

Virginia Nurses Today

The Official Publication of the Virginia Nurses Foundation

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Virginia Nurses Foundation Gala



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Join Us for VNA's June Chapter CE Webcast



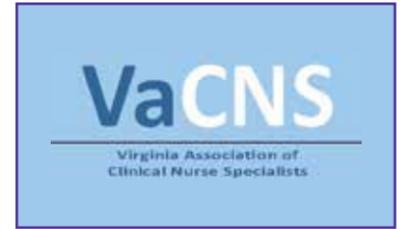
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Nurses Make Their Voices Heard at VNA Lobby Days

Nurses from across the state converged on Richmond to make the voice of nursing heard when VNA held their annual Lobby Days in late January and early February of this year.

Each Lobby Day included a legislative primer, as well as a rundown of the bills VNA supported, so that all participants were prepared to be effective advocates for the nursing profession. Nurses met with their legislators before heading to the Capitol to watch either the House or Senate in session.

"This year's four Lobby Days were a tremendous success, with hundreds of nurses and student nurses honing their advocacy skills and discussing important legislation with about 150 delegates and senators," according to VNA CEO Janet Wall. She added, "This level of visibility is a critical component of our success, and we hope to grow each year."

We were fortunate to have two of our Lobby Days coincide with committee hearings for HB 793, which establishes a transition to practice for nurse practitioners. Our attendees packed the hearing rooms and offered helpful testimony in support of the bill. HB 793 passed the General Assembly almost unanimously and was signed into law by Governor Northam on April 4. The strong showing

of support by Virginia nurses was essential to HB 793 becoming a law.

VNA Commissioner on Government Relations Mary Kay Goldschmidt said, "I am incredibly proud of our statewide organization of registered nurses, who stood together with Virginia's nurse practitioners to move HB 793 through the General Assembly this spring. Through our Lobby Days, member visits to legislators, email blasts, legislative action alerts and letter writing campaign, we proved that a coalition of more than 106,500 RNs and NPs, can move nursing forward in the Commonwealth. Kudos to our amazing VNA leadership, lobbyist and staff for their tireless efforts in advocating for VNA's Policy Platform."

If you're already looking forward to joining us for next year's Lobby Days, get a head start on your 2019 advocacy by attending the 2018 Legislative Summit. This year's Legislative Summit will be held on November 8 at the Hotel John Marshall Ballrooms in downtown Richmond. Registration is now open at <https://tinyurl.com/VNALegSummit18>, and more details will be announced in the coming months. Make your plans now to attend!



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Save the Date

- June CE Webcast – June 6, 2018
- VNA's Fall Conference – September 21-22, 2018
- Virginia Nurses Foundation Gala – September 22, 2018

President's Message



Richardean Benjamin

National Nurses Week, May 6-12, proved a perfect time to reflect upon what it means to be a nurse. It has been over 150 years since Florence Nightingale was identified as the first professional nurse. During the Crimean War, she and a team of nurses improved the unsanitary conditions at a British base hospital, reducing the death count by two-thirds. Known for her statistical skill, she influenced the direction of medical epidemiology and was able to document improved health outcomes due to skilled nursing care.

Today, similar results have been reported in terms of the impact that skilled nursing care can have on patient health outcomes. In a 2003 study, Linda Aiken found that in hospitals with higher proportion of nurses at the baccalaureate level or higher, surgical patients experienced lower mortality and failure-to-rescue rates. Nurse staffing and education are essential components affecting positive patient outcomes.

The Institute of Medicine's 2011 report entitled *The Future of Nursing: Leading Change, Advancing Health* is a thorough examination of how nurses' roles, responsibilities, and education should change to meet the needs of an aging, increasingly diverse population and to respond to a complex, evolving healthcare system. Locally, nurses in Virginia align with the recommendations reported in the *Future of Nursing* report as we continue to advocate for ways to improve patient health outcomes. The report's recommendations focus on the critical intersection between the health needs of patients across the lifespan and the readiness of the nursing workforce. These recommendations are intended to support efforts to improve healthcare for all Americans by enhancing nurses' contributions to the delivery of care. The report's key messages include:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and other healthcare professionals in redesigning healthcare in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

This year, we made strides toward fulfilling the FON report's message that nurses should practice to the full extent of their education and training. During this year's General Assembly session, HB 793 was passed in both houses and signed by the governor, moving advanced practice nurses one step closer to full practice authority. This law, which increases access to healthcare, will greatly benefit the people of the Commonwealth of Virginia. This legislation is a great step forward for both Virginia's nurses and their patients, but there is still work to be done. In keeping with the theme of National Nurses Week 2018, "Inspire, Innovate, Influence," we must continue to advocate for better care and speak for those who lack a voice. When nurses speak with one voice, everyone will hear.

Richardean Benjamin, RN, MPH, PhD,
PMHNP-BC, ANEF, FAAN
President, Virginia Nurses Association

Under investigation by the Virginia Board of Nursing?

Eileen M. Talamante, Esq., R.N.

Eileen is a nurse and an attorney, and is here to help you with licensing issues, investigations, and disciplinary matters before the Virginia Board of Nursing.

