Help Your Fellow Virginians as a Psych NP!

Our Commonwealth is experiencing significant challenges addressing the needs of tens of thousands of Virginians who need access to behavioral health services:

- More than three quarters of Virginia is federally designated as a mental health professional shortage area. 40% of Virginians live in these communities.
- This shortage will worsen. Two-thirds of practicing psychiatrists are age 50 or older with an insufficient number in training to replace them.
- The Milbank Quarterly reports that as many as 70% of primary care visits stem from psychosocial issues, but that many primary care providers are not comfortable or well-equipped to diagnose and manage behavioral health conditions or prescribe psychotropic medicines.

Psychiatric-mental health nurse practitioners, or psych NPs, are an important key to helping the Commonwealth address the gap between demand and available behavioral health providers. They are the only professionals other than psychiatrists who are trained and licensed to prescribe and manage psychotropic medicines, which are important to the treatment of many mental illnesses.

There are only 213 psych NPs practicing in Virginia, and Marsha Stonehill, MSN, PMHNP/CNS, BC is one of them. We sat down with Marsha Stonehill to talk about her path to becoming a psych NP and the surprises and challenges she has faced along the way.

What inspired you to become a psych NP?

I remember as a small child looking through a local newspaper one summer and responding to an ad in the paper seeking a registered nurse at a nursing home. I was around 7 or 8 at the time, and I felt compelled to call and apply. They, of course, suggested I could be a candy stripe, to which I replied that I would wait until I was old enough to give out medicines. Though circumstances in my life distracted me from that yearning inside myself, I found my way back to it about four years after I graduated from high school, and put myself through college to accomplish my goal of becoming a RN.

What inspired you to become a nurse?

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What inspired you to become a psych NP?

Approximately 10 years into my career as an RN, I felt compelled to start a non-profit organization to help those with eating disorders. It was during this endeavor that I realized I needed to advance my education to have the credentials to meet with people in the therapeutic manner I was seeking to help those with eating disorders.
Don’t Miss Out on Membership

VNA is the largest organization representing registered nurses in Virginia. We provide the publication you’re holding in your hands right now, Virginia Nurses Today, free of charge to every RN in the state. We often hear from nurses who incorrectly think that they are members of VNA because they receive this quarterly publication. They are often surprised to discover how much they are missing by not being a member of VNA!

Professional Commitment
Membership in VNA makes a powerful statement about you. It shows employers, colleagues and patients your commitment to nursing. Membership identifies you as a nurse who is serious about the profession as well as purposeful about staying informed, educated and involved. Joining VNA gives you an immediate connection to other Virginia nurses and a real sense of community. Members have opportunities for networking on the local level at chapter meetings and on the state level at our conferences throughout the year.

Two Memberships in One!
When you join VNA, you also become a member of the American Nurses Association. For one membership rate, you receive the membership benefits of both organizations! More importantly, you join with nurses across the country and here in Virginia, speaking with one strong voice on behalf of your profession and your patients.

Significant Discounts on Continuing Education
We’re creating and continuing education programs for nurses throughout the Commonwealth. We’re also developing and launching new options for you to learn and access quality educational programming – including options for virtual, on-demand learning available only to members at no- or low-cost. All of these new learning opportunities are in addition to our in-person conferences and chapter meetings, held throughout the calendar year all around Virginia.

Don’t forget: members receive free quarterly continuing education, free access to our online education, a significant discount on all VNA continuing education opportunities and receive access to more than 60 free and discounted CE modules through ANA.

Information, Information, Information
Stay up to date the news and issues affecting nursing through our free, members only publications and members only website areas. Members receive exclusive access to interviews, evidence based research, and much more.

Here’s a sampling of member publications (in addition to Virginia Nurses Today):
- VNA Voice, our weekly e-news – a compilation of important statewide news, relevant articles, and the latest goings on at VNA.
- Legislative e-blasts and member newsflashes – email briefs with up-to-the-minute news on our legislative activities and breaking news relevant to nurses.
- The American Nurse – ANA’s award-winning bi-monthly newspaper.
- OJIN – The Online Journal of Issues in Nursing – Peer-reviewed, posted online three times a year.
- ANA SmartBrief – Daily eNews briefings designed for nursing professionals, delivered to your email box.
- Capitol Update – Monthly e-newsletter covering the status of nursing issues in Congress and the Agencies.
- Nursing Insider – Weekly e-newsletter with ANA news, legislative updates and events.
- Navigate Nursing – Webinars – webinars on current and emerging topics provided free or at significant savings to members. Recent topics have included safe patient handling, reducing staff turnover and increasing job satisfaction.

We advocate for nurses!
When it comes to advocating on behalf of nurses, VNA is the only organization that speaks for the 100,000+ nurses throughout Virginia. Our lobbyist, leadership, and members work passionately to educate our legislators and state policymakers on issues crucial to the advancement of the nursing profession. We update our members every Monday during the legislative session with a comprehensive, exclusive email and hold members-only interactive legislative webinars throughout the session.

More opportunities are now available for all nurses to become involved with public policy and advocacy in Virginia. In 2018, we’re expanding our chapter legislative receptions to more areas of Virginia in order to increase our legislative reach. Every year, we hold our Legislative Summit, a day of interactive education focused on preparing nurses to be advocates for their profession. Members are encouraged to be a part of our grassroots Legislative Visibility Initiative, where groups of experienced nurses and student nurses greet legislators as they arrive for the day, meet with them, and observe relevant subcommittee meetings. If you’re interested, but new to the legislative process, this is a great opportunity for you to "learn the ropes" of advocating for the nursing profession.

In this, my final message as president of VNA, I can’t emphasize too much: if you’re not a member of your professional association, you’re truly missing out. Join VNA today and help us amplify the voice of nursing in Virginia! Visit http://bit.ly/joinvnatoday to become a member!

Richardean Benjamin, MPH, PhD, ANEF, FAAN

President's Message

Virginia Nurses Today

is the official publication of the Virginia Nurses Foundation: 6012 Three Chopt Road, Suite H, Richmond, Virginia 23226, a constituent member of the American Nurses Association. www.VirginiaNurses.com admin@virginianurses.com Phone: 804-282-1808

The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Foundation.

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

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

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

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Virginia Nurses Today
www.VirginiaNurses.com

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Nurses Position the Profession for the Future at 2018 ANA Membership Assembly

VNA members were well-represented at this year's ANA Membership Assembly (MA), held during June in Washington, DC. VNA President-elect Linda Shepherd, Board Secretary Ronnette Langhorne, and Commissioner on Workforce Issues Jennifer Shepherd served as your voting representatives. The Membership Assembly was convened by ANA President (and VNA member) Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, who is currently completing her second one-year term as the ANA president. Past VNA President and new ANA Enterprise CEO Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE was also front and center at this, her first Membership Assembly from the behind the podium!

Work of the MA included dialogue on a new dues pricing model that will be considered in 2019, endorsement of ANA's call for reuniting of separated families at our borders; and elections of five ANA board members including a new president, Ernest Grant, PhD, RN, FAAN, of the North Carolina Nurses Association, whose term will commence next January.

More information about the work accomplished at the ANA Membership Assembly can be found at NursingWorld.org and in the emails members received directly from ANA, but I wanted to devote some space here to share the outcomes of three dialogue forums:

1. Secondary Opioid Exposure Considerations in Caring for Patients with Overdose
   Purpose was to a) discuss the overall impact of secondary exposure to chemical agents on first responders and other health professionals while caring for patients of overdose during emergency situations; b) review the current literature related to healthcare personnel's occupational risk of exposure to illicit substances; and c) consider unified, scientific, evidence-based recommendations for personal protection guidelines.

