it didn’t protect our volunteer firefighters and ambulance workers. Now, the law has been updated and includes blue and green lights. In the state of New York, firefighters are permitted to have blue lights and ambulance workers are permitted to have green lights. Currently, drivers need to move over for our first responders to protect them from oncoming traffic” state author D. Ingoglia in her blog (Ingoglia, 2016, line 2).
- **The nurses are “the first responders” for Hospice Patients in Home Care settings.**

**REFERENCES**

Health Policy Brief: BSN-in-10

Carrie Rewakowski

Since the Institute of Medicine (IOM) released a landmark report in 2011, there has been significant momentum to advance to the level of education for registered nurses in the US. Although this movement was started over 30 years ago by early nurse advocates, in the past 15 years there have been several studies that support this advancement and initiatives in both federal and state levels of government. There is current legislation in New York State (NYS) that would mandate registered nurses to attain a baccalaureate degree in nursing within ten years of initial licensure, while maintaining multiple entry points into the profession (State of New York AI0842, 2017-2018). As progress is made with this legislation, it is important to be aware of the need for nurses to be accurately informed about this proposed bill.

In NYS, coordination of licensing for the profession of nursing, and for other professions, is coordinated by the NYS Education Department (New York State Education Department [NYSED], 2016). To be licensed as a registered nurse in NYS, one must meet the following requirements:

- Complete an education program that meets the minimum educational requirements set by the board.
- Pass a written exam for licensure.
- Meet all other requirements set by the board.

The NYSED recommends education requirements for licensure can be met through successful completion of a baccalaureate degree in nursing. To be licensed as a registered nurse in NYS, one must meet the following requirements:

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In a study of RN-to-BSN graduates, Phillips, et al. (2002) found these nurses demonstrated higher competency, communication, leadership, professional integration, and research/evaluation after completing the baccalaureate program. Initiated by the Robert Wood Johnson Foundation, the Institute of Medicine (2011) released a landmark report which included studies (Aiken et al., 2003; Tourangeau et al., 2006) found that a 10% increase in the proportion of baccalaureate-prepared nurses was associated with six fewer deaths for every 1,000 discharged patients. According to the IOM report (2011, p. ix), the IOM (2011) sought to strengthen the critical aspects of science in nursing degree (BSN) decreased the risk of patient death and failure to rescue by 5% (Aiken, Clarke, Chenung, Sloane, & Silber, 2003). This study by Aiken et al. (2003) found that patient mortality and failure to rescue for patients with higher degrees of education was significantly lower. A study by Tourangeau et al. (2006) found that a 10% increase in the proportion of baccalaureate nurses was associated with six fewer deaths for every 1,000 discharged patients. Per Tourangeau et al. (2006), recommendations of this study include careful planning by hospitals to plan and develop pipelines to attract and retain the next generation of baccalaureate-prepared nurses. In a study of RN-to-BSN graduates, Phillips, et al. (2002) found these nurses demonstrated higher competency, communication, leadership, professional integration, and research/evaluation after completing the baccalaureate program. Initiated by the Robert Wood Johnson Foundation, the Institute of Medicine (2011) released a landmark report which included studies (Aiken et al., 2003; Tourangeau et al., 2006) supporting the need for more BSN prepared nurses. Nurses who obtain BSN degrees in their employee benefits may be paid more. The IOM (2011) sought to strengthen the critical aspects of science in nursing degree (BSN) decreased the risk of patient death and failure to rescue by 5% (Aiken, Clarke, Chenung, Sloane, & Silber, 2003). According to the IOM report (2011, p. ix), the IOM (2011) sought to strengthen the critical aspects of science in nursing degree (BSN) decreased the risk of patient death and failure to rescue by 5% (Aiken, Clarke, Chenung, Sloane, & Silber, 2003). This study by Aiken et al. (2003) found that patient mortality and failure to rescue for patients with higher degrees of education was significantly lower. A study by Tourangeau et al. (2006) found that a 10% increase in the proportion of baccalaureate-prepared nurses was associated with six fewer deaths for every 1,000 discharged patients. Per Tourangeau et al. (2006), recommendations of this study include careful planning by hospitals to plan and develop pipelines to attract and retain the next generation of baccalaureate-prepared nurses. In a study of RN-to-BSN graduates, Phillips, et al. (2002) found these nurses demonstrated higher competency, communication, leadership, professional integration, and research/evaluation after completing the baccalaureate program.

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New York State Governor Cuomo Signs Legislation To Strengthen Educational Requirements For Future Registered Nurses

On December 18, 2017, Governor Andrew Cuomo signed legislation (S6768/A1842B) that requires future registered nurse (RN) graduates of associate degree and diploma nursing programs to finish a baccalaureate completion program in nursing within ten years after initial licensure in New York State. Sponsored by Senate Majority Leader John Flanagan and Assembly Majority Leader Joseph Morelle in 2005, the bill was based on groundbreaking nursing research, since replicated in other countries, that demonstrates the significant positive impact of baccalaureate education on the health outcomes of patients and clients receiving nursing care.