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Conference Registration & Hotel Reservation Deadlines: July 14th

- **Conference Registration Link (Opens May 20th):** Refer to VASSA website
- **VASSA website:** www.virginiainsimulationallianceinc.org
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Contacts: Christine Seaton, cdseaton@gwu.edu
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This activity has been submitted to the Virginia Nurses Association for approval to award contact hours. The Virginia Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Virginia Nurses Today

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

VNF Mission Statement

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

VNT Staff

Janet Wall, Editor-in-Chief
Kristin Jimison, Managing Editor

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CEO Report



Janet Wall

A Groundswell of Nursing Engagement at the Local Level

More than 30 VNA leaders from throughout the commonwealth joined state leadership and staff in Richmond last month for the 2nd Annual Chapter Leaders' Summit. The summit proved to be an energizing day of dialogue about the continuing development of VNA's local chapters. It was only a couple years ago that many of VNA's chapters were languishing. Now, nearly all 12 geographically-defined chapters have a core infrastructure and defined direction. The vast majority of VNA chapters:

- Partnered with their VCNP counterparts and other nursing organizations to host a legislative reception last fall
- Held a students' night this spring
- Hosted their first quarterly web-streamed CE program
- Will each be awarding their first \$1,000 scholarship to a deserving student later this year

Many have also held social programs, including a meet & greet for nurses at a local winery and a wine & paint night.

The Chapter Leaders' Summit, facilitated by VNA President-elect (and Southwestern Chapter President) Linda Shepherd, proved to be a great incubator of ideas, and chapter leaders left reinvigorated and ready to build upon their successes.

While we've made great strides in the past year, we recognize we have some obstacles to overcome in order to ensure our chapters flourish. Key among those:

- Infrastructure – At a minimum, each chapter currently has a president, student outreach chair, and government relations chair. What many are lacking, however, is VNA member volunteers to support the student outreach and government relations committees, as well as members interested in filling a vice president or president-elect role, and perhaps a program chair to help plan social events. Without infrastructure, our chapters simply won't be viable, and that would be a shame because we've got the beginnings of something really great.
- Geography – Whether it's a mountain, body of water, or drive time, many of our chapter meetings are not as accessible to nurses as we'd like. But under the heading, "Ain't no mountain high enough," we're looking at new ways to get past old problems. When it comes to our quarterly web-streamed CE programs, for example, we'll be working to identify a second location in the chapter that's more accessible to those of you on the other side of that mountain or body of water.



CEO Janet Wall



**Commissioner on Government Relations
Mary Kay Goldschmidt**

We're thrilled to be working with all of our new chapter leaders, and are incredibly appreciative of the experience and coaching our more practiced chapter leaders have offered. If you'd like to learn more about opportunities to become a part of the growing chapter leadership, please complete our Volunteer Database Form at <https://tinyurl.com/VNAVolunteer>, or contact VNA Director of Engagement Kristin Jimison, 804-282-1808 or kjimison@virginianurses.com.

Not yet a member?

If you think this message doesn't apply to you because you're not yet a member, let's change that! VNA has gained an incredible amount of momentum in the past several years and is an organization that warrants your attention and participation. We've exponentially increased the amount and accessibility of quality continuing nursing education we provide (at a significant discount to members), have successfully led the way for expanded workplace violence penalties and partnered with VCNP for the passage of NP transition to care legislation, and are supporting our foundation's (VNF) efforts to launch a multi-month, multi-modal Nurse Leadership Academy. We've also created a volunteer database to better match members with a variety of volunteer and leadership opportunities. We invite you to check out one of our member meetings in your area. You'll find information about these and all VNA events in the News & Events section on our homepage. And of course, you now know that we've also made great strides providing nurses opportunities at the local level to network, learn, advocate and, well, have some fun! Please join us... it's as easy as clicking on the **Join Now** button on our home page, www.virginianurses.com/

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Register Now for VNA's Fall Conference

VNA's 2018 fall conference, *Innovations*, will be held September 21-22, 2018, at the Hilton Richmond Hotel & Spa/Short Pump. Participants will leave with knowledge of new approaches to transform their practice and deliver improved outcomes. Nurses of all specialties and levels of practice are encouraged to attend!

New this year! We're excited to announce a new format with concurrent sessions that will allow you to focus on the innovations that most interest you for a more personalized conference experience! We have requested podium presenter abstracts in the following areas: nursing leadership, academia, community well-being/population health, direct clinical care, and nursing research.

If your organization has a program or best practice that is truly innovative, we'd love for you to share it at our fall conference. Submit a poster presentation abstract by May 31 at <https://tinyurl.com/VNAFCPosters>. Please feel free to share this information with colleagues or organizations with innovative practices of their own.



Hilton Richmond Hotel & Spa/Short Pump | Sept. 21-22

We anticipate nurses will be able to earn up to 10.5 nursing contact hours for participation in both the fall conference and VNA's annual membership assembly. The exact number of contact hours will be determined once the agenda is confirmed.

Keep an eye on VNA's website and Facebook page for more information!

Registration is now open. The cost to attend is \$249 for VNA members and \$299 for nonmembers. Make plans now to attend at <https://tinyurl.com/VNAInnovations>.

September 21 & 22, 2018



Virtual Communities to Launch!



Our long-awaited virtual communities are here! Our staffing community launched in early May, and the discussion on staffing issues facing nurses across the state is in full swing! In mid-May, we're planning to launch an online community for discussion of the opioid epidemic and pain management, and late May will see the launch of our incivility community. Members can log in via their ANA account and participate in our online discussion forums, view resources, sign up for a daily news digest, and more! To access, visit virginiannurses.com and click on the login button. (It's a members-only feature, so if you'd like to participate in our community but are not a member, you can join VNA and get instant access!)