   Recommendation: Based on the feedback provided by the Membership Assembly, the Professional Policy Committee recommends that ANA:
   - Identify informational tools to inform students and nurses about responding to patients who have potential opioid overdose, including, but not be limited to:
     - Use of PPE to prevent secondary exposure and other protocols applicable to nursing practice
     - The management of individuals who have received Narcan or other antagonists
   - Advocate for funding and other support for research and development of evidence based protocols

2. ANA Presidential Endorsement Process
   Purpose was to discuss the current policy, establishment of a policy regarding presidential candidate endorsement, and the related procedure, Presidential Endorsement Procedure, both of which were adopted by ANA's former House of Delegates in 1985. The policy memorializes ANA's involvement in the endorsement of a candidate for President of the United States and the procedure delineates the process to be followed.

   Recommendations: Based on the feedback provided by the Membership Assembly, the Professional Policy Committee recommends that the consideration of the ANA Presidential Endorsement Procedure be referred back to the ANA Board of Directors for development of a revised proposal following further input from ANA members and stakeholders. Consideration should include, but not be limited to:
   - Member Education
   - ANA visibility
   - Influence
   - and role
   - Resource capacity
   - Impact on membership growth and retention

   Report back to the 2019 ANA Membership Assembly for consideration of a revised proposal

3. An Ethics Debate: The Right to Die
   Purpose was to discuss the current ANA position statement “Euthanasia, Assisted Suicide and Aid in Dying (AID).” The current statement posits that nurses are prohibited from any participation in aid in dying, even in states where it is legal. This topic is nationally relevant as stated in the position statement: “Historically, nurses have played a key role in caring for patients at end-of-life across healthcare settings. Nurses provide expert care throughout life’s continuum and at end-of-life in managing the bio-psychosocial and spiritual needs of patients and families both independently and in collaboration with other members of the interprofessional healthcare team” (ANA, 2013).

   Recommendations: Based upon the feedback from the Membership Assembly, the Committee recommends that the following be incorporated into a revised position statement by the ANA Ethics and Human Rights Advisory Board:
   - Nurses must respect patients’ right to request aid in dying.
   - Nurses must be knowledgeable of the law regarding aid in dying in the state or territory in which they practice.
   - While nurses are ethically permitted to participate in aid in dying, in states or territories where it is legal, they retain the right to conscientiously object.
   - Nurses must be able to provide information on aid in dying and provide emotional support to patients and families who face this decision at the end of life.

   The revised position statement should be considered at the 2019 ANA Membership Assembly.

The recommendations of the Policy Committee regarding all three dialogue forums were approved by the ANA MA. We’ll keep you apprised of the progress of these discussions and recommendations. I encourage you to become more actively engaged with VNA and ANA, where discussions such as these guide the work of the associations. To become more actively involved in issues VNA and the Virginia Nurses Foundation are addressing (nursing education, lateral incivility, creating a healthy workplace culture, pain management presentations), please sign up as a volunteer at tinyurl.com/volunteerVNA. Opportunities abound!

What Keeps You Up at Night?
Take the VNA Educational Needs Assessment!

Lindsey Cardwell, MSN, RN-BC
VNA Director of Professional Development

The Virginia Nurses Association wants to know what keeps you up at night! What are the topics that you need additional education on in order to improve your knowledge, skills, and practice as a nurse? Help VNA better understand what you see as professional practice gaps that impact you! Take 5-10 minutes to complete our annual educational needs assessment before August 31, 2018. We will use the feedback you give us to develop our conference, CE webcasts, Virginia Nurses Today CE articles, and other educational programs in 2019 and 2020! Be sure your voice is heard: https://www.surveymonkey.com/r/VNAEDUAssessment.
New this year! Concurrent Sessions

INNOVATIONS

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

Register by September 2nd at tinyurl.com/2018Innovations
Discounted room block ($139/night) closes August 30th at 5 pm.

Join your nursing colleagues from around the state on September 21-22 in Richmond as we explore the latest innovations in nursing leadership, community health, direct clinical care, nursing research, and academia. These new ideas will transform your practice and help you deliver better outcomes.

What’s Innovations?
It’s VNA’s annual fall conference! In addition to the same great content you've come to expect, we've given the conference a new look and feel, and a new name!

Who should attend?
Nurses at all levels of the profession, including you and your colleagues! With our new concurrent session format, our conference has something for everyone, and attendees can select from a variety of engaging, relevant topics.

Entrepreneurship is for Everyone - The Path to Innovation
Keynote Address (Friday)

Entrepreneurship is for everyone - that means you! Learn the key habits of successful entrepreneurs and participate in exercises that will help to see yourself as an innovator. Don’t miss this engaging keynote about how we can overcome barriers to entrepreneurship and innovation and begin to develop a culture where you see yourself as part of the innovation process.

Entreprenursing & Innovation: Redefining the Future and What’s Possible for Nurses
Keynote Address (Saturday)

Why is it imperative for nurses to innovate? What’s the value in creating a culture that promotes innovation in nursing and healthcare? This keynote will give you the answers to those crucial questions and share principles for creating healthcare innovation, share the history of nursing innovation, and provide take-away tips to evolve your own practice environment into one that champions a culture of innovation.

Registration Rates
VNA Member - $249
Nonmember - $299

Hotel Information
Hilton Richmond Hotel & Spa/Short Pump
12042 West Broad Street
Richmond, VA 23233
Book a room at our $139/night discounted rate at tinyurl.com/2018Innovations

Continuing Education
10.5 nursing contact hours will be awarded for participation in both VNA’s annual membership assembly and the fall Innovations conference.

Virginia Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Design Thinking: Secret Tips from Sibley Innovation Hub
Frankie Aballard, MBA
Experience Designer Innovation Hub, Johns Hopkins Sibley Memorial Hospital

Interested in adding more creativity to your nursing practice? Don’t miss this session, which covers the basic concepts of design thinking and how Johns Hopkins University’s Sibley Innovation Hub utilizes these concepts to promote innovation in their hospital. You’ll learn how to apply design thinking to your own nursing practice and take home design ideas you can apply right away.

NEW THIS YEAR! Customize your conference with concurrent sessions!
During our Saturday program, we’ll be offering you the opportunity to customize your conference experience. Led by a diverse group of nurse leaders from across Virginia, sessions focus on topics you’ve asked us to feature! Check out a few highlights below.

Advanced Practice Nurses Innovative Community Ambassador Program: Exporting Best Practices to Increase Capacity and Access to Quality Health Care
Jacqueline Bradley, MSN, CRNP & Mindy Rubin
Take a deep dive into Kaiser Permanente’s Community Ambassador Program, which deployed advanced practice nurses to improve health outcomes in underserved areas.

Exploring Nurses Perceptions of Shift Length: Results of a Statewide Survey
Teresa Haller, MSN, MBA, RN, NEA-BC, FANAN
Explore the findings and results of a statewide survey on the benefits and downsides of longer nursing shifts.

Reimagining Nurses’ Work to Improve Patient Safety
Tami Gaffney, PhD, MPA, RN
Learn how nurses can better utilize their education and experience to identify, interrupt, and correct medical errors and improve patient safety.

Addressing Cognitive Health Issues Among African-Americans through Collaborative Efforts with the Faith Community
Pamela Price
Learn about the development of culturally appropriate strategies for the identification, treatment, and care of Alzheimer’s disease in the African-American community.

The Effectiveness of Education and Cognitive Rehearsal in Managing Nurse Incivility
Deborah Ritz, DNP, RN, NEA-BC
Get practical tips, useful techniques, and easily implementable ideas about how to recognize and confront nurse incivility.