This evidence-based educational mandate supports baccalaureate RN preparation to meet increasingly complex health care needs of the residents of New York State:

• Future graduates of diploma or associate degree nursing programs have up to ten years to finish a baccalaureate completion program.

• Extensions for extenuating circumstances are part of the regulations.

• All currently licensed RNs, nursing students enrolled in diploma or associate degree programs, or applicants on a waitlist for a nursing program, would be “grand parented” and their licenses forever protected from this mandatory additional educational requirement.

• RNs not meeting the requirement will have their licenses placed on “Hold” (a policy currently used by the State Education Department for licensees not meeting continuing education requirement in other licensed professions).

Diploma and associate degree nursing programs are maintained as entry points into the nursing profession but this new legislative mandate recognizes that additional education makes a difference in the skill and competence of RNs. Articulation between associate and baccalaureate degree nursing programs and the variety of options for advanced placement and distance learning assure access to educational advancement for all who wish to advance their education.

This legislation establishes a commission to assess barriers to entry in the nursing field and make recommendations for additional strategies to increase the availability and accessibility of baccalaureate completion nursing programs.

This legislation will take effect immediately and the requirement that nurses obtain a baccalaureate degree in nursing within 10 years of licensure shall take effect in June 2020, thirty months after this legislation became law.

Kim Sharpe, MSN, RN, President
Council of Associate Degree Nursing in New York State, Inc.

“The Council supports the BS in 10 law...it recognizes and values the contributions of associate degree graduates...as educators we have always encouraged our graduates to continue their education to the BSN degree and beyond. RN/BS completion programs are readily accessible in both online and adult education formats. This law further expands the strengths of our graduates to meet the increasingly complex healthcare needs of the residents of New York State. The Council is confident that Associate Degree nursing programs in New York State will continue to provide high quality curricula that successfully prepare a diverse pool of graduates for both entry to professional RN practice and seamless academic progression.”

Governor Cuomo Signs Legislation continues on page 19
Evidence of our aging population is all around us. The oldest of the baby boomers turns 72 in 2018, which means the roughly 75 million people born between 1946-1964 will reach peak life expectancy in the next 25-30 years. The changing demographics of the American population will affect many sectors of the nation, with healthcare realizing significant impact. Is your practice ready for these changes? Envisioning the need to address nursing competency in the care of older adults, we chose to review a research article describing implementation of a quality improvement project using a geriatric resource nurse (GRN) model (St. Pierre & Twibell, 2012). The project involved three units in a mid-sized hospital that implemented a GRN curriculum led by a gerontologically certified nursing specialist (CNS).

Now, before researchers describe their actual research study, they begin by supplying us with relevant background information about why they felt compelled to do the research in the first place. What’s useful about the background of a research study is it not only sets the stage for the research, but educates us on the topic by supplying data, or prior research that has relevance to the topic. For example, in the article we reviewed, prior research had identified a lack of gerontological coursework in nursing education programs, contributing to a gap in preparing students for the unique care needs of the elderly. Several studies were referenced supporting the fact that hospitals face challenges caring for elderly, with adults over age 65 making up the majority of hospitalized patients. Older adults present with multiple comorbidities combined with normal aging changes all putting them at risk, particularly when hospitalized.

Nurses Improving Care for Healthsystem Elders (NICHE), supported by the John A. Hartford Foundation, based at NYU, is making strides in addressing the competency gap in caring for hospitalized elders. Among the many tools and resources designed by the NICHE organization, they created the GRN model as an answer for hospital-wide initiatives to improve geriatric care. The idea is that by training nurses as GRN experts in caring for geriatric patients, the nurses become a resource for other nurses on the unit to support best practice in elderly care.

Prior quantitative studies utilizing the GRN model have demonstrated successful use of the intervention. When nurses were trained, data revealed a decline in rates of delirium, UTIs, functional decline, restraints and falls. The researchers also wanted to know what the effect would be on nurses’ knowledge, confidence and satisfaction following implementation of the GRN model. Qualitative data can be tricky to measure, but think about how meaningful this data can be. The combination of knowledge, confidence and satisfaction is necessary for nurses to initiate and apply skills, and to continue to use those skills. Think about when you were a nursing student, or a new grad, and how it felt to be using a skill for the very first time.

