



Tennessee Nurse

The voice for professional nursing in Tennessee since 1905



The Official Publication of the Tennessee Nurses Foundation
 Quarterly publication direct mailed to approximately 130,000 Registered Nurses in Tennessee.



I Am TNA



Katie Thomas,
 DNP candidate,
 BSN, RN

and



Mondana Zargarnian,
 RN, MSRN

Katie Thomas

A career in nursing wasn't always my plan. Growing up, I dreamed of being an emergency room physician just like in my favorite television show, ER. I wanted the adrenaline and the thrill of saving lives. However, after volunteering in a hospital through high school and college, I quickly learned that medicine didn't live up to my expectations. Imagine my disappointment! This realization, however, led me to nursing, and I've never looked back. I graduated with my BSN from Tennessee Wesleyan University in 2015. I accepted a position on a cardiac unit where I worked for two and a half years. In January, I moved to case management and have enjoyed learning a different type of nursing. I am also pursuing my DNP in nurse executive leadership at the University of Tennessee, Knoxville. I hope to use my degree to advocate for health policy change and healthcare reform. In what little spare time I have left, I enjoy spending time with my friends and family, being outside with my dog, Summit, and training for my first half marathon.

I have been involved with state and national nursing associations since my junior year of nursing school. I have held both the legislative director and graduate assistant positions within the Tennessee Student Nurses Association. I was also a member of the resolutions committee for the National Student Nurses Association. These experiences

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Nurses Leading to the Future 2019 TNF Scholarly Writing

The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for all Registered Nurses (within all specialties of nursing), in the State of Tennessee. A \$1,000 award plus a free one-year membership in both the Tennessee Nurses Association and the American Nurses Association (value \$290) will be presented to the winner/s as part of the celebration of Nurses Week 2019.

CRITERIA:

1. Registered Nurse (within all specialties of nursing)
2. Paper is in a publishable format and may be published in the *Tennessee Nurse* and/or TNA website.

MANUSCRIPT REQUIREMENTS:

1. **Introduction:** will provide adequate foundation for the body of the paper and will include a purpose statement for the paper
2. **Body of the Paper:** will address one of the following
 - Nursing research – how to use research in daily practice supported by an example and explanation of how you have used research in your daily practice.
 - The use of leadership in daily practice supported by an example and explanation of how you have either used or experienced a particular leadership style in your daily practice
 - How you have used or influenced the use of evidence based practice in your daily practice.
 - Identify mentoring strategies for use with new nurses and/or strategies to retain the experienced nurse.

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3. **Conclusion:** will summarize the main points of the body of the paper with implications for nursing practice.
4. **References:** will be adequately and appropriately referenced in the body of the paper and will be from contemporary peer reviewed resources.
5. Must not have been previously published.
6. Maximum of 10 pages (inclusive of references)
7. Double spaced, 10 – 12 point font.

A COMPLETED SUBMISSION MUST INCLUDE:

1. All applicant contact information, including email address.
2. Two (2) copies of the manuscript.

DEADLINE FOR SUBMISSION: MARCH 31, 2019.

Submissions must be postmarked by this date. Fax submissions are not accepted.

Entries will be judged by blind review by selected nursing experts. The winner/s will be notified by email. Members of the TNF Board of Trust and TNA Board of Directors are not eligible.

PLEASE MAIL SUBMISSIONS TO:

TNF Scholarly Writing Contest, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296

Nurses on Boards Coalition (NOBC) Summary

Carla Kirkland, MSN, RN, APRN, TNA President-Elect
Patti Scott, DNP, RN, PNP, NCSN

The landmark 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health* recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and other bodies that work to improve the health of everyone in America. The *Future of Nursing: Campaign for Action* was established to promote the recommendations and support state Action Coalitions (ACs) to carry out the recommendations. The Arkansas and Missouri Centers for Nursing (previously AR and MO ACs), and the Tennessee AC are working together to increase nursing participation on health-promoting boards. Nurse leaders and educators from each state developed the *AR MO TN Nurses on Boards Training Intensive* that was held October 1-2 in Branson, MO with attendees from each state. The aim of the training was to strengthen

leadership skills in addressing social influences on health and building a Culture of Health through board service. Topics included: Culture of Health, board service, leadership assessment and skill building, and mentorship. Nurse leaders from each state served as faculty, including TNA members Dr. Alisa Haushalter and Dr. Patti Scott.

The training was supported by the Robert Wood Johnson Foundation (RWJF) through Dr. Scott's RWJF Public Health Nurse Leader Dissemination grant, a grant awarded to six of the 25 RWJF Public Health Nurse Leaders to scale up and disseminate their work.