We're also looking for some volunteers who are interested in being virtual facilitators for our communities! Visit tinyurl.com/vnavolunteer for more information or email Kristin Jimison at kjimison@virginiannurses.com.



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Did you know? While nurses focus on providing high quality healthcare to others, they are less healthy than the average American. Research shows, among other findings, that nurses are more likely to be overweight, experience high levels of stress, and get less sleep.

VNA is excited to be supporting nurses with new tools and resources to improve their health and well-being. We're partnering with ANA on their *Healthy Nurse, Healthy Nation* initiative, which strives to connect and engage nurses, employers, and organizations to improve their health in five areas: physical activity, nutrition,

rest, quality of life, and safety. If all 109,000+ registered nurses in the Commonwealth of Virginia took positive steps toward increasing their well-being, and their colleagues, patients, and friends followed suit, imagine how much healthier our state would be!

Follow these three steps to a healthier you:

1. Visit the *Healthy Nurse, Healthy Nation* website and create an account.
2. Take the *Healthy Nurse, Healthy Nation* health assessment.
3. Make a commitment to Take 5 with VNA!

VNA's Take 5 challenge is an easy way to improve your health. All you have to do is commit to taking just five minutes in any of the five *Healthy Nurse, Healthy Nation* areas – physical activity, nutrition, rest, quality of life, and safety – for 21 days. Research shows that it takes 21 days to make a habit, and we believe everyone can find five minutes in their day to improve their health and wellness. We'll send you a tracking sheet to track your progress, and when you complete the challenge, we'll add you to our Take 5 champions wall!

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The American Opioid Epidemic: A Policy Update

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

On October 26, 2017, President Trump declared the opioid epidemic a national public health emergency. While some states have been hit harder than others, there is no corner of this country that the opioid epidemic has not touched.

Multiple causes for the opioid epidemic

Blumenthal, D. & Seevai, S. (2017) write that we need to look at the multiple causes of the opioid addiction problem. Healthcare providers have been overprescribing opioids to treat pain since the 1990s. Additionally, pharmaceutical companies have encouraged healthcare providers to prescribe opioid treatment. There are also questions to the role health insurers play in fueling the opioid crisis. In a *New York Times* article, Thomas and Ornstein (2017) report that prominent health insurers have limited access to non-opioid painkillers by covering opioids with few cases of medication pre-approval. Socioeconomic status may also be a cause, as rural communities have been particularly impacted by the opioid epidemic.

Impact on the Labor Force

Krueger (2017) found low labor force participation in the 2000s in the areas of the United States with a higher volume of opioid medication prescribed per capita than other areas. He concludes that the opioid crisis and "the depressed labor force participation are now intertwined in many parts of the U.S." He postulates addressing the opioid crisis could raise labor force participation.

Presidential Opioid Crisis Plan

On March 19, President Trump unveiled his plan to combat the opioid crisis. Seevai, Shah, & Schneider (2018) suggested that there are two opioid epidemics in the U.S. which the federal government needs to address. The first epidemic is the overprescribing of opioids and the second is the illegally produced heroin. They postulate two different demographics are affected but both need to be addressed.

What Can Be Done?

Healthcare providers across the United States are rethinking and rewriting pain protocols. Our policymakers could expand coverage through the Affordable Care Act to include more preventative and chronic care access and payment. Insurers could assist in making addiction treatment a covered treatment. As Krueger (2017) writes, unemployed and uninsured workers lack health insurance, and could fill this gap by providing and increasing existing benefits for addiction treatment. One Medicaid study reported by Rank and Fry (2017) reports states that have expanded Medicaid and actively promoted Naloxone "experienced 9 percent to 11 percent reductions in opioid related deaths."

This past fall, a presidential commission to combat the opioid epidemic released their report (U.S. Government, 2017) with a set of 56 recommendations that were categorized under the headings of: federal funding and programs; opioid addiction prevention, opioid addiction treatment, overdose, reversal, and recovery; and research and development.

Recent Congressional Funding

The FY 2018 Omnibus Spending and Tax Bill added \$3.3 billion dollars to fight the opioid and mental health crisis for fiscal year 2018. These funds are directed at the Substance Abuse and Mental Health Services Administration (SAMHSA) including \$1 billion for a new state opioid response grant program. The National Institute of Health (NIH) will receive \$500 million for opioid addiction research. \$415 million is earmarked for HRSA to be used to improve access to addiction treatment specifically in the underserved and rural communities. The Administration for Children and Families will receive \$100 million to work with children in families of opioid addiction. The Department of Veterans Affairs will receive \$500 million for use in mental health programs. The CDC will be the recipient of \$350 million to be used for opioid overdose prevention and toward improving individual state prescription drug monitoring

programs. The FDA will receive support in the amount of \$94 million to increase efforts to stop illicit mailing of drugs (Lopez, 2018).

This past April, the Senate health committee unveiled a new bipartisan Opioid Crisis Response Act of 2018. This bill includes a reliance on Electronic Medical Health Records (EHRs), telemedicine technology and Prescription Drug Monitoring Program databases. The legislation is targeted to reducing the number of prescription opioids while reducing the transport between state lines of illegal opioids and moving forward the research to find less addictive pain medications. (Slabodkin, 2018).