So, let’s clarify to make this easier to understand. Research can be quantitative or qualitative in nature. Qualitative research is used to gain insight into a research question through unstructured or semi-structured techniques (i.e. focus groups or individual interviews). Quantitative research, which uses more structured and statistical measurable data to see patterns. The study we reviewed is unique because it is mixed-methods, utilizing both quantitative and qualitative data. The study sought to expand nurses’ knowledge of geriatric care by exploring outcomes of the GRN model. There were three objectives of the study: to quantitatively compare the knowledge, confidence, and satisfaction of nurses related to care of older adults among nurses who did and did not participate in the GRN model; to qualitatively explore the experiences of nurses participating in the GRN model; and to identify the organizational impact of the GRN model on care of hospitalized older adults.

The methods section tells us how the research is designed; describing the participants, the study was conducted at a Midwestern 344-bed teaching hospital with one gerontological APN. The study was proposed to nurses, from three medical inpatient units, by a gerontological clinical nurse specialist who asked for volunteers (there was no randomization of participants to groups). Sixty nurses were eligible to participate in the study; however, only 18 nurses volunteered to be in the GRN group, and 16 nurses volunteered to be “non-GRNs” (the comparison group).

The intervention was a monthly didactic seminar for 10 months on the care of elders led by a gerontological CNS. The curriculum included topics such as dementia, delirium, depression, functional status, family caregiving, health care decisions, nutrition, pain, sleep, medications, and urinary incontinence. Additional topics included elder mistreatment, constipation, differences between older and younger adults, societal constructs of aging and end-of-life care. Additionally, based on class discussion, the CNS conducted 10 rounds with the GRN participants 3-4 days per week. On the unit rounds the CNS would answer questions, model competencies, ask about patient status and assist with application of new knowledge.

Researchers designed the study using mixed-methods. Quantitative data using various measures were gathered at the beginning of the GRN model implementation, and one year later. Participants in both groups completed a survey adapted from the Geriatric Institutional Assessment Profile. The items assessed nurses’ knowledge, satisfaction, and confidence in caring for older adults on their respective units, and perception of the extent to which caring for older adults is difficult, rewarding and burdensome. Qualitative data were collected at the end of the GRN training through focus group interviews. The interviews were conducted with a nurse within the hour to reduce the “non-GRNs” and “non-GRNs” group.

The qualitative analysis revealed the primary theme among the interview data as “changed the way I practice.” There were various sub-themes, including improvements in caring for the older adult. The qualitative data were analyzed using thematic analysis technique. Researchers (who were blinded to participants) analyzed the interviews for general impressions, highlighted key words or phrases. Based on the initial read-through of the data, the researchers created a codebook of themes; 30 codes and 10 themes emerged from the data.

After the researchers explain the research methodology, they begin to describe the results of their statistical and qualitative analysis. When the study concluded, 28 of 33 participants successfully completed the study requirements (17 GRNs and 11 non-GRNs). Limited demographic data were collected on participants: 58% held baccalaureate degrees and 42% held associate degrees. The qualitative data were analyzed using thematic analysis technique. Researchers (who were blinded to participants) analyzed the interviews for general impressions.

The qualitative analysis revealed the primary theme among the interview data as “changed the way I practice.” There were various sub-themes, including improvements in medication safety, mobilizing patients, communication, managing delirium, feeding, assessments, and attention to family members. All participants reported they would recommend participation in the GRN model to their peers. Analysis of the field note data...
reflected the challenges of teaching. The GRN provided care for complex patients who were acutely ill with multiple comorbidities, polypharmacy and occasionally uncertain symptom etiology. The field note analysis revealed that the GRN participants mainly asked the QNS to validate assessment, evaluate mental status and discuss medication regimens.

In the discussion section of a research article the researchers wrap up the results in a more comprehensive way. The bottom line is that this study shows how effective the GRN model is in improving nurses’ knowledge, confidence and satisfaction related to caring for hospitalized older adults. The nurses in the GRN group significantly improved from pre- to post-test compared to the nurses who did not participate in the GRN model. The nurses reported the care was less burdensome and less difficult after the GRN model training, which may reflect attitudinal changes. Although the present study has many benefits and greatly adds to the literature on the need for geriatric education, there are several limitations to the study. The researchers acknowledge concerns of generalizability, sampling bias, and small sample size.

The takeaway here is important on several levels. First, when nurses become the change they want to see, they are empowered. The study outcomes indicate that when the GRN model is implemented, nurses providing direct patient care have improved knowledge, confidence and satisfaction for hospitalized elders. The qualitative data may also suggest improved job satisfaction, or a stronger sense of unit camaraderie, toward a common goal.

Second, the study strengthens the literature supporting the GRN model as an intervention to improve health outcomes for elders. Institutions seeking a resourceful method to address QSEN competencies, while containing the expenses and staffing issues associated with training, should consider implementing the GRN model to improve care for hospitalized elders.