The Nurses on Boards Coalition (NOBC) is working to educate nurses and the public regarding ways that nurses can share their unique health perspectives by serving on local, state, and national boards. A goal of 10,000 nurses on boards by 2020 has been set. You may be serving already, but have not registered at the NOBC

Nurses on Boards Coalition (NOBC) Summary
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From the President

As we enter into this holiday season, I am in awe and grateful for the work of TNA over this year. In January, we welcomed a new Executive Director. Tina came in with a passion for nursing and a spirit to help grow the organization. Legislative session brought challenges that were somewhat unexpected; however, in true nursing fashion we rallied together to protect the title of registered nurse. Over a thousand nursing students and nurses flooded the capital during Legislative Summit with a passion for advocating for



E. Haley Vance,
DNP, APRN,
CPNP-AC

the profession of nursing. At the District level, we witnessed acts of service for those in need across the state through our Project Serve Event. This summer TNA helped to foster a sense of collaboration and unity in the development of the Coalition for Access to Care in Tennessee. This coalition – comprised of APRN groups from across the state - is ready to tackle the continued challenges ahead in order to obtain full practice authority for APRNs in Tennessee. Our annual TNA/TSNA Conference in October was a huge success! Thank you to each of you who participated and invested your time into the conference.

We had our first TNA board meeting with the newly elected board on November 2, 2018. This was a full day of both board orientation and business meeting. I am privileged to have the opportunity to work with such an amazing group of people. We are excited and ready to get to work! Looking ahead to 2019 – we need you! We need each and every one of you to come alongside us to advocate and advance all of nursing in Tennessee. There will be many opportunities for you to get involved in TNA this upcoming year. Be looking out for announcements and emails regarding committees and ongoing projects. Together we can make 2019 another successful year!

CORRECTION

last issue's TNF Scholarship
Recipient Announcement (Page 23):

Jenn Dolgoff's credentials
were posted incorrectly.

Correct credentials:
Jenn Dolgoff, BSN, RN

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The official publication of the Tennessee Nurses Foundation shall be the *Tennessee Nurse*. The purpose of the publication shall be to support the mission of the Tennessee Nurses Foundation and Tennessee Nurses Association through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the views of the association, its staff, its Board of Directors, or editors of the *Tennessee Nurse*.

Article Submissions: The Tennessee Nurses Foundation encourages submissions of articles and photos for publication in the *Tennessee Nurse*. Any topic related to nursing will be considered for publication. Although authors are not required to be members of the Tennessee Nurses Association, when space is limited, preference will be given to TNA members. Articles and photos should be submitted by email to Kathryn.Denton@tnaonline.org or mailed to Managing Editor, Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. All articles should be typed in Word. Please include two to three sentences of information about the author at the end of the article and list all references. Preferred article length is 750-1,000 words. Photos are welcomed as hard copies or digital files at a high resolution of 300 DPI. The Tennessee Nurses Foundation assumes no responsibility for lost or damaged articles or photos. TNF is not responsible for unsolicited freelance manuscripts or photographs. Contact the Managing Editor for additional contribution information.

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From the Executive Director

As we are going to press for this issue, we have just completed our annual conference. Thank you to everyone who attended, if you weren't able to join us, you missed a wonderful event. All of our speakers were fabulous and the Past Presidents' Forum and Achievement Awards highlighted all that TNA leaders have done for the profession and for the patients we serve. Please plan to join us in Memphis on October 18-20, 2019 for next year's conference. If you are interested in helping us plan the conference, or serving on a TNA committee, please complete a member interest form and return it to the TNA office by the end of the year! The form can be found online at: <https://www.tnaonline.org/wp-content/uploads/2018/04/2018-committee-interest-form.pdf>



Tina Gerardi, MS, RN, CAE

As we look to the New Year with our new board and committees, we will be focusing on the four strategic priorities identified at the Board Strategic Planning Retreat in August: member recruitment, member retention, leadership development and nursing image. You can help us with all four, but especially with member recruitment and retention. As a membership organization, we rely on member dues to support our activities and advocacy on behalf of the profession and healthcare for all Tennesseans. **We are asking every member to recruit one member, bring someone new to a district meeting, to the legislative summit, and to the annual conference. Our strength and influence will only increase as we increase our numbers and our diversity across the state!** We will be having thoughtful conversations about leadership development at the state and district level as well as enhancing nursing's image in the state. We hope you will join us in these conversations, your thoughts and suggestions are always welcome!! Feel free to send ideas to tna@tnaonline.org or email any staff member, our emails are listed on the TNA website at <https://www.tnaonline.org/about-tna/contact-us/>.