On the Road Again: Good Health and Great Hair
Sally Essler, MSN, RN, CRNP
Learn about the development and operation of community-based weekend clinics out of barbershops and beauty salons in West Baltimore.

A Veteran’s Bachelor of Science in Nursing Program: The Experience of Three Virginia Institutions
Geoffrey Voorhees, DNP, RN, CRNP, DNE, Anne Parer, RN, CRNP, Vincent Luk, MSN, RN
Catherine Cox, PhD, RN, CNRN, Anne, Alumnae CCRN, & Mary Jane Starchman, DNP, MSN, RN
CRNP, FANAN
Examine a federally funded program intended to transition veterans from military life to a career in nursing.

Exploring Nurse Manager Moral Distress: Moving from Collegial Conversations to a Collaborative Research Study
Jeannie Gerber, DNP, RN, NEA-BC & Phyllis Whitbread, Ph.D, APRN-BC, ACHPN, RN-BC
Discuss the creation of a collaborative study to address the lack of research on moral distress in nurse managers and unit directors.

Frontline Voices: How Research Fellowships Impact Leadership Growth
Kim Carter, PhD, RN, NEA-BC
Discover the outcomes of a nursing fellowship intended to improve frontline nurse research.

VNA Membership Assembly Included with conference registration
The Richmond Health and Wellness Program: A Value-Based Care Coordination Model
Pamela L. Parsons, PhD, GNP-BC, FNAP
Dr. Pami Parsons shares the innovative strategies used by the Richmond Health and Wellness Program, a community care coordination program focused on providing care to the elderly and indigent through the interprofessional health care team.
New Enhanced Nurse Licensure Compact (eNLC) Expands Access to Care

Changes to Revise Nurse Licensure Compact

Since January 19, 2018, it has become easier for Virginia’s RNs and LPNs to work across state lines. The enhanced Nurse Licensure Compact (eNLC) was signed into law and implemented by 29 states, increasing access to healthcare through state Boards of Nursing (BON). There are also additional states pursuing entry into the eNLC that are either awaiting the outcome of pending legislation or a final implementation date.

This historical movement initiated by the National Council of State Boards of Nursing (NCSBN) composed of BON representatives from all 50 states, yielded an ‘enhanced’ model for interstate licensure to encourage more states to participate in the Nurse Licensure Compact. Virginia was ahead of the curve, as the eNLC was signed into law in 2016, which gave authorization to nurses who depend on the multi-state licensing process and paved the way for implementation of additional safeguards to ensure patient safety. With the growth of cross-border practice via telehealth, compacts are likely to be emulated by other healthcare professions.

The eNLC is an amended version of the Nurse Licensure Compact (NLC) Virginia joined in 2005 for RNs and LPNs which continues to provide for one multistate license with the ability to practice in person or via telehealth from both their home state and other eNLC states. Licensing standards for issuing a license with multi-state privilege across all eNLC states are now standardized and include federal and state fingerprint-based criminal background checks. In NLC states that have also enacted the eNLC, such as Virginia, multistate license holders are grandfathered into the new compact. As a result, RNs and LPNs will be able to work in a variety of service delivery settings across borders including those that take a multidisciplinary team approach to provide and coordinate patient care.

In addition to Virginia, eNLC states include Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin and Wyoming. To view an interactive map with current eNLC states and those states with pending eNLC implementation or legislation go to: https://www.ncsbn.org/enhanced-nlc-implementation.htm.

Representatives of participating states form the eNLC Interstate Commission. This body administers the Compact. Virginia BON Executive Director Jay Douglas MSM, RN, CSAC, FRE was elected vice chair of the executive committee and is the commissioner on behalf of the Commonwealth. Ms. Douglas and Board staff worked diligently to implement operational processes to conform with the eNLC. According to Ms. Douglas, the Commission’s top priority is patient safety, rulemaking and making information available to licensees and to the public.

For additional eNLC information please visit BON’s website – https://www.dhp.virginia.gov/nursing/nursing_compact.htm

In response to the growth of telemedicine to deliver in-person care across state lines, the existing national mutual recognition model or Nurse Licensure Compact (NLC), now in its 12th year, has been expanded under the eNLC.

What has not changed is that practitioners operating under the compact agreement will continue to hold one state-based license issued by their state of residence that is enforced by the Board in the jurisdiction where care is being provided.

What has changed is the criterion for eligibility for the privilege of working under a multi-state license including requirements that call for:

- Criminal background checks through biometric fingerprints;
- No encumbered license;
- No felony convictions;
- Review of misdemeanors on a case by case basis;
- No alternative program participation;
- Review of external credentials and English language proficiency for those educated outside of the US;
- An individual who does not meet the criteria for multi-state privilege may be issued a single state license in Virginia.

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Mark Your Calendar for VNA’s 2018 Legislative Summit

Learn how to be a more effective advocate for your fellow nurses and the nursing profession! VNA’s 2018 Legislative Summit will be held on Thursday, November 8 at the historic John Marshall Ballrooms in downtown Richmond. We’ll be examining the critical issues facing nursing and healthcare, celebrating nursing’s 2018 policy victories, and gearing up for our 2019 Lobby Days.

More information, including speakers and programming, will be announced soon. For the latest updates, follow VNA on Facebook at www.facebook.com/vanurses.

UVA Health Systems
CNO Mary Dixon is 2018 Gala’s Honorary Chair

We’re pleased to announce that Mary Dixon, MSN, RN, NEA-BC will serve as honorary chair of the Virginia Nurses Foundation’s 2018 Gala.

Ms. Dixon currently serves as chief nursing officer for the University of Virginia Health System. She has more than 30 years’ experience in nursing leadership, including 5 years as chief nursing officer within the Inova Health System in Northern Virginia and the Baylor, Scott & White System in Texas.

“I am truly honored to be the honorary chair for this very special Gala, and I am so humbled by the amazing contributions of my nursing colleagues in the Commonwealth of Virginia,” said Ms. Dixon.

She is passionate about helping to develop the next generation of nurse leaders and has served as a mentor and preceptor to countless graduate students throughout her career. Ms. Dixon has led and participated on teams to improve clinical performance and outcomes, and is considered an expert in patient flow, patient experience, and team member engagement. She is committed to enhancing the role nurses play in the health of both their patients and their community.

Ms. Dixon holds a bachelor of science in nursing from the Catholic University of America and a master of science in nursing administration from George Mason University. She is currently actively pursuing a Doctor of Nursing Practice from the University of Virginia.

For more information on the VNF Gala, visit http://tinyurl.com/RNHeroes.

Virginia Department of Health
Portsmouth Health Department

seeking qualified nursing staff positions.

Please contact the following website:
http://www.vdh.virginia.gov/qihr/employment.htm

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Eastern State Hospital is an equal employment opportunity and affirmative action employer, and prohibits discrimination of applicants and employees without regard to race, gender (including sexual harassment, sexual orientation, gender identity and pregnancy), color, national origin, religion, age, veteran’s status, political affiliation, or disability.
Clinical Nurse Specialists (CNSs) are the second-largest group of advanced practice registered nurses in the United States (NACNS, 2018). Educated at the master or doctoral level, CNSs have learned a “core body of nursing and health knowledge that extends beyond the generalist nurse in terms of expertise, role functions, mastery and accountability, and further advances nursing practice through teaching, mentoring, consulting and ensuring nursing practice is evidence-based” (Fulton, 2018).

This is congruent with the clinical expertise model found in physician practice, where medical specialists, such as cardiologists, endocrinologists, and geriatricians, are recognized for their depth of understanding of a medical problem/condition that extends beyond that of the generalist practice of primary care physicians.