Finally, the researchers indicate several institutional quality improvement initiatives emerged after the model was implemented, most likely as a result of the publicity that the study generated within the institution, and heightened awareness to the issues surrounding hospitalized elders. Among these changes were the development of interprofessional quality improvement initiatives to explore medication safety, and initiation of a nonpharmacological sleep enhancement project. The hospital also expanded house-wide education on geriatric pain management, and inclusion of geriatric content in orientation of all newly hired RNs.

We hope this research news inspires you to change the way you practice to address the unique care needs of older adults. NICE and Hartford Institute for Geriatric Nursing resources are available on-line for all of us to access, as we all work together to improve healthcare for elders.

Reference

Lorraine Canty MS RN, has been a Clinical Instructor at Samaritan Hospital of Nursing in Troy, NY since 2003.

Jocelyn Canty MA, is a Research Study Assistant in the Female Sexual Medicine & Women’s Health Program at Memorial Sloan Kettering Cancer Center in Manhattan. She is currently applying to nursing school.

Looking for authors! Have you recently read a published research article that you think your fellow nurses should be aware of and that would be useful in practice? Consider submitting to the column “Research News You Can Use.” The aim of the column is to highlight a good quality research study and to present it in an accessible manner that will encourage other nurses to look further at the research and incorporate it into their practice. If interested and for more information contact:

Dr. Jenna Thate at jthate@siena.edu or Dr. Jeanne Westcott at jwestcott@nyfun.org

Teamwork and Collaboration

In response to the need for improved quality and safety in healthcare, leaders from schools of nursing across the country joined forces to create the Quality and Safety Education for Nurses (QSEN) initiative (Dolansky & Moore 2013).

Nurses have been providing holistic, patient-centered care since the 1800s while recognizing the importance of interprofessional collaboration to achieve optimal patient outcomes. Creating an environment that fosters teamwork and interprofessional communication results in improved quality and safety within healthcare systems. Each member of the interprofessional team has a specific expertise which should be respected and valued to promote the exchange of information necessary to meet the needs of all patients. This article focuses on the Quality and Safety for Nurses (QSEN) competency of teamwork and collaboration to provide practicing nurses with information and resources to deliver high quality care.

Teamwork and collaboration is defined as functioning effectively within nursing and interprofessional teams, fostering open communication, trust, mutual respect, and shared decision making to achieve quality patient care. The key message is that safe, effective, satisfying patient care requires teamwork, collaboration with and communication among members of the team, including the patient and family as active partners. Lack of communication creates situations where medical errors can occur. These errors have the potential to cause serious injury or unexpected patient death (O’Daniel & Rosenstein, 2008).

An interprofessional health care team works together toward a common goal with the patient at the center of the team. It includes direct care team members as nurses and physicians, but also support service personnel from social work, laboratory, physical therapy and nutritional services. It is essential that all team members recognize that all team member contributions are to be respected, valued, and considered. Often, the nurse is at the center of patient-related communication and is in a position to facilitate effective functioning of the team.

Communication among health care team members is necessary to minimize risks associated with specific patient situations. For example, the Situation, Background, Assessment, Recommendation (SBAR) framework, which was initially used by the military, has been found to be an effective tool to relay significant patient information, and it maintains communication during handoffs from one team member to another.

Communication results in improved quality and safety within an environment that fosters teamwork and interprofessional collaboration. The field note analysis revealed that TeamSTEPPS is another valuable program for safe communication among health professionals. TeamSTEPPS helps to provide higher quality and safer patient care by:

- Producing more effective medical teams that optimize the use of communication/information, the people, and the resources available to achieve the best clinical outcomes for patients.
- Increasing team awareness and clarifying team roles and responsibilities.
- Resolving potential team conflicts and improving information sharing (About TeamSTEPPS®, 2017, para 2).

Teamwork serves many important roles within health care, and well-functioning, cohesive teams result in high quality patient care. Working as part of an effective team requires ongoing communication at all levels of patient care. Each member must examine his or her own strengths and weaknesses related to communication and working with other health professionals. Individuals need to be able to give and accept feedback in order to change and improve practice.

References


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Promoting a Culture of Health at the New York State Fair

Authors: MacPherson, M.A., Rewakowski, C., and Elliott, D.

Purpose of this article: to begin to explain what a culture of health is and how this was incorporated into the NYS Future of Nursing Action Coalition booth at the fair.

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Introduction

What is health and wellbeing? How do we, as nurses, include health behaviors in our everyday lives, separate from our professional lives? What does health really look like in our communities? How might we, as nurses, impact the health of the communities where we live and work?

An interactive display was created for the New York State Future of Nursing Action Coalition (NYSAC) booth at the Great New York State Fair in 2016 and 2017 to gain insight regarding health, the role of nurses, individual behaviors, and activities of community engagement. Ongoing discussions between fair goers and the volunteer nurses who staffed the booth addressed these topics and more. Booth activities targeted to children included crayons and paper to depict health activities. A selfie station for entertaining photographs, an electronic survey, and a limited distribution of incentives and giveaways encouraged adults and families to stop at the booth.