These are clearly steps forward to providing the funding required to begin addressing the opioid crisis in our nation. However, what is needed is sustained funding to go beyond 2018. It will be interesting to follow the 2018 midterm elections and the party platforms on the topic of the opioid crisis.

What Can Nurses Do?

First and foremost, we can become educated about the opioid epidemic. As patient advocates, we can speak to our legislators and encourage Congress to address the recommendations of the Presidential Commission Report. We can speak through our professional nursing organization and advocate for the training of lay people and first responders to administer naloxone citing evidence based research. Treating the addiction will not address the lack of economic opportunity but advocacy will bring attention to increasing access to treatment for our patients.

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Join Us for VNA's June Chapter CE Webcast

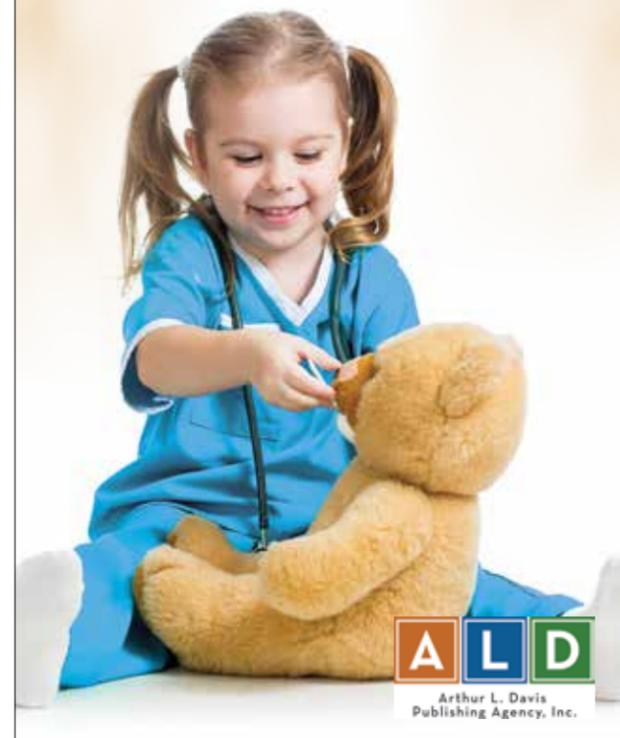
Lindsey Cardwell, MSN, RN-BC,
Director of Nursing Education

VNA is offering quarterly chapter CE webcasts in 2018, and we encourage you to join your chapter for the next program on June 6, 2018, from 6:00-7:15 p.m. The June webcast will feature Dr. Kathy Baker, Nursing Director of Emergency Services and Patient Care Support at VCU Health System. Each of these programs was developed based on the feedback you provided in the VNA Educational Needs Assessment and current gaps in nursing and healthcare. The 2011 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, challenged nurses to practice to the top of their license in order to evolve and provide high quality, equitable healthcare to a growing population. Dr. Baker will be presenting *Top of License Nursing Practice*. She will discuss how nurses practicing at the top of their license can demonstrate value and how individual, situational, and organizational barriers must be overcome. Dr. Baker will describe the work of the American Nurses Association's Professional Issues Panel and the vision for expanding the role of the nurse as a collaborator, advocate, innovator, and professional. This continuing nursing education activity will be held at Virginia Commonwealth University School of Nursing and will be webcasted to various locations across the state where VNA chapters will be hosting. VNA members will receive 1 nursing contact hour for participating in this program FREE as a benefit for being a VNA member. Non-members can also join us and receive continuing education for a small fee of only \$15. You can find a location near you and register by going here: <http://tinyurl.com/VNAVNFupcoming>.

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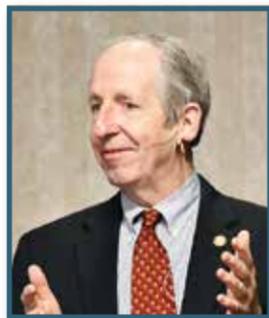
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Governor Ralph Northam

The Virginia Nurses Association (VNA) in partnership with the Virginia Nurses Foundation (VNF) held their annual spring conference, entitled "Nursing's Role in Addressing the Opioid Epidemic," on April 20 at the Place at Innsbrook in Glen Allen, VA.

"VNF was pleased to partner with VNA for a conference addressing Virginia's opioid problem," said Terris Kennedy, VNF president. "VNF works to help create a culture of public health in Virginia, and this work certainly must include educating nurses on their role in addressing the opioid epidemic."

The sold out conference, held in Richmond and live-streamed to sites at Radford University and George Mason University, opened with remarks from Governor Ralph Northam, who shared his experience as a physician with

opioids and addiction. He also discussed why he feels Medicaid expansion, which is currently being considered by the General Assembly, would be the most effective way to combat addiction and help those who struggle with it to seek treatment.

Governor Northam was followed by keynote speaker Dr. David Brown, director of the Virginia Department of Health Professions (DHP), who presented a history of the opioid crisis, beginning in the 1990s, when pain became the "fifth vital sign," and ending in the present day, where more Virginians die from overdoses than car accidents. He identified overprescribing as the primary reason why nonmedical users of opioids become addicted, and noted that abuse of prescription opioids significantly increases the risk of heroin abuse. Dr. Brown then outlined DHP's programs aimed at

stopping the crisis, which includes a program, the promotion of medication (MAT), and new regulations that are best practices for pain management. Nurses to remember that addiction is a social determinant of health must be kept those in hard-hit areas from substance instead of opioids.