CNSs provide expert-level care in a specialized area of nursing practice defined by:
- Population (i.e. pediatrics, women's health).
- Clinical setting (i.e. critical care, emergency).
- Type of care (i.e. psychiatric, rehabilitation), or
- Type of problem (i.e. cardiomyopathy, diabetes, palliative care).” (Fulton, 2018)

This skill set is best utilized when positioned within healthcare organizations as change agents, poised to perform as advanced practice providers (APP) in direct care and as consultants, to enhance the clinical judgment of professional nurses and others engaged in patient care, and to forge structure and process innovations that achieve the Institute of Healthcare Improvement’s 2018 mantra of the “right care at the right time every time.” With the Institute of Medicine’s 2001 call for quality and cost-effectiveness in care delivery, CNSs can be employed to transform the healthcare experience of individual patients with chronic conditions (Hansen et al., 2017).

Profiles of CNSs at Work in Virginia

Marion Kyser, MSN, RN, ACNS-BC, an adult psychiatric clinical nurse specialist and certified dementia specialist, provides mental health and dementia care for a rural population and rural community in central Virginia. She describes her role in part as a “talking nurse,” one who engages with residents and their families experiencing mental health problems or dealing with dementia, behavioral and psychiatric issues, or other major life adjustments. Her knowledge and skills in psychiatric and cognitive assessment, psychotherapy, medications, behavioral interventions, and dementia care allow her to provide needed care, support, and education for patients, families, staff, and other healthcare providers who are faced with a dementia diagnosis. Recently, she shared her work in the care of an elderly woman whose family was concerned that dementia was being confused with depression. This prompted a provider referral for psychiatric evaluation of depression and dementia. Marion interviewed both the patient and her husband, talked with the family, and screened for cognitive disorder, anxiety, and depression. A family meeting was called to clarify the diagnosis, discuss therapy recommendations and medications, and formulate a plan for future care, including supportive and cognitive behavioral therapy for both the patient and family. Marion offers patients and families hope in the face of a devastating and costly disease with no prevention or cure.

Sarah Cullen, DNP, RN, ACNS-BC, an adult health clinical nurse specialist, is a hospital-based stroke program coordinator for a large health system in the Chesapeake area. She works in an interprofessional team (IPT) consisting of neurologists, hospital providers, bedside nurses, pharmacists, therapy personnel, and case managers, to ensure patients with evolving or diagnosed strokes (PWS) receive state-of-the-science care. She rounds with the IPT twice weekly to individualize patient management for all PWS, as well as responds to nurse-activated “stroke alerts” so patients with worrisome symptoms can be evaluated quickly. In her direct care role, she completes a neurological assessment and exam alongside her physician colleagues, explains the neurological deficits so that bedside nurses may make the correct care for PWS routinely can deliver personalized nursing care, and manages flow so the PWS advances to the next level of care efficiently. Dr. Cullen shared her clinical expertise in facilitating the care of an out-of-towner who suffered an ischemic stroke. A mother in her 30s experienced severe weakness while vacationing with her family and was hospitalized. Dr. Cullen supported her recovery by bringing awareness to the window of opportunity for preventing long-term sequelae. Team members were informed of the need for consistent and aggressive four-pronged treatment (e.g. physical, occupational, speech and music therapy) and intensive stay therapy. Dr. Cullen and the IPT advocated for non-paying support at the patient’s home. Time was of the essence if her best future status from administration, and the patient was moved to her inpatient rehab unit at no cost so she could receive the needed care to prevent long-term disability. Dr. Cullen offered critical nursing expertise to this PWS at one of her most vulnerable moments.

Finally, the specialized needs of some patient populations were evidenced in both the CNS on an inpatient unit where those health conditions are best addressed. Linda Currie, MS, RN, ACNS-BC, is a unit-based CNS tasked with ensuring the safe care of patients recovering from cardiovascular surgery in an academic medical center. The emphasis is on clinical management of complex patients while preventing central line-associated bloodstream infection, hospital acquired infections, and pressure ulcers. During informal daily rounds, Linda assesses each patient on her 14-bed unit and validates the competence and confidence of the bedside nurse to accomplish the best patient outcomes. She actively participates in the care of deteriorating patients alongside nursing staff, and is sought out to problem solve challenging situations. Linda shares that the most rewarding role was required in the care of a patient on full cardiac support who was in need of ambulation. Because the patient had multiple central cardiac cannulas, tubing a large volume of the patient’s blood outside the body through a pump, she collaboratively constructed a plan that enabled ambulation. Linda underscores that her role facilitates the seamless delivery of care in the sickest of patients by quickly assessing patient needs, resources, education, and out-of-the-box thinking at a moment’s notice.

Patients benefit when CNSs are actively engaged in managing those with chronic health conditions, as well as those who are transitioning within and across healthcare settings to improve outcomes and care effectiveness (Hansen, et al., 2017). Underutilizing the CNS advanced knowledge and skill set denies patients access to skilled clinicians who are experts in nursing diagnosis and treatment, as well as in the knowledge of patients with special problems or dealing with dementia, behavioral and psychiatric illness that extends beyond the generalist nurse in terms of expertise, role functions, mastery and accountability, and further advances nursing practice through teaching, mentoring, consulting and ensuring nursing practice is evidence-based” (Fulton, 2018).

References:

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provide. I became a psych NP in 2003, grateful that such programming was available so I did not have to change my career to take on a more effective role in helping people find wellness from mental health issues.

What do you enjoy most about being a psych NP? I enjoy being able to give people hope at a time when they feel afraid there may be no hope. I love helping people discover the balance in what can be a chaotic life. Ideally, they are expected to move from psychotropic medication, helping them develop their skills and recognize their strengths.

What has surprised you about being a psych NP? The number of times I can say “there’s nothing wrong with you,” as I validate the person and the very natural, expected response they are having to their situation or circumstances. Watching the positive impact validation has on a person and the strength a person gains from receiving support, understanding, encouragement, skill building, and, at times, medication to help with the process.

What have you found challenging about becoming or being a psych NP? The most challenging aspect is breaking through a patient’s misconception and misinformation about clinical symptoms versus situational symptoms and, consequently, the best treatment plan. With the promises made in marketing, it can be challenging to help people understand what they can realistically expect from a medication. I have seen medication potentially change a person’s ability to manage life and I’ve seen an unrealistic expectation of medication complicate a person’s ability to find achievable resolution to their challenges.

What excites you most about the psych NP field/specialty? Having the skills and critical thinking abilities to spend time with people to discover a proper diagnosis and effective treatment plan. Working with a person, listening, and responding to their needs with the best interventions we have available, coupled with their personal commitment and motivation, and seeing how this helps people out of symptoms or situations they otherwise thought they would never master.

What advice/guidance would you give someone who is considering becoming a psych NP? Though we may not bring full resolve to the suffering some people endure or though some people might have a tragic turn in their life, I have received feedback from patients that knowing someone really cared, really wanted to help and really listened makes more of a difference than can be described.

It’s not just about finding a perfect solution. It’s about being there for the individual who entrust the intimate details of their life with me. What a privilege it is to have someone give me such trust. This has taught me that there is no room for judgement or cynicism. It’s just not worth it. It hurts people. I found it impossible to hand people tissues as they weep from the actions of others and not learn the importance of being a better person yourself (as much as humanly possible).

Virginia Nurses Today

August, September, October 2018

What is your favorite part of your day? My favorite part of my day is meeting with individuals who entrust the intimate details of their life with me. What a privilege it is to have someone give me such trust. This has taught me that there is no room for judgement or cynicism. It’s just not worth it. It hurts people. I found it impossible to hand people tissues as they weep from the actions of others and not learn the importance of being a better person yourself (as much as humanly possible).