This booth sought to connect nurses and the public to promote a culture of health. Robert Wood Johnson Foundation’s Culture of Health Action Framework (Chandra et al., 2016) identifies four objectives, action areas, to improve population health, individual wellbeing, and health equity. This research-informed framework acknowledges health as an essential building block for personal fulfillment and thriving communities, identifies multiple factors critical to health, and specifies opportunities for action, with an overall goal to improve health in America by working together across groups, organizations, and professions. The four action areas for a Culture of Health are: 1. Making health a shared value; 2. Fostering cross-sector collaboration to improve well-being; 3. Creating healthier, more equitable communities; and 4. Strengthening integration of health services and systems. Drivers and measures are identified for each action area. Drivers are the specific activities or system factors critical to achieving better health; measures track progress with social, economic, and policy data points. Improved population physical, mental, and social health throughout the lifespan is the desired outcome of a culture of health. Refer to Robert Wood Johnson Foundation’s Building a Culture of Health web page for detailed descriptions of each action area, drivers, and measures.

Creating a culture of health begins with health as a shared value. Individual perceptions of health are influenced by expectations of wellbeing, social supports, a sense of community, and community engagement. A healthy community offers opportunities for all members to live as healthy a life as possible, ideally includes neighborhood options for healthy food and exercise, and offers safe environments. (Chandra et al., 2016) Nurses are essential partners in promoting a culture of health within their personal, organizational, and community environments.
from the 2016 survey indicated nurses are more likely to participate in healthy behaviors and community engagement activities as compared to other survey participants. Most survey participants, including nurses, do not eat the recommended amount of five cups of fruits and vegetables per day, nor sleep the recommended seven to eight hours per night. Only 20% of the nurse survey participants strongly agree their life is in balance. Contribution of time or money to a health-related organization is the most common community engagement activity for all survey participants. The 2016 survey findings represent a convenience sample of 326 adults with nurses representing 33.4% of participants. Survey participants identified as White (86.2%), Black (8.6%), Hispanic (3.3%), Native American (3.4%), and Asian (2.2%). Nearly 80% of the participants identified as female and 47.5% indicated at least a Bachelor’s degree or higher education. The findings of this survey suggest areas to improve individual and community health. The survey also reveals a need to reach a more diverse audience to promote a culture of health. A poster of the 2016 survey findings was presented at the Centers for Disease Control this past September as part of Robert Wood Johnson Foundation’s Public Health Nurse Leaders national meeting. An analysis of the 2017 survey data is ongoing and seeks to identify community strengths, weaknesses, and opportunities for nurses to build a culture of health.

Discussion

Building a culture of health begins with creating health as a shared value. Nurses have opportunities to build a culture of health through personal and professional activities, collaborations with community stakeholders, and community engagement. Collaborative activities such as engaging with the public using a health fair booth, provide opportunities to support nurses in their own health behaviors and encourage nurses to actively promote health within their own communities. The nurses engaged in this project are exploring opportunities to expand the Future of Nursing AC Booth as a collaborative journey to promote a culture of health. Contact one of the authors if you are interested in learning more about this project, would like to create a similar activity in your area, or would like to be involved with the 2018 NYSAC booth.

References

Dr. Eileen Sullivan-Marx Named President-Elect of American Academy of Nursing

Dean of NYU Rory Meyers School of Nursing to Become the Academy’s President in 2019

Washington, DC (December 1, 2017) – Eileen Sullivan-Marx, PhD, RN, FAAN, was elected by the 2,500 fellows of the American Academy of Nursing (Academy) to serve a two-year term as the Academy’s president-elect. Dr. Sullivan-Marx, dean and Erline Perkins McGriff Professor of New York University (NYU) Rory Meyers College of Nursing, will become president of the Academy in October 2019.

Inducted as a fellow of the Academy in 1997, Dr. Sullivan-Marx currently co-chairs the organization’s Raise the Voice Edge Runner National Advisory Council and previously served on the Board of Directors. In her new role, in addition to serving on the Executive Committee, Dr. Sullivan-Marx will be board liaison to the Fellow Selection Committee and the Expert Panels on Military & Veterans Health, Building Health Care System Excellence, and Violence.

“The Academy will benefit greatly from Dean Sullivan-Marx’s leadership and vision,” said Academy President Karen Cox, RN, PhD, FAAN. “She is a powerful voice for Raise the Voice Edge Runners, which is a signature program of the Academy recognizing nurse innovators for their nurse-designed models of care. I am privileged to be working with her.”