Dr. Jean Bennett from the Department of Human Services shared a federal perspective. She identified new federal laws and the Comprehensive Addiction and Recovery Act as reasons why the time is right to act on prevention. Dr. Bennett pointed out the need for nurse practitioners to the regulations on buprenorphine, a life-saving opioid agonist.

VCU Substance Abuse Services Director Georgia Rosenblatt presented on her work in the field. Dr. Brown, she stated her belief that addiction is a community problem that requires a systemic approach, reminding the nurses in attendance that addiction is regarded as a disease. Rosenblatt discussed the importance of individualizing treatment. One of her suggestions was to use the character strengths of an addict predisposed to substance abuse in treatment, like encouraging extroverted groups as they thrive in environments.

The afternoon featured a panel discussion with Rosenblatt, featuring a nurse practitioner and a nurse preceptor. These nurses



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 discussion facilitated by
 ititioner, nurse midwife,
 es talked about their

experiences and best practices for treating
 patients with opioid addiction, as well as
 alternative pain management strategies that
 have worked for them in their practice. Dr.
 Megan Hebdon of Radford University suggested
 that opioid addiction should be treated with the
 same models as other chronic diseases, echoing
 a point made by nearly all of the day's speakers.

"We certainly know that the opioid epidemic
 impacts the nursing profession in many
 different ways, and it was immensely helpful
 hearing practical strategies for fighting
 addiction from nurses practicing on the front
 lines," said Linda Shepherd, VNA president.

Concluding the day were four short
 presentations on different aspects of the
 treatment process: Ke'Shawn Harper
 presented on Medicaid's Addiction Recovery
 and Treatment Services (ARTS) program,
 Jean Hoyt discussed public health strategies
 and Virginia's new Project ECHO initiative,
 Ruth Bielke presented on the importance of
 community partnerships, and Dr. Kathy Baker
 shared the Virginia Action Coalition Access
 to Care group's work on the opioid crisis in
 Virginia.

For more information on participating in
 VNA's online opioid and pain management
 community, please see page 5 (virtual
 communities article).



(L to R) VNA Director of Nursing Education Lindsey Cardwell, VNA President-elect Linda Shepherd, VNF Diversity Ambassador Vivienne McDaniel, VNA CEO Janet Wall, VNA Commissioner on Nursing Education Melody Eaton, VNF President Terris Kennedy



(L to R) Governor Ralph Northam, VNA President-elect Linda Shepherd, VNF President Terris Kennedy



(L to R) Lori Price, Amanda Wilkins, Dr. Megan Hebdon, Georgia Rosenblatt

Photo credit: Vivienne McDaniel

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HB 793 Means More Autonomy for NPs and Increased Access to Care for Patients

Christine K. Daley, MSN, ANP

The Virginia Council of Nurse Practitioners (VCNP) diligently worked with Del. Roxann Robinson (R-Chesterfield) to develop and present House Bill 793, with the goal of providing Virginia with increased access to care. There's power in numbers and when VCNP, Virginia Nurses Association, Virginia Hospital and Healthcare Association and other organizations came together

to support HB 793, we all achieved a successful result. Considered a monumental win for patients across the state, the passage of the bill will give nurse practitioners the ability to practice to the full extent of their education and training. HB 793 was signed by Governor Ralph Northam on April 4, 2018.

Prior to Governor Northam signing this bill, Virginia had some of the most restrictive practice regulations in the country – making it one of only 12 states with outdated practice statutes for nurse practitioners. After countless hours of hard work and an outpouring of support from people all throughout the commonwealth, Virginia is finally in good company. Nearly two dozen other states,

as well as the District of Columbia and the entire Veterans Health Administration, have passed similar legislation.

HB 793 states that NPs will have the opportunity to attest after they have completed five years of full-time equivalent practice under a collaborative agreement with a physician. After going through the transition period and gaining attestation, NPs will receive the opportunity to practice independently across the state of Virginia. Specifics of how the attestation paperwork will be completed are being finalized in the next few months, but will likely be a simple process including a straightforward form and a nominal fee.

“While five years is a longer transition period than other states, there are many states that have nothing and would love to be where Virginia is today,” said Cindy Fagan, statewide chair of VCNP’s government relations committee. “Virginia’s legislature is the oldest in the country and steeped



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Continuing Education

in tradition. Getting new laws passed is not easy; it takes patience and time. We are now seeing the results of years of hard work.”

Prior to the signing of HB 793, NPs would lose their ability to see patients when a collaborating physician retired or became ill. In these cases, this would result in the closing of their practice, causing significant problems, especially in rural or underserved areas where NPs often outnumber physicians.

Leading policy groups such as the Institute of Medicine have firmly recommended that states adopt legislation to improve health care access. Extensive data from over fifty years of peer-reviewed research shows that NPs have similar outcomes in safety and quality to those of physicians.

Though HB 793 yielded many victories throughout the legislative process, it was not always smooth sailing. The opposition was able to propose a substitute bill with more restrictive language at the first subcommittee hearing on February 1. The substitute came as a shock to the VCNP government relations team who were blindsided the night before the hearing with the opposition's last-minute change to the docket. While the new bill was not ideal, it allowed HB 793 to move forward and, as a result, NP voices would still be heard.