What’s the best piece of advice you’ve ever received? “The answer is deep inside of you.”

Far too often, people think they are going to get advice or find the answer to their circumstance from another person. Here is the beauty of helping people find their strength and clarity so they can find their own resolve inside their life.

Tell us something that might surprise us about you. I temporarily quit my job as a psych NP to help my husband get his marina in King George, Virginia up and running. I will open my private practice at that location as there is a house on the property. First, I’m nailing dock boards and such to get the marina in order!

Either way, I find that my NP skills are useful in the process of interacting with the local community as we generate harmony to accomplish goals for ourselves and others and the betterment of the community. It’s as if I accidentally fell into a community mental health provider role. This transition of being able to use my expertise in my own rural area is already proving to be very rewarding.

Family Spouse Jeff Stonehill, horses, dogs, cats, and a marina!

The Virginia Health Care Foundation offers scholarships for NPs to earn their post-master’s psych NP certificate. For more information, please contact the Foundation (PsychNP@vhcf.org or 804.828.5804).

WHERE ELSE HAVE YOU WORKED AS A PSYCH NP? What patient population did you serve? I have worked in an outpatient practice in San Diego, a residential eating disorder treatment program in Caroline County, and a free clinic for low income, uninsured individuals in Fredericksburg.

Tell us about a patient who made a lasting impression. There are MANY patients who have made lasting impressions on me. This question actually leads me to say that one of the best words of advice I was given in my training was to remember that everyone who shows up to meet with me is teaching me probably more than I’m teaching them. Not just in the sense of the professional decision-making; but about myself and life in general. I can say this has been very true and very real for me. I cannot teach someone something that I myself have not learned to practice. For example: speak assertively, not take things personally, adapt in undesired loss, and so forth.

What is your role in helping people find wellness from mental health issues? I used to think this meant bringing people to the surface and wrestling them to the ground. I now believe it’s about surfacing a person’s strengths, which sometimes get buried in the aftermath of stress and difficult or traumatic experiences. I will work with all age groups and families as a unit. When there are mental illnesses or behavioral issues, it affects the individual as well as those closest to them. There is opportunity for all to discover new strengths and insights.

I am also starting a non-profit corporation called Operation P.L.O.W. Inc., standing for “Fortitude, Leadership, Opportunity, Wisdom.” This will be a program to promote skill building in hopes of preventing development of certain levels of anxieties, depression, or trauma responses as a personal growth and development program, rather than a mental health program.

Where do you work now as a psych NP? Where are you practicing now as a psych NP? I am transitioning into private practice. The name of my business is “Melt The Ice.” which comes from a quote: “Sometimes it takes the sun a long time to melt the ice so things can come to the surface.”

I used to think this meant bringing problems to the surface and wrestling them to the ground. I now believe it’s about surfacing a person’s strengths, which sometimes get buried in the aftermath of stress and difficult or traumatic experiences. I will work with all age groups and families as a unit. When there are mental illnesses or behavioral issues, it affects the individual as well as those closest to them. There is opportunity for all to discover new strengths and insights.

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Historically, growing political dissonance has challenged progression of the U.S. healthcare system. On March 23, 2010, the Affordable Care Act (ACA) was signed into law by President Barack Obama. If not the actual initiator, this partisan movement stirred the debate on healthcare reform. As the Trump administration transitioned into leadership in January 2017, the idea to “repeal and replace” the ACA was of high priority. GOP efforts to retract ACA regulations included proposals such as Medicaid block grants, the American Health Care Act (AHCA) and the Graham-Cassidy bill, all of which failed by the end of 2017 (UCSF/UC, 2018). Political tensions and public pressure ran high. Senate Majority Leader Chuck Schumer stated that “it doesn’t go far enough” (Collins, 2017). In light of these criticisms, current attempts to fix the ACA include repeal of the individual mandate and work requirements for Medicaid expansion.

Additionally, the Trump administration moved to allow states to impose work requirements for Medicaid, reversing the actions of previous Democratic administrations. A 2018 poll commissioned by America’s First Policies found that rejected the notion of a work requirement (Mussmuentz, Garfield & Rudowitz, 2018a). These changes could be proposed at the national level without congressional action, so states have been given the option to design a version of these work requirements and submit a waiver to the Centers for Medicaid and Medicare Services (CMS) (Scott, 2018b; Mussmuentz et al., 2018a). Virginia lawmakers, for example, drafted a version of the work requirements, called the Training, Education, Employment and Opportunity Program, wherein an individual must work at least 20 hours a month for the first three months, eventually reaching 80 hours a month a year after beginning the program (Young, 2018). Per CMS guidance, other means of meeting this requirement include: enrollment in school, a job training program, or volunteering (Young, 2018). Medicaid expansion in Virginia was signed into law on June 7, 2018 by Governor Ralph Northam, making Virginia the 33rd state to expand Medicaid (Collins et al., 2018b). The expectation is that the work requirement will be approved; however, Medicaid expansion in Virginia will take place January 1, 2019 even if the work requirements have not yet been approved (Norris, 2018). Virginia Republicans, who have long opposed Medicaid expansion, are now seemingly pleased with the added work requirements stating that there will be better health outcomes as people make more money to move off of Medicaid (Scott, 2018a). The Democratic Party describes this as “the compromise needed to win the bigger fight” (Young, 2018).

Introduction

Over the past decade, growing political dissonance has challenged progression of the U.S. healthcare system. On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) or ‘Obamacare’) was signed into law by President Barack Obama. If not the actual initiator, this partisan movement stirred the debate on healthcare reform. Despite multiple failed attempts to fully repeal the ACA, the goal of the ACA was to lower healthcare costs and improve access to health insurance (Health Policy Collaborative, 2017). To do so, this bill implemented numerous requirements, such as the individual mandate and Medicaid expansion, that would require states to provide health insurance to its constituents. Though the idea was to extend health insurance to all Americans, forced Medicaid expansion was deemed unconstitutional and a Supreme Court ruling in 2012 would make it optional for states to participate (Health Policy Collaborative, 2017). 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traditional Medicaid programs, CMS also considers that some will continue to lose coverage as a result (Dickerson, 2018). During a news briefing, CMS Administrator Seema Verma stated that she worries about a ”subsidy cliff” wherein “a person earns enough to render him ineligible for Medicaid, but it’s not enough to qualify him for financial assistance on the individual insurance exchanges, leaving him without coverage” (Dickerson, 2018).

As previously noted, many of the amendments to the ACA were intended to reduce healthcare costs; however, opponents argue that they have done just the opposite. Per the latest Commonwealth Fund ACA Tracking Survey, weaknesses in the Affordable Care Act have only been exacerbated by the new reforms (Collins et al., 2018). Due to current changes, approximately four million people have lost coverage and a 15.5% increase is estimated among uninsured working individuals between ages 19-64 (Collins et al., 2018). This begs the question of how to proceed with future changes. As new proposals are implemented, public interest is assumed to be of top priority to be undermined by the counterpart party. Though political party to pursue health care reform may argue then that any future attempt of a law makers fail to improve upon the current system, how to proceed with future changes. As Republican lawmakers fail to improve upon the current system, the Democratic Party holds tightly to this advantage and as a result, they successfully passed HB 793 (2018) for nurse practitioner full scope of practice. Success involved coalition building and emphasized the power of interprofessional stakeholder involvement in the policy making process. Kingdon (2011) described advocates and champions of solutions or policies as “policy entrepreneurs” who ride the wave of public attention and policymaker focus. Nurses are primed to be policy entrepreneurs. Nurses are constituents and have a voice and vote. It is our responsibility to develop rapport with our legislators; and educate them on the healthcare needs of our clients, communities, and populations. Joining professional organizations to form coalitions, working across disciplines, is an effective way to advocate for better health policy for all. Stepping across the aisle to collaborate on socially responsible, cost effective, equity based healthcare may be the result.