“Nurses are uniquely positioned to address the critical needs and concerns of individuals across the country and the world—and do so every day,” said Dr. Sullivan-Marx. “It is an honor to serve the Academy, and I look forward to working with all of the fellows to advance policy to improve health for all.”

Dr. Sullivan-Marx, who joined NYU as dean of the College of Nursing in 2012 after a distinguished career at the University of Pennsylvania School of Nursing, is known for her research and innovative approaches in primary care and testing payment methods—particularly through Medicaid and Medicare—for nurses, sustaining models of care using advanced practice nurses, and for developing health policy in community-based settings. She is co-chair of the New York City Mayor’s Summit on Mental Health Workgroup to enhance existing mental health training programs. Dr. Sullivan-Marx is also a member of the boards of directors of the Arnold P. Gold Foundation and the United Hospital Fund, and is a fellow of the Gerontology Society of America and the New York Academy of Medicine.

ANA-NY 2018 BYLAWS AMENDMENTS

The ANA-NY Bylaws Committee is seeking amendment suggestions from our members. All amendment proposals must be submitted by 2/28/18 in order to be considered. To review the current ANA-NY Bylaws go to our website http://www.ana-newyork.org/Main-Menu-Categories/About-ANA-New-York/ANA-NY-Bylaws

About the American Academy of Nursing

The American Academy of Nursing (www.AANnet.org) serves the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. The Academy’s more than 2,500 Fellows are nursing’s most accomplished leaders in education, management, practice, and research. They have been recognized for their extraordinary contributions to nursing and health care.

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The holidays are over, you’ve put away the decorations and presents for one more year. Some of you may be battling the “winter blahs.” This seems like a perfect time to sneak a peek into one of the rarities we have in the archival collections here at the Center for Nursing’s Center for History Archive.

This rarity came to us courtesy of the late Anastasia T. Berdy, RN. Mrs. Berdy was a graduate of St. Luke’s Hospital School of Nursing (NYC) and was involved with the Schenectady Visiting Nurses Association. She collected myriad objects that were used in sick room care provided by private duty and visiting nurses. Mrs. Berdy had a proclivity to collect “quack” items used in home treatments.

Pictured here is the “Piling-Made Philadelphia Battery made and sold by George P. Pilling & Son Co., N.E. Corner Arch and Twenty-third Streets, Philadelphia, PA” (company label affixed the lid of the box).

This battery was hawked as a means by which to self-combat melancholy (term for depression in the 18th and 19th centuries). The electrode patches were applied to a person’s temples and then power was supplied. This is an example of quackery at its best. But how did quackery become a part of our nursing and societal lexicon?

In the 18th century, after the American Revolution, access to patent medicines created in England became unavailable to colonists now known as Americans. As war continued in the 19th century (War of 1812), Americans had a situation of increased demand and very little supply. People begin a “home grown industry” of herbal and medicinal treatments to meet the demands. The acme of this industry was reached during the Reconstruction Years following the cessation of the American Civil War. This Golden Age of Quackery saw cures, ointments, liniments, and poultices sold by traveling theatrical companies to sell their wares. People such as George P. Pilling built machines or local “snake oil salesmen” – as they were called – and travelling with minstrel and cakewalk shows to hawk their wares.

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How is it that our shampoo can contain carcinogens and our floor cleaner reproductive toxins?

For over a decade nurses have been working with a wide range of partners, including health professionals, environmentalists, and health-affected groups, to update the nation’s chemical safety policy. Written in 1976, the Toxic Substance Control Act was an ineffectual safety net for people and the environment from exposures to toxic chemicals in our air, water, food, and products. It did not require companies to do any sort of pre-market testing of their products for toxicity or potential harm.

Worse, it established that any chemicals that were already in the marketplace (some 80,000 chemicals) were “generally regarded as safe” without any evidence about their safety or harm to confirm this assumption. This was a way in which to “grandfather” a host of toxic chemicals and thus protect them from new requirements for safety testing. Additionally, the burden of proof regarding toxicity was the responsibility of the public and the Environmental Protection Agency, rather than requiring manufacturers to prove that a chemical or product is safe before letting us use the product in our homes, schools, or workplaces. In every instance in which the EPA tried to prove that a chemical was dangerous, the industry prevailed in keeping it on the market. An example of the challenges under the original law, the EPA could not even ban asbestos – a known carcinogen with unquestionable evidence of harm.

In 2016, after making significant and debilitating compromises, we (nurses and others) helped to usher in a new chemical law, passed by a Republican Congress and signed by President Obama that replaced the 1976 law. The biggest and most important compromise of the new federal law is the fact that it pre-empts states from passing chemical safety laws that are more effective than the new federal law once a chemical is under review by the EPA. Historically, we have looked to progressively states to pass legislation on health and safety before federal laws have made their way through Congress and to the President. This exception flies in the face of Republican calls for increasing state’s rights over federal mandates. Instead, we now have states incapacitated from further protecting their citizens from toxic chemicals, even if their citizens overwhelmingly want the added protection.