The bill quickly gained momentum, receiving plenty of media coverage in the process. Nurse practitioners had their op-eds publicized in many newspapers and online publications across the commonwealth. HB 793 even received several mentions on local television news stations.

Ultimately, HB 793 passed through the house with a vote of 97-2 and unanimously through the Senate with a 40-0 vote. However, the fight for increased access to care in Virginia was far from over. As the bill sat on Governor Northam's desk awaiting his signature, the opposition fought back, bringing forward an even more restrictive amendment for consideration.

The amendment proposed restrictions unlike anything any other state had seen. It would have thrust Virginia back into the status of being an outlier and would have diminished all the steps that had been taken over the past several years. The language in the amendment appeared minimally-restrictive to the untrained eye; however, it would have actually barred many eligible NPs from being able to gain attestation, limiting the supply of NPs available to serve impoverished populations and changing the very nature of the patient care team practice.

In spite of repeated efforts to negotiate with the opposition, they refused to see eye-to-eye with VCNP, nor the Virginia Nurses Association and the Virginia Hospital and Healthcare Association, on this issue. There could be no more compromise between the two sides. The campaign for Governor Northam to sign the bill as it was passed by the Senate and House, without further amendment, continued. Nurse practitioners from all over the state voiced their support and shared how the passing of the bill, if amended, would impact how they practice and provide care to patients. They visited with legislators and advocated utilizing social media and tools such as Voter Voice and Muster. The governor's office received an outpouring of over 20,200 messages and calls from individuals asking him to make the right choice on HB 793, and sign it unamended.

Governor Northam made a deliberate choice to support not just NPs, but all Virginians when he chose to sign HB 793 without any further amendments on April 5. More than half of NPs in the state are now eligible to gain attestation. The new regulations are expected to be in place by the end of the year. Virginia is one of only three states with a joint Nursing and Medicine board, the Boards will discuss the regulatory timeline on April 11 and move forward to meet with their Advisory Board on May 17 to further discuss the details of the regulatory proposal.

It has been a long and strenuous journey over the years fighting for increased access to care in Virginia. Finally, the hard work has paid off and NPs will have the opportunity to practice to the full extent of their training and education.

Christine K. Daley, MSN, ANP, is the immediate past President of the Virginia Council of Nurse Practitioners. Christine served in this role from 2016-2018. She is employed by Sentara Medical Group at Sentara CarePlex Hospital in Hampton, Virginia.

Disclosures

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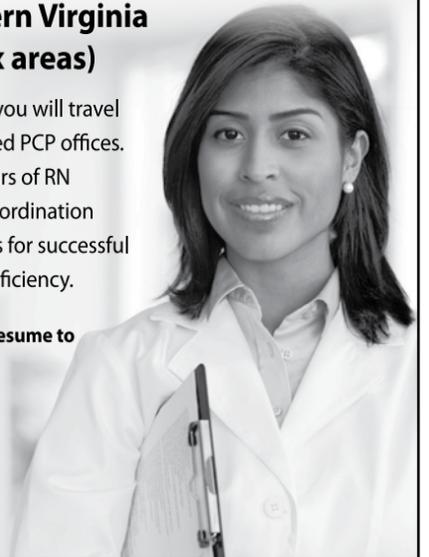
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Nominations must be submitted June 30. We will notify winners and their direct supervisors no later than July 31. Awards will be presented at the Virginia Nurses Foundation Gala on September 22 in Richmond.

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Remembering Kevin Shimp



It is with tremendous sorrow that we share that our friend, colleague and VNA vice president, Kevin Shimp, DNP, RN passed away on February 10, 2018. Kevin was passionate about life, his family, his profession and his work at VCU. He lived life to the fullest, but was taken far too soon.

Prior to acting as VCU Health's Director of Patient Flow, a position he created, he was a nurse manager in acute care surgery. Kevin began his nursing career while serving in the United States Army. He held two bachelor's degrees, a master's from the University of Virginia, and a doctorate in nursing practice from James Madison University.

In addition to his role as VNA vice president, Kevin served previously as VNA's commissioner on government relations, as an at-large board member, and on the ANA staffing committee. Additionally, he served the Virginia Organization of Nurse Executive and Leaders as a board member and as legislative committee chair.

Kevin was a lover of sports and travel, an avid VCU fan, a highly respected nurse, and a devoted family man. We will remember him for his passion for improving the nursing profession, his dedication to his patients, and the love he had for his family and friends.

Donations in his memory can be made to the ASK Childhood Cancer Foundation (www.askccf.org), and letters of condolence may be sent to his wife, Jill, in care of VNA, 6912 Three Chopt Road, Suite H, Richmond, VA 23226.

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CNSs Seek Clarity in Nursing Regulation

Linda Thurby-Hay, DNP, RN, ACNS-BC

The Virginia Association of Clinical Nurse Specialists (VaCNS) is seeking greater clarity in the regulations affecting Clinical Nurse Specialist (CNS) practice in order to eliminate barriers to CNS registration and ensure patients have access to these highly educated providers of specialty nursing care. This advanced practice nursing role is indispensable in the current healthcare environment where the demand for higher quality care and cost effectiveness is not only needed but desirable if we intend to satisfactorily and responsibly care for our burgeoning Baby Boomer generation. Patients and insurers alike are demanding change. Why CNSs? CNSs are educationally prepared as change agents and skilled at system innovations that close quality gaps for patients experiencing complex, chronic health conditions.