Public vs. Self Interest Discussion

In consideration of the current partisan-centered environment, health care reform's political context involves major stakeholder groups. Understanding the Theory of Legislation enhances understanding of current political influences, along with the political environment. Examples of Feldstein's (2006) Theory of Legislation have played out, differentiating ‘public’ versus ‘self-interest.’ Public Interest assumes “there are two objectives to government: to improve efficiency and to redistribute income in a more equitable manner (p.7); while Economic or Self-Interest assumes “the use of policy instruments of government to increase one’s wealth” (p. 10).

Particularly, consider the partisan play by the Republican Party in early May 2017, involving the passage and immediate aftermath of the House of Representatives Replace/Replace Plan (American Health Care Plan) falling more in line with self-interest versus public interest. The party was pressured to pass a plan but the details of the plan included multiple implications, and, as previously discussed, involving Medicaid block grants that would affect state level Medicaid planning and appropriations. Later the Senate could not successfully bring the bill up for a vote, taking into consideration public response. From a public interest perspective, the Senate reviewed the proposed legislation that would make major changes to currently insured citizens. From a self-interest perspective senators wanted to maintain their position in the political system by supporting the wishes of their constituents. The real question continues to be can party members, Democrat and Republican, cross the aisle to work together to address current US healthcare system challenges? It would be in the public interest to do so, and by doing so, it would also be in each party member’s self-interest.

Nursing’s Responsibility

This brings us to nursing’s call to action! Often, nurses do not feel they are equipped to take political action, but the opposite is true. Nurses are social justice oriented and positioned to advocate for equality based health policy (Short, 2008). Our discipline-specific code of ethics requires health policy advocacy (ANA, 2018). Virginia nurses embraced the political environment and policy-making process this past General Assembly session, and as a result, they successfully passed HB 793 (2018) for nurse practitioner full scope of practice. Success involved coalition building and emphasized the power of interprofessional stakeholder involvement in the policy making process. Kingdon (2011) described advocates and champions of solutions or policies as “policy entrepreneurs” who ride the wave of public attention and policymaker focus. Nurses are primed to be policy entrepreneurs. Nurses are constituents and have a voice and vote. It is our responsibility to develop rapport with our legislators; and educate them on the healthcare needs of our clients, communities, and populations. Joining professional organizations to form coalitions, working across disciplines, is an effective way to advocate for better health policy for all. Stepping across the aisle to collaborate on socially responsible, cost effective, equity based healthcare may be the result.

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We recommend baskets have a unifying, creative theme. In previous years, themes have overall basket, so get your competitive juices flowing.

A few tips:

- Baskets may be moved from one location to another during our event, so
- Wine, and many more. If you need help choosing a theme, we're happy to help!
- The overall value of each basket typically ranges from $100-500 dollars.
- We award prizes for most popular basket and best systems (including individual nursing units, floors, and departments)!

Questions? Contact Rachel Phillips at rphillips@virginianurses.com.
The Virginia Nurses Foundation (VNF) will honor Senators Janet Howell (D-Fairfax) and Emmett Hanger (R-Augusta) with the 2018 Friend of Nursing Award at the VNF Gala on September 22 at the Hilton Richmond Hotel & Spa/Short Pump. Senators Howell and Hanger each played a key role in the 2018 General Assembly’s passage of Medicaid expansion. As the chief Republican advocate for Medicaid expansion, Senator Hanger broke with his caucus leaders to support legislation that would help rural Virginians, including his constituents. Senator Howell tirelessly led her caucus in pushing for Medicaid expansion year after year. She was an outstanding advocate on this issue and ultimately helped deliver this policy win for hundreds of thousands of Virginians.

“The passage of Medicaid expansion means a healthier Virginia,” said Mary Kay Goldschmidt, VNA’s commissioner on government relations. “Thanks to the hard work and bipartisan spirit of Senators Howell and Hanger, more than 400,000 uninsured and low-income Virginians will have access to quality medical care.”

In addition to their leadership on Medicaid expansion, Senators Howell and Hanger were supporters of HB 793, which institutes a transition to practice period for nurse practitioners and went into effect on July 1, 2018. They also supported legislation improving workplace violence protections for nurses at hospitals and emergency care facilities, which was sponsored by 2017 Friends of Nursing Delegate Roxann Robinson and Senator Glen Sturtevant. As senior members of the Senate Finance Committee, Senators Howell and Hanger have also played an important role in legislation giving pay raises to state-employed nurses.

“Medicaid expansion is a positive step toward increasing access and improving the delivery of healthcare, which is a vital part of VNA’s mission,” said Janet Wall, VNA chief executive officer. “Senator Howell and Senator Hanger are champions for the health of all Virginians, and we are grateful for their leadership.”

**Under investigation by the Virginia Board of Nursing?**

Eileen M. Tatschante, 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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Jane Moseley
Karole Nielsen
Scherre O’Neill
Matthew Painter
Ann Pruit
Karen Rakowski
Aleta Rauch
Deneen Richmond
Alice (Penn) Ritter
Lisa Robinson
Margie Rodan
Susan Rogers
Crissey Royall
Yasmin Samahon
Chelsea Savage
Martha Schinider
Tess Sears
Patricia Seifert
Bhurja Shah
Maureen Sintich
Rachel Sposito
Helen Stacks
Deborah Stanger
Debbie Sullivan-Yates
Diane Swengros
Stacy Taylor
Minette Ty
Jamie Ulrich
Crystal Veal
Tammy Williams
Elyssa Wood
Marie Zaylor
Deb Zimmermann
In Memory of
Sue Biller Dove

2018 Virginia Nurses Foundation
Honor a Nurse Honorees

During National Nurses Week, the Virginia Nurses Foundation (VNF) invites nurses and friends of nursing to recognize their nurse friend, colleague, or family member or to say thank you to a nurse that has made a difference with a donation to VNF in their honor. To participate next year, bookmark www.virginianurses.com/Main-Menu-Category/Foundation/Honor-a-Nurse/

In Honor of
Tirsit Abebe
Maria Alburo
Christine Althoff
Melissa Bagley
Cynthia Bauley
Richard Billingsley
Christine Bloom
Dorothy Boresky
Kimberly Boucher
Joni Brady
Monica Brannon
Patricia Brodfuehrer
Barbara Brown
Alquetta Brown
Lindsey Cardwell
Linda Cassar
Rachel Cathey
Patricia Christensen
Frances Collins
Teresa Connaughton
Mary Corkins
Lisa Davis
Theresa Davis
Terri Del Corso
Monica deMariano
Marie Diamond
Janine Doran
Nancy Doyle
Dee Eldardiri
Anneli Escalante
Marilyn Fioravanti
Kim Folke
Mary Ann Friesen
Nancy James
Kenya Jenkins
Jean Johnson
Emily Jones
Nusrat Kaleem
Mary Frances Kamin
Erin Karnolt
Jane Kellam
Nancy Kennedy
Mi Kim
Shirley Gibson
Amanda Golino
Paula Graling
Lori Grogg
Joanne Gucciaro
Matthew Gwaltney
Heather Hall
Sholet Hampton
Anne Hawkins
Tami Hawley
Annette Hemphill
Anna Herbst
Ramona Hercules
Tricia Hill
Patricia Horgas
Heather Hunn
Diana Jackson
Nancy James
Kenya Jenkins
Jean Johnson
Emily Jones
Nusrat Kaleem
Mary Frances Kamin
Erin Karnolt
Jane Kellam
Nancy Kennedy
Mi Kim
Sherry Kolb
Cheryle Levitt
Mary Pat Lewis
Christine Linder
Nancy Littlefield
Ann Marie Madden
Elizabeth Maguire
Judy Marlow
Kathy McGuinn
Rachel McLaughlin
Bethann Mendez
Julie Menefee
Susan Middleton
Reene Milligan
Beverly Misuna
Karen Muttura
Margaret Montgomery
Patricia Mook
Charlene Moore
Jane Moseley
Karole Nielsen
Scherre O’Neill
Matthew Painter
Ann Pruit
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Diane Swengros
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VDH Virginia Department of Health
The Virginia Nurses Foundation Welcomes Two New Trustees to Board

Virginia Nurses Foundation President Terris Kennedy, PhD, RN, and the VNF Board of Trustees are pleased to welcome Patti McCue, ScD, MSN, RN and Vivienne McDaniel, MSN, RN, CCS-P to the board.