As I complete my first year as executive director of TNA, I want to thank you for this opportunity and for all the support and well wishes I have received. I am looking forward to doing even more together to support you, our profession, and our patients in 2019!! Finally, I would like to wish you Happy Holidays and Happy New Year! May peace, comfort, love and joy surround you this holiday season and throughout the New Year!

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Spotlight on Practice

It seems the older we get and the more of life that we experience, the more reflective we become. This is the beginning of my 25th year as a Certified Registered Nurse Anesthetist (CRNA). These 25 years have been memorable and eventful for sure.

As I have progressed through my nursing and anesthesia career, it is obvious to see how each segment of the journey has been interspersed with experiences and events continually building on each other. Some people call this coincidence but I believe it is the providential hand of God.

It seems we don't really see where we have been until we get where we are going! That may sound a bit baffling, but think about the path you took to get where you are today. Do you perceive areas of your career that you would fail to appreciate if you had not taken unexpected turns along the way?

When I began my career as an RN, I worked in a cardiac intensive care unit where I had a favorable working experience. The hospital provided a six-week critical care course, great preceptors and opportunities to take care of many high acuity patients. I knew that I wanted to be a CRNA and the experiences I gained would provide the foundation I needed as I proceeded in my career. In moving to another city, I worked in an ICU where I had the opportunity to be involved in setting up



Molly Wright, DNP, APRN, CRNA
 Union University
 Professor, Chair
 Nurse Anesthesia

a CVICU. This was an incredibly stressful experience, but I learned so much about 'fresh hearts' and all of the challenges that go along with that.

Nurse anesthesia school was completed 2 ½ years later and my first job as a CRNA was in a large metropolitan hospital. Duties of the CRNA were limited but it was a great beginning for a new graduate. I was able to perform many anesthetics for a large variety of procedures.

Over time my husband and I desired to move closer to our childhood homes. With that move, I took a job in another large hospital and there was much autonomy in that role. My ability to function within my scope of practice increased as I performed with appreciated independence. I was thankful I had secured a strong foundation at my previous job and was able to build on that practice for the next few years.

After several years, a job became available in a small anesthesia group and I was able to fully function within my scope of practice at that facility. The world of anesthesia really opened up to me as I was able to do OB, cardiovascular, plastics, orthopedics, peripheral nerve blocks, thoracic and lumbar epidurals, central lines, etc. There was a learning curve as I took on all of these new professional adventures but I grew in proficiency by leaps and bounds. Having reached what I would consider the 'pinnacle' of anesthesia, I would not have guessed what could top that job and those experiences.

In 2005, I was contacted by a local university and asked if I would like to teach. Teaching had never been on my radar and I didn't know if that was anything I even wanted to do. The Dean that talked to me convinced me to give it a try and provided words that will never be forgotten. He said that in teaching, I would have the ability to influence lives and ultimately careers by sharing what I had learned as a practitioner. The ability to pass that knowledge on to the students could affect future nurse anesthesia practice for years to come. Realizing that obligation could have been scary, but instead it was exhilarating!

After much prayer and thought, I decided to give it a try. As I taught the first OB course, I was able to call on memories and experiences of my time as an OB CRNA. The nights that I spent as the sole provider in a hospital afforded me many learning events that I was able to pass on to the students. Tricks of the trade were shared with the students along with positive patient results that affirmed those 'tricks'! As time went on and I taught more courses, it was evident to me that all of my time as a CRNA, all of my experience as an advanced practice nurse were to prepare me for this very time! I had been prepared as a nurse and a CRNA to contribute to the future of our profession. I never expected to have such a profound 'aha moment'.

As nurses and leaders in our professions, each of us have been prepared for where we are right now. Each procedure, each learned event, each time we thought we might die if the stress didn't ease; all of it has been preparation for now and for what is to come.

I challenge every one of us to search for a way to share with those that come behind us. I encourage each of us to take the time and make the effort to invest in those that follow. The future of nursing really is OUR responsibility. If we don't take the time to teach we cannot complain when younger nurses aren't progressing into fully-bloomed professionals. You may think your experiences are not important, but they can be used to give encouragement to others, no matter what field of nursing in which you are serving.



Seek opportunities to show you care. The smallest gestures often make the biggest difference.

– John Wooden



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Government Affairs

Kathleen Murphy joined the TNA staff in November as the Director of Government Affairs and Chief lobbyist. She is a Nashville native who grew up in politics. Kathleen comes to TNA with more than 10 years of experience lobbying at the state legislature. She has represented a variety of non-profit organizations and causes ranging from the mandatory requirements for newborn hearing testing, disability presumptions for fire fighters and EMS workers, workplace protections by increasing penalties for assault, and securing the first in the Nation dedicated funding for Tennessee's Veteran's Treatment Courts. She also has a background in fundraising, campaign management, communications and strategy



Kathleen Murphy
Director of Government Affairs and Chief Lobbyist

including managing her own campaign for Nashville's City Council.