Linda Thurby-Hay

The call for healthcare transformation requires that all health disciplines be fully utilized to meet the ever-increasing complexity of patient care. Our healthcare system must shape shift into one that relishes the contributions of all practice disciplines and reorganizes itself into one that uses a truly interprofessional model of care. We must accept that adults (and parents of children) are the primary decision-makers regarding matters of their own (and their children's) health, and that they choose either overtly (by actively sharing in decision-making) or covertly (by what healthcare providers label as non-compliance) matters of health. As leader of their own healthcare team, they seek our collective expertise in order to improve their health status. Each healthcare discipline examines the patient through its own "practice lens" and derives recommendations based on the knowledge and skills developed through comprehensive educational programs, with competence validated through national examinations, certifications etc. Regulations, which are meant to protect the public, should not hinder the work of any health discipline, be they professional nurses, dietitians, pharmacists, physical therapists, advanced practice nurses (including clinical nurse specialists), physicians, etc.

VaCNS believes that current regulations defining professional nursing and advanced practice nursing are inadequate as they do not elucidate the clinical wisdom that is required to deliver nursing care. Professional nurses are educationally prepared to improve the health of patients, families and communities using knowledge and skill gained through an intense course of study. The descriptions (definitions) of professional nursing practice need to include verbiage that articulates what nursing practice

truly is, that professional nurses use a logical method of patient inquiry (i.e. nursing process), gather physical/psycho/social/spiritual data (i.e. nursing assessment), draw conclusions (i.e. nursing diagnoses), implement specific actions (i.e. nursing interventions), and evaluate impact (i.e. nursing outcomes). Regulations must recognize that many nursing actions are independent and interdependent in nature, and that dependent nursing actions do not constitute the whole of nursing practice.

In current regulations, CNS practice is not distinguishable from professional nursing practice. That limits both access to and impact of an advanced practice nursing (APN) role that has long been recognized as a provider by the Center for Medicare and Medicaid Services as well as many healthcare insurers. The CNS role is distinct from that of our venerable APN colleagues, i.e. nurse anesthetists, nurse midwives and nurse practitioners. The CNS role tends to attract professional nurses with 5-7 years of nursing experience who wish to deepen their understanding of a particular area of nursing practice; they complete a rigorous graduate or doctoral program of studies, including an additional 500-1000 clinical practice hours. CNSs are educated to be nursing experts for patients requiring specialty care, and can 1) directly deliver specialty care to patients, families and/or communities; 2) mentor the development of the nursing community engaged in delivering that care; and 3) lead system innovations that redesign care delivery in order that those requiring specialty care receive the "right care at the right time every time."

The National Council of State Boards of Nursing published the Consensus Model for APRN Regulation in 2008 to guide states in constructing regulatory language that clearly differentiates professional nursing and advanced practice nursing. Virginia must decide to use it to clarify the role of professional nursing and advanced practice nursing in caring for our citizens and allow all professional nurses to practice to their full potential. Although this document supports language for full practice authority for advanced practice nurses, VaCNS is not seeking prescriptive privileges, and therefore, does not anticipate challenges from our physician colleagues. Yet, we remain poised to participate in any rational dialogue around transforming healthcare delivery that accomplishes what it should be doing, providing patient-centered care that attends to the many social determinants of health that prevent patients from achieving their best state of health. VaCNS is particularly concerned that current regulatory language: 1) prevents registration

CNSs Seek Clarity continued on page 14



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Call for Nominations for VNA Board Positions

The Virginia Nurses Association (VNA) is currently accepting nominations for the 2018 election of VNA Board of Directors and Committee on Nominations members that will take place electronically this summer.

The following board positions are open for the 2018 election:

- Secretary
- Commissioner on Nursing Education
- Commissioner on Work Force Issues
- Commissioner on Nursing Practice
- Director-at-Large
- Three (3) members of the Nominations Committee

For submission instructions, more information, and our electronic submission portal, please visit <http://virginiannurses.com/Main-Menu-Category/About/Elections-2>.

Nomination forms must be submitted electronically by 11:59 pm on May 30, 2018. No paper forms will be accepted. Please contact Rachel Phillips at rphillips@virginiannurses.com with questions.

CNSs Seek Clarity continued from page 13

of qualified CNSs; 2) does not include “grandfathering” language that was recommended in the Consensus Model for all those educated before adoption in any state; 3) does not provide an alternative form of competence validation for CNS practice for which there is no certification examination; and 4) permits disqualifications for certifications that have been retired.

VaCNS seeks the stories of CNSs who have faced difficulties in registering in Virginia. As we finalize our regulatory recommendations, we don't intend to leave any CNS behind. So, please share your thoughts, concerns and experiences with us through our website, or with me personally.

References:

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ANA News

ANA Responds to The Joint Commission Sentinel Event Alert on Physical and Verbal Violence Against Healthcare Workers

ANA is pleased that The Joint Commission has issued a Sentinel Event Alert on physical and verbal violence against healthcare workers. They reinforce the urgency to halt the cycle of harm and prevent, handle, and heal from incidents of violence in the workplace. In particular, we welcome its recommendations to employers to help reduce the incidence of violence across all healthcare settings and roles.