Dr. Patti McCue has more than 30 years of nursing executive experience. She most recently served for 10 years as the Senior VP for Patient Care Services and Chief Nursing Officer for Centra Health, a 4-hospital system headquartered in Lynchburg. She has extensive expertise in effective delivery of patient care, operations, and planning using interdisciplinary teams to effect positive improvement. Dr. McCue led two successful Magnet re-designations during her tenure at Centra, and while at North Mississippi Medical Center, she was part of the administrative team that initiated the “Baldrige journey,” culminating in earning the prestigious Malcolm Baldrige National Quality Award in 2006. Currently Dr. McCue is the owner and primary consultant for Proven Methods Consulting, LLC. She offers consulting services grounded in evidence based practice and industry best practices to healthcare organizations and general businesses including leadership development, coaching and mentoring, process improvement, patient engagement and customer service.

Patti received her BSN and MSN from the College of Nursing, Medical University of South Carolina and her Doctor of Science degree in Health Systems Management form The School of Public Health and Tropical Medicine, Tulane University in New Orleans, LA. She is the recipient of numerous awards in leadership and nursing excellence, and is also a Wharton Fellow.

Dr. McCue also co-leads a statewide committee for the Virginia Action Coalition (VAC) on Interprofessional Collaboration and, in this role, serves on the Planning Committee for SYNC, a multi-month team-based program for interprofessional leadership, which we host in partnership with the Virginia Hospital & Healthcare Association, the Medical Society of Virginia, and the Virginia Department of Health. She is also active in her community, serving on the Boards of New Vistas School and the Lynchburg YMCA.

Vivienne McDaniel has been in the healthcare field for more than 30 years. Before becoming a registered nurse, she was a healthcare administrator for a multi-physician medical group. She was also a certified coding specialist at Eastern State Hospital. While at Eastern State Hospital, she developed and facilitated a clinical documentation improvement program for physicians that aligned with Medicare coding requirements. It was also at Eastern State Hospital that she was exposed to geriatric and psychiatric nursing which led her to pursue a career in nursing.

Vivienne is a long-term care executive nurse consultant with Exceptional Health Care Associates, a family-owned business that specializes in mentoring of nursing leadership and licensed nursing home administrators. Vivienne is also Diversity Ambassador for VNF and is a member of the Nurse Aide Education Program subcommittee at the Virginia Board of Nursing.

Vivienne began her nursing career in the telemetry department at Sentara Williamsburg Regional Medical Center after receiving an Associate of Science in Nursing from Thomas Nelson Community College. She soon moved into a leadership role as Director of Nursing and Administrator at Brookdale Senior Living and later as an Assistant Chief Nurse Executive, at a state behavioral health facility. Vivienne has also been an adjunct nursing instructor for an associate degree nursing program at John Tyler Community College, and has taught the nurse aide education program at Thomas Nelson Community College and Riverside Health System. While at Riverside Health System she served as one of the co-chairs of the Cultural Competence and Diversity Awareness Committee and continues to provide instruction and guidance on diversity awareness and cultural competence in nursing, to the students she mentors.

Vivienne is pursuing a Doctor of Nursing Practice (DNP) degree at Walden University with a focus in executive leadership and health policy advocacy. She is active in state and federal healthcare policy, and was recently appointed as a Graduate Nursing Student Academy Advocacy Leader at Walden University, by the American Association of Colleges for Nursing. In her advocacy leadership role, she advocates for graduate nursing policies at the local, state, and federal level.

As the charitable and philanthropic arm of the Virginia Nurses Association, VNF’s mission is to support the advancement of nursing through recognition, research, and innovation.

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Virginia Baptist Hospital and Centra Medical Group have earned the coveted Magnet® designation, the nation’s highest nursing honor. We are currently hiring RNs and LPNs in a variety of settings across our healthcare system. Sign-on bonuses up to $30,000 offered for select positions as well as $5,000 in relocation assistance.

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BeACentraNurse.com
The Virginia Nurses Foundation (VNF) is pleased to announce the recipients (listed below) of the 2018 40 Under 40 Awards. Award winners were selected from a record number of nominations as one of Virginia's outstanding young registered nurse (RN) leaders because of achievements in professional practice, leadership, and positive promotion and advancement of the nursing profession beyond the practice setting.

"We are thrilled to recognize this group of exceptional young women and men who have excelled as nurses and as leaders in both the practice setting and in their communities," said Janet Wall, VNF chief executive officer. "Nursing clearly has a very bright future in Virginia."

Winners will be honored at the 2018 VNF Gala, chaired by Mary Dixon, MSN, RN, NEA-BC, chief nursing officer of the University of Virginia Health System, on the evening of September 22 at the Hilton Richmond Hotel and Spa - Short Pump.

For more information about the VNF Gala or 40 Under 40 winners, visit http://virginianurses.com/40under40.

40 Under 40 Award Winners
(listed alphabetically by last name)
- Amanda Allen, Carilion Children's
- Brittany Steele, McGuire VA Medical Center
- Ava Speciale, UVA Health System
- Ashley Shrader, Naval Medical Center Portsmouth
- Yovaletta Scruggs, Inova Alexandria Hospital
- Ashely Shrader, Naval Medical Center Portsmouth
- Ava Speciale, UVA Health System
- Brittany Steele, McGuire VA Medical Center
- Joseph Tacy, James Madison University
- Jena Yedder, US Public Health Service
- Ashley Walters, UVA Health System
- Katy Wiggins, Southside Physicians Network
- Caitlin Wise, VCU Health
- Melissa Wray, Carilion Clinic
- Temika Younger, Virginia Adult Care Education, LLC (VACE)

40 Under 40 Honorable Mentions
(listed alphabetically by last name)
- Amanda Wrenn Brendel, Carilion Clinic
- Jennifer Claybrook, Centra Lynchburg General Hospital
- Kristin Crouse, Carilion Roanoke Memorial Hospital
- Caitlin Crowder, VCU Community Memorial Hospital
- Tiffany Fick, Sentara Martha Jefferson Hospital
- Stephanie Pitc, Inova Fair Oaks Hospital
- Mary Haigh, Riverside Regional Medical Center
- Brandon Jones, Carilion Roanoke Memorial Hospital
- Mary Lord, Centra Southside Community Hospital
- Brady Lutz, LewisGale Hospital Montgomery
- Season Majors, Inova Health System
- Jasmine Nicholson, Bon Secours Maryview Medical Center
- Veronica Nolden, VCU Health
- Thomas Powell, Central Health
- Allison Rivers, VCU Health
- Enkh-Ochir Sanz, Inova Alexandria Hospital
- Claudia Spurill, VCU Health
- Amber Taylor, Central Health
- Tyler Thompson, Sentara RMH Medical Center
- Ariana Webb, VCU Community Memorial Hospital
- Drew White, Central Health
- Caitlin Winkler, VCU Health
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Updated May 21, 2018
Foundation Convenes Leaders of Mental Health Organizations

In the past year, the Virginia Nurses Foundation (VNF) has begun to tackle such weighty population health issues as diabetes management, opioid abuse, and pain management. I am proud to share that this spring, amidst a plethora of devastating news stories that further unveiled the inadequacies of our healthcare infrastructure nationwide, we added mental health to our list of priorities.