Kathleen does not believe advocacy work is just a 9 to 5 job but is a personal commitment to making Tennessee a better place for everyone who lives here. She is known for being able to bring together groups from different sides of issues and across the aisle to find common ground. Finding that common ground is the key to being successful at the state legislature.

Kathleen was named the 2015 Volunteer of the Year for the Davidson County Veteran's Treatment Court Foundation, has been nominated for the Athena Young Professional Leader Award and was named one of the Nashville Business Journal's "Top 40 under 40" in 2018. In her spare time, she has run 11 half-marathons, is a Downtown Rotary member, a member of the Nashville Greenways Commission, and has won a ribbon at the State Fair in sewing. Kathleen said she is excited to be starting a new chapter with TNA and looks forward to being a tireless advocate for the nursing profession and healthcare in Tennessee.

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Advocacy in Action 2018 Conference Highlights



Mary Jo Assi, Keynote Speaker



TNA Executive Director, Tina Gerardi



Kathleen Murphy, TNA Director of Government Affairs and Lobbyist



Susan Hassmiller, Plenary Speaker on Saturday



Roxanne Filson, Plenary Speaker on Sunday



TNA President, Haley Vance



School Nurses Attending, Susan Hassmiller's Session



Tina Gerardi speaks to nursing students during the conference. Teresa Johnson, far right, is the TNA staff liaison for TSNA.



TSNA President, Kamiko Ritchey



Trevor Martin opens Membership Assembly Saturday morning



Alvin Jeffery serves as Chair of the Reference Committee

Candidates Forum



Carla Kirkland Elected TNA President-Elect



Julie Hamm Elected TNA Vice President



Heather Jackson Elected TNA Treasurer



Tracy Collins Elected TNA Director - Membership



Shelley Hawkins Elected as one of two Nominating Committee members



Sarah Pierce Elected as one of two Nominating Committee members

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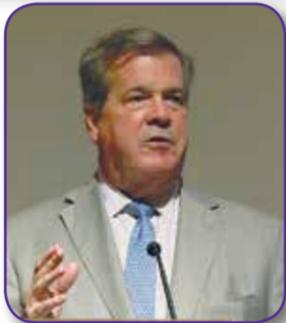
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Carole Myers conducts Legislative Forum



Representing Gubernatorial Candidate Bill Lee, is Bill Lee's Campaign Policy Director, Tony Niknejad



Gubernatorial Candidate, Karl Dean



Senate District 13 candidate, Kelly Northcutt



House District 13 candidate, Gloria Johnson



House District 30 candidate, Joda Thongnopnua

Costume Contest



Advocacy in Action



The Tennessee Nurses Association expresses sincere and heartfelt thanks to the following Sponsors and Exhibitors for their support in helping to make the 2018 Annual Conference a huge success.

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Exhibitors

A Secret Place for Newborns of Tennessee

Past Presidents Forum



Past Presidents in attendance; LtoR, Billie Sills; Sharon Adkins; Margaret Heins; Current TNA President, Haley Vance; Ginna Betts; Jill Kinch; and Sandy Murabito

Poster Session



Students from Bethel University present poster

Advocacy in Action 2018 Conference Highlights

Election Results



LtoR: Loretta Bond; Laura Reed; Sarah Pierce; Tracy Collins; Julie Hamm; Carla Kirkland; Haley Vance; Donna Copenhaver

Election results announced Sunday afternoon.

- President-Elect:** Carla Kirkland
- Vice President:** Julie Hamm
- Treasurer:** Heather Jackson
- Director-Membership:** Tracy Collins
- Director-Education:** Nancy Stevens
- Nominating Committee:** Shondell Hickson and Sarah Pierce

Remaining on the TNA Board:

Haley Vance, President; Donna Copenhaver, Secretary; Patricia (Trish) Baise – Director-Operations; Loretta Bond – Director-Government Affairs; Laura Reed – Director-Practice

The 2018 – 2019 TNA Board of Directors is on page five.

TNA District Presidents include:

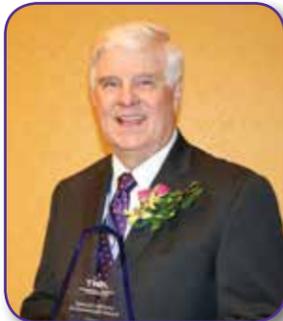
Carla Kirkland, District 1; Traci Brackin, District 2; Tammy Schindel, District 3; Martina Harris, District 4; Stephanie Cook, District 5; Raven Wentworth, District 06; Chaundel Presley, District 9; Brad Harrell, District 12

TNA extends a huge THANK YOU to everyone that had a part in making this conference great!