Evidence indicates that barriers to reporting exist and hamper progress despite the presence of "zero tolerance" policies. Employers must address the workplace culture that discourages healthcare workers from reporting for fear of retribution. In order to see real change, employers, individual nurses, and policymakers must work together to remove impediments to reporting. Only then we will begin to make impactful and long-lasting steps to truly eradicate this epidemic.

Nurses routinely face varying degrees of violence while on the job. A 2018 ANA survey revealed that 62 percent of nurses have personally experienced physical and verbal abuse on the job. ANA has bolstered our work to reverse the increasing assaults against nurses – including sexual harassment. ANA supports enforceable "zero tolerance" workplace policies and call on nurses and their employers to work together to prevent and reduce violent and abusive incidents. Even when faced with patients experiencing impaired judgement or mental status, it is essential that we keep nurses and all healthcare workers safe.

ANA launched #EndNurseAbuse for nurses, other healthcare professionals and the public to stand with nurses and is asking nurses to share their stories on workplace violence. Currently, almost 14,000 individuals have pledged to:

- Support zero tolerance policies for abuse against nurses.
- Report abuse against nurses whenever safely possible.
- Share the pledge and ask friends and family to sign.

Additionally, ANA will convene a panel of experts to address barriers to reporting abuse against nurses. With more than 4 million registered nurses, #EndNurseAbuse strives to foster safe work environments for the largest group of healthcare professionals.

ANA invites The Joint Commission and all citizens and organizations to collaborate on ways to get at the root of workplace violence to combat this critical issue.

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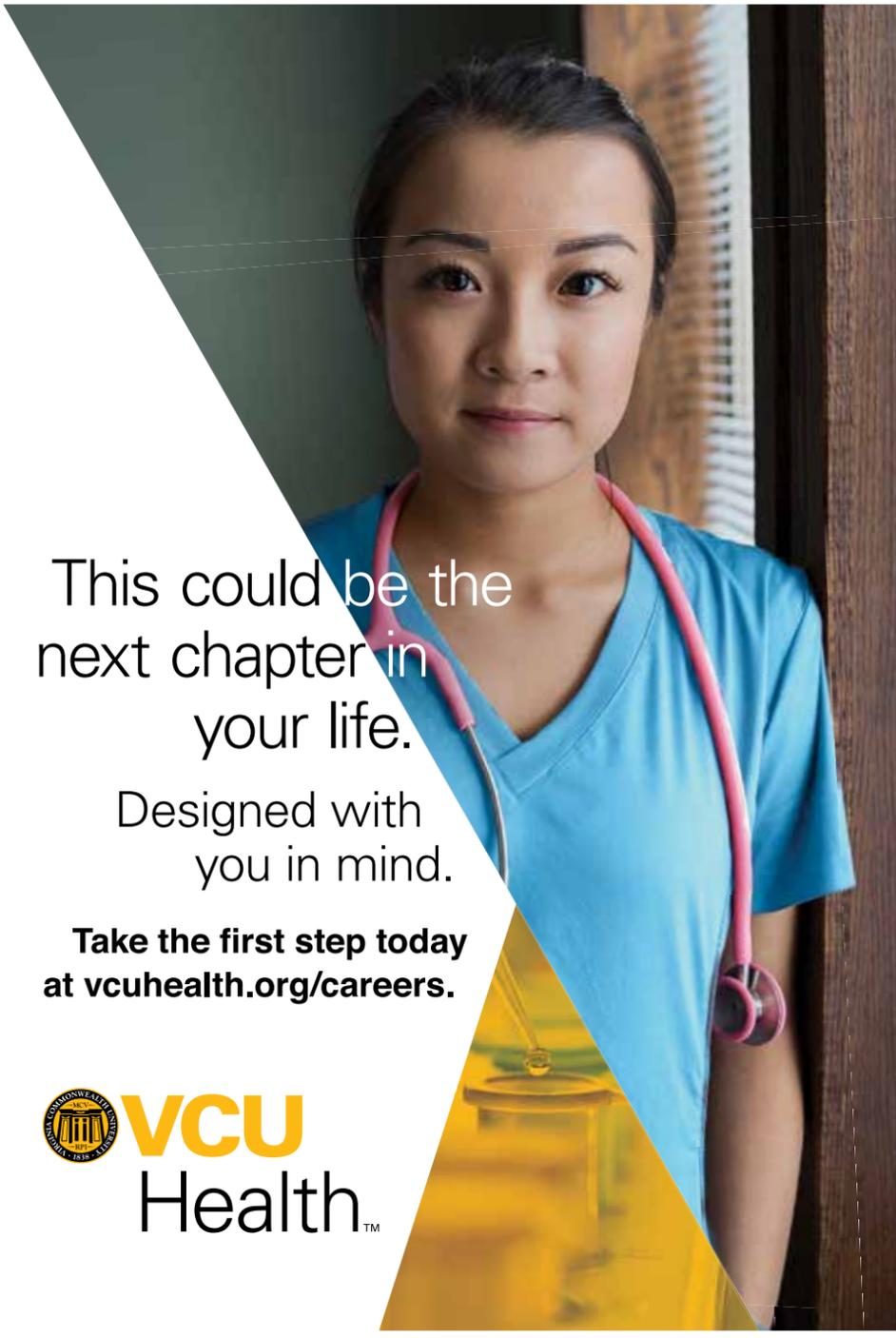
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