How, we wondered, can we as an organization have a significant impact on the mental health crisis tearing at the very heart of our communities. It’s a daunting issue, and one for which we knew it was essential that our mental health community partners join us at the table. Ultimately, we hope to collaborate on initiatives that address the shortcomings of our healthcare infrastructure and the voids within our care delivery. Mental health, we believe, is an important piece of the solution.

We convened our first meeting of VNF Leaders & Partners in late April and were thrilled to be joined by about 25 leaders representing community organizations from throughout Virginia. The group included representatives from the Virginia Department of Health’s (VDH’s) local health districts, community service boards (CSBs), the Board of Nursing, the National Alliance on Mental Illness (NAMI) Virginia, and the Substance Abuse and Addiction Recovery Alliance of Virginia (SAARA Virginia), Special guest Robert Wood Johnson Foundation (RWJF) Senior Adviser for Nursing Dr. Susan Hassmiller also joined the meeting. Dr. Hassmiller, in partnership with AARP, also directs RWJF’s Future of Nursing: Campaign for Action.

Meeting participants discussed their organizational priorities including everything from refugee clinics and programs for pregnant women to the importance of making care of our own healthcare professionals (and patients). At the end of the day, we narrowed our focus to the issues we felt most demanded our attention, including stigma, access, education, mental health funding, capacity building, and cultural competency.

Meeting participants repeatedly thanked us for the opportunity to come together – nursing and mental health professionals – to collaborate. It was alternatively as disconcerting as it was gratifying. We were disheartened to learn that interprofessional communications and collaboration was lacking, but please to know that we were on the right track.

Our second meeting takes place July 23, after this issue of VNF has already been sent to press, and will examine resources already available to address the issues identified, collaborative opportunities among stakeholder organizations, and long-term projects that may warrant grant funding or corporate support. Much of the work, we anticipate, will be advanced by smaller subgroups eager to take the reins on specific projects. Look for more updates in future issues of VNT and, if you have a passion for this work and the expertise to help advance our efforts (or know of someone who does), please contact VNF CEO Janet Wall to discuss joining our VNF Leaders & Partners group.

Do you know how a CNS practices?

Clinical nurse specialists (CNSs) are one of four recognized advanced practice nursing roles in the United States (c-NACNS, 2017), with 437 registered in Virginia (d-VACNS, 2016). CNSs are one of four recognized advanced practice nursing roles in the United States.

Clinical nurse specialist week is celebrated every year September 1 through September 7. The theme for 2018 is Clinical Nurse Specialist Week, September 1-7

Celebrating Clinical Nurse Specialist Week, September 1-7

Theresa “Terri” Crowder, DNP, RN, CNS, CCRN, ACNS-BC
Virginia Association of Clinical Nurse Specialists CNS Recognition Task Force

How can you celebrate CNSs during CNS week?

Clinical nurse specialists (CNSs) are one of four recognized advanced practice nursing roles in the United States (c-NACNS, 2017). There are approximately 70,000 clinical nurse specialists across the United States (c-NACNS, 2017), with 437 registered in Virginia (d-VACNS, 2016). CNSs are one of four recognized advanced practice nursing roles in the United States.

Do you know how a CNS practices?

The CNS is an expert clinician that improves patient outcomes in three ways: 1) directly delivering specialty care in a variety of healthcare settings; 2) providing support to nurses and others caring for patients at the bedside, wherever that bedside may be; and 3) implementing organizational change that ensures that patients receive evidence-based care and best practices (b-NACNS, 2017). The CNS delivers specialty care (such as diabetes care and self-management training), mental healthcare, and pain management to patients and their families. This is based on research.

How can you celebrate CNSs during CNS week?

Make organizational plans to celebrate your CNSs, thanking them for all that they do, and initiatives that improve patient safety, patient outcomes, and quality of care.

References


(c) National Association of Clinical Nurse Specialist. 2016. Make organizational plans to celebrate your CNSs, thanking them for all that they do, and initiatives that improve patient safety, patient outcomes, and quality of care.
Investing in nurses to achieve global health.

Health should be a recognized universal right. Having an equitable health system should be a universal standard. And having highly skilled nurses recognized for their expertise in providing care and leading efforts to transform a nation’s health and health system should be a universal practice.

U.S. nurses are not alone in our quest to be a prominent voice at all tables in determining how to best shape and deliver healthcare. Just a few months ago, a three-year, global campaign was publicly launched called Nursing Now under the auspices of the Burdett Trust for Nursing in collaboration with the International Council of Nurses (ICN) and the World Health Organization (WHO). More than 30 countries, including the United Kingdom, Switzerland, South Africa, and the United States, were represented at launch-day activities held around the world. Catherine, Duchess of Cambridge, served as the official patron.

The Nursing Now campaign is focused on improving health globally by raising the profile and status of nurses worldwide. The agenda is ambitious, but it’s critically important and can be accomplished with real investment in nursing and ongoing support. Nurses and midwives make up the largest segment of the health workforce worldwide, and they can have a great impact on the health and well-being of individuals and communities because of their expertise and extensive reach through their varied roles and settings.

That said, we’re facing a global shortfall of nine million nurses and midwives projected by 2030. The WHO Triple Impact report, whose findings helped initiate the campaign, also noted that although there is “enormous innovation and creativity in nursing,” nurses “are too often undervalued and their contribution underestimated.”

To achieve its vision, the campaign has developed goals that are similar to those outlined in the U.S.-focused Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health. Both the campaign and the report address advancing nurses’ education and professional development, including leadership skill-building and their ability to effectively function in rapidly evolving healthcare environments. The campaign and report also call for increasing nurses’ influence on health policy and engaging nurses in leadership roles at all levels. And both serve as clarion calls for investing in the nursing workforce and viewing nurses as the key to solving many healthcare-related issues.

Lord Nigel Crisp, former chief executive of the National Health Service in England, and co-chair of the international board leading Nursing Now, recently met with the ICN Executive Committee. In discussing ICN’s action plans for the campaign, Crisp reinforced the importance of engaging the world’s nursing leaders to make an indelible impact on global health, saying, “I believe that promptly evolving nursing is one of the single biggest things we can do to improve health globally. Nurses, wherever they are, are the health professionals closest to the community and are invaluable in promoting health and preventing diseases as well as providing care and treatment.”

As the U.S. representative from the American Nurses Association to ICN and its first vice-president, I have the privilege of talking with nurses from many of the 130-plus member countries. I’ve learned that no matter our country of origin, nurses share the ability to identify patient and population needs; implement effective, and sometimes very creative, interventions; and understand that health promotion and preventive measures are critical to raising the health of patients, communities, and nations. Many of us also share similar struggles, although to varying degrees: staffing shortages, workplace and societal violence, emerging infectious diseases, and barriers to practicing to our full education and expertise. Addressing these, too, will help achieve the impact we want on global health.

The Nursing Now campaign will run to the end of 2020, which coincides with the 200th anniversary of Florence Nightingale’s birth and a worldwide celebration of nurses. I encourage all nurses to learn more about the campaign at nursingnow.org and to support each other in leading the way to helping people achieve health.

Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN
President, American Nurses Association
Reprinted from American Nurse Today, Volume 13, Number 5
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