Another problematic issue with the new chemical safety law is the timeline that was created for reviewing potentially, and often known, toxic chemicals. Only 10 new chemicals are required to be reviewed in the first year and then by 2019 twenty chemicals need to be under review at any given time. The Registry for Toxic Effects of Chemicals includes over 150,000 chemicals for which there is some toxicological evidence; over 80,000 chemicals are in the marketplace. Think about how many years it will take to get through that list at a pace of 10 - 20 chemicals per year. And, more importantly as nurses, consider how many years and decades we may see preventable health effects from toxic chemicals that have not been reviewed because we just haven’t gotten to them yet.

As a nurse, whose mantra is “evidence-based practice,” I find it difficult to help individuals and communities navigate the necessary purchasing decisions required to live, work, learn, and play because of the lack of information about so many of the chemicals that make up our everyday products. Because we don’t require complete labeling for the vast majority of products, we can’t even do our own independent literature searches regarding the ingredients. When nurses started working on the revamping of the old chemical law, we had 3 elements that our coalition members agreed upon: 1) We need basic health and safety information on all chemicals in the marketplace. 2) We must be able to protect the most vulnerable of our population, including the fetus, infants, and children, from the effects of toxic chemicals, and 3) The EPA must have the power to ban chemicals that create the greatest risk of harm.

Our new chemical safety law, which has a very long name and honors the original Senator who sponsored the bill, is called the Frank R. Launtenberg Chemical Safety Act for the 21st Century. Once signed into law in 2016, the EPA was mandated to issue guidance documents for how they were going to review the chemicals under the updated regulation. Unfortunately, the EPA is now under a different and admittedly anti-regulatory administration. The new guidelines, issued in June 2017, reflect this bias. Instead of looking at all possible uses of a chemical in the marketplace and commerce, the new guidelines allow the EPA to pick and choose which uses they will consider when determining if the chemical poses an unreasonable health risk. Consider the case of lead. Lead can be found as a contaminant in air, water, food, toys, and even in lipstick. If they only look at one or two of these sources, the EPA may be missing important exposure sources that could underestimate the health risks and allow a toxic chemical to be used in products that would otherwise be deemed unsafe.

At the issuance of the new guidelines, nurses joined a number of other organizations in suing the EPA for placing the public at an unreasonable health risk. “The new guidelines fly in the face of our attempts to protect the public’s health,” asserts Kate Huffing, Executive Director of the Alliance of Nurses for Healthy Environments. Three separate suits were filed in District Courts around the country. It is anticipated that the judges in the courts will consolidate the cases and there will be one case heard. To follow the court case and other information about chemical safety and chemical policy, you can go to www.saferchemicalshealthyfamilies.org.

To join in free monthly national calls with other nurses who are concerned about chemicals and public health policy, go to the website of the Alliance of Nurses for Healthy Environments: https://envirn.org/policy-advocacy/
On Behalf of the BS in 10 Steering Committee:

“The Council recognizes this historic event and applauds the signing of the BS in 10 legislation into NYS law by Governor Cuomo. This is wonderful news for the residents of New York State and the entire nursing profession.”

ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN

American Nurses Association:

“The American Nurses Association extends congratulations to ANA-New York and to all who worked to make the law a reality. Since a BS-prepared nursing workforce is linked to better patient outcomes, this law is something every nurse can celebrate.”

Elisa A. Mancuso MS, RNC-NIC, FNS, AE-C, President

ANA-NY:

“This is an historic moment for nursing and New York State is leading the way to make sure all nurses provide the highest quality and safest care to patients and families. This law facilitates a pipeline of nurses who can go on to advanced studies to be the nursing faculty and leaders of the future.”

Bea Grause, RN, JD, President

Hospital Association of New York State (HANYS):

“This new law provides an important roadmap to the most effective strategies to improve the safety and quality of patient care. Research shows that higher proportions of nurses educated at the BS level or higher have resulted in improved patient outcomes.”

Ann Harrington, BSN, RN, BA, MPA, NEA-BC, Executive Director

Joanne Ritter-Teitel, PhD, RN, NEA-BC, President

New York Organization of Nursing Executives and Leaders (NYONEL):

“As nurse leaders, we support advancing Registered Nurse education... Residents will be better cared for... and as validated by research... health outcomes will improve. Registered Nurses will have the same academic credentials in every practice setting... and baccalaureate preparation will assure that RNs are able to move into nursing faculty, nurse practitioner and administrative positions to continue to advance the profession.”