2018 TNA Achievement Awards

Congratulations to the outstanding nurses honored at the TNA Annual Achievement Awards. Honorees were nominated by fellow TNA members for their exceptional dedication, commitment and professionalism to nursing. To those of which were honored, we give a special thanks for the contributions you have made to the nursing profession and to your professional organization, the Tennessee Nurses Association.

Special Lifetime Achievement Award



Michael Carter
DNSc, RN, FAAN

Outstanding Member Award



Lisa Beasley, DNP,
APRN, NP-C, RN

Louise Browning Political Nurse Award



Carla Kirkland
MSN, RN, ACNP-BC,
FNP-BC, ENP-BC

Alma E. Gault Leadership Award



Carole Myers
PhD, RN

Nursing Excellence Award



Sandy Murabito
Ed.D, MSN, RN

Professional Promise Award



Erin Morgan
DNP, FNP-BC

Bethel University Awarded 100% Faculty Membership Award



Jenny Webb, PhD, MSN,
RN, CNE, Director
of the Department
of Nursing at Bethel
University, accepts
award.

Freed-Hardeman University Awarded 100% Faculty Membership Award



Accepting the award
on behalf of Dean Chris
White—Raven Wentworth,
DNP, RN, APRN, AGPCNP-
BC, FNP-BC, Associate
Professor, Department of
Nursing; Linda Hodges,
MSN, RN, Instructor of
Nursing; and Sarah Pierce,
DNP, AGACNP-BC, CCRN,
PLNC, Assistant Professor
of Nursing

Exhibits



TNPAC Auction



Sharon Adkins came out of retirement to be TNPAC's auctioneer!

President's Membership Recognition

TNA's District 8 achieved the largest increase in membership over the past year!

Ethics Article

Be the Change You Want to See

Mail bombs targeting Democrats, African Americans shot at a grocery store because of their skin color, Jews in Pittsburg shot in their synagogue, women killed at a yoga class because of their gender. This is just four of many similar incidents where people were targeted and killed because of who they are, what they believe or what they look like. At the time of this writing it still isn't known why a gunman targeted and killed young people out dancing in Thousand Oaks, California. Their deaths mark 307 of 311 days that there has been a mass shooting (more than four deaths) in this last year. Four out of five of the biggest mass shootings (more than ten deaths) were in 2018. This is not a column about shootings. It's about who we are as people and as nurses and how to treat people that might be different than us in some way.



Kate Payne, JD,
RN, NC-BC

Stories of hate and incivility seem to dominate the national landscape. With the November midterm elections, four out of five voters were worried that incivility would lead to violence. Do words matter? Do they cause violence? Humans are social creatures. We live in community and some, more than others, can be influenced by the environment including language and actions around us. Repeated hate speech can increase prejudice or cause those who are targeted to think less of themselves. The more it is repeated the more it becomes normalized so that people of good will may not think they can or should act to stop it. Research also shows that the more stress people are under the more likely they are to act on their worst impulses or do nothing to stop others. With these public expressions of hate, we have to ask ourselves, "What is going on? What

does it mean to me? What does it mean to me as a nurse in Tennessee and importantly what do I do about it?"

Why nurses? Because nurses have been recognized as the most trusted profession for the last 16 years for good reasons. According to the annual Gallup poll on honesty and ethical standards, most Americans polled (82 percent) described nurses' ethics as high or very high. The ANA Code of Ethics speaks directly to nurses' ethics.

Provision 1 states, "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person." It means that each person is valued and each person is respected regardless of the factors that contribute to their health and their life. The worth of a person is not affected by their illness, ability, money, skin color, what they believe, where they worship, who they love or call family. The nurse cares for all people in need of nursing care.

Provision 2 of the Code continues, "The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population." This section of the Code also notes that the plan of care reflects the fundamental commitment of nurses to human dignity.

Provision 3 takes the commitment further saying, "The nurse promotes, advocates for, and protects the rights, health, and safety of the patient."

Provisions 8 and 9 speak to the broader role of nursing to, "...protect human rights, promote health diplomacy, and reduce health disparities," and to "...integrate principles of social justice into nursing and health policy" respectively.

Nurses stand for something. We stand for the idea that all people are valuable and our practice reflects that. We care for each person based on their health care needs, physical, psychological, social and spiritual. And that's