Joan Shinkus Clark, DNP, RN, NEA-BC, CENP, FACHE, FAAN, President

American Organization of Nurse Executives (AONE):

“AONE is a long-time champion of baccalaureate education for the nursing profession. Nursing education plays a critical role in ensuring quality and patient safety. Passing this landmark legislation into law helps ensure the nursing workforce is prepared to meet the complex health care challenges of tomorrow.”

Linda H. Aiken, PhD, FAAN, FRNC, The Claire M. Fagin Leadership Professor of Nursing, Professor of Sociology, Director, Center for Health Outcomes and Policy Research University of Pennsylvania:

“Dr. Aiken is the author of the seminal research that demonstrated the statistical significance of BS-educated RNs on the health outcomes of patients. Congratulations to all of the nurses in New York who have worked for many years to pass this much needed legislation. This is evidence-based policy making at its best using research to promote the public’s interest. I admire the persistence of evidence-based policy making at its best using research to promote the public’s interest.”

Barbara Zittel, PhD, RN and Claire Murray, MS, RN

Coalition for Advancement of Nursing Education (CANE):

“The Coalition recognizes this historic event and applauds the signing of the BS in 10 legislation into NYS law by Governor Cuomo. This is wonderful news for the residents of New York State and the entire nursing profession.”

Kim Sharpe, MSN, RN, President, Council of Associate Degree in Nursing Programs:

“Governor Cuomo signed this important legislation that will have a significant impact on improving the state’s healthcare system by decreasing health care complications, saving patients’ lives, and decreasing health care costs.”

On Behalf of the BS in 10 Steering Committee:

American Organization of Nurse Executives and Leaders:

- Kimberly S. Glassman, PhD, RN, NEA-BC, FAAN, Senior Vice President, Patient Care Services and Chief Nursing Officer, NYU Langone Health, Associate Dean of Partnership Innovation NYU Rory Meyers College of Nursing
- Ann Harrington, BSN, RN, BA, MPA, NEA-BC, Executive Director, NYONEL
- Clair Nolan, MS, RN, Immediate Past NYONEL Executive Director
- Tom Nolan, RN, MS NEA-BC, Senior Director, Nursing, NYU Langone Hospital – Brooklyn
- Joanne Ritter-Teitel, PhD, RN, NEA-BC, President, NYONEL, Chief Nursing Officer, Orange Regional Medical Center, Greater Hudson Valley Health System, Middletown

American Nurses Association-New York:

- Karen A. Ballard, MA, RN, FAAN, Immediate Past Executive Director of ANA-NY
- Manilyn Dollinger, DNS, FNP, RN, Executive Associate Dean, St. John Fisher College, NYONEL Policy Committee and ANA-NY Legislation Committee Chair
- Elisa A. Mancuso, RNC-NIC, MS, FNS, AE-C, President ANA-New York, Professor, Suffolk County Community College
- Jeanine Santelli, PhD, RN, AGNP-CNP-BC, FAAN, Executive Director, ANA-NY

Coalition for Advancement of Nursing Education:

- Dianne Cooney Miner, PhD RN FAAN, Founding Dean and Professor, Wegmans School of Nursing, Associate VP Community Engagement St. John Fisher College
- M. Bridget Nettleton, PhD, RN, CNE, President, NYS Council of Deans of Baccalaureate and Higher Degree in Nursing Programs, Dean of the School of Nursing and Allied Health at SUNY Empire State College
- Kim Sharpe, MSN, RN, President, Council of Associate Degree Nursing in New York State, Inc.
- Barbara Zittel, PhD, RN

MEMBERSHIP

ANA- NY and ANA Membership Activation Form

For assistance with your membership activation form, contact ANA’s Membership Billing Department at (800) 655-7798 or email us at membership@ana.org

Employment Opportunities

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GUEST SPEAKERS

Keynote Speaker: Karen Daley, PhD, RN, FAAN. Daley served from 2010 to 2014 as the president of the American Nurses Association, the nation’s largest nursing organization representing the interests of the nation’s 3.6 million registered nurses. She has spent more than 25 years in clinical practice. Daley was listed among Modern Healthcare’s “100 Most Influential People in Health Care” and, in 2013, was selected by Modern Healthcare as one of the “Top 25 Women in Healthcare.”

Speaker: Joyce Stamp Lilly, RN, JD. Lilly is a Registered Nurse and Lawyer who has been representing nurses in front of the Texas and Rhode Island Boards of Nursing since 2001. Lilly worked as a nurse in acute and community settings including: medical, surgical, and psychiatric settings. She is familiar with the culture of Nursing and understands many of the problems facing nurses today. For more information about Lilly, see her website nursingcomplaint.com.

COSTS AND RESERVATION INFORMATION

7-Day Bermuda Round-Trip Boston
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• Inside Staterooms from $959
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CE Credits
Additional charges apply for CE Credits.

The Northeast Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. ANA-Rhode Island Association is a member of the Northeast Multistate Division of the American Nurses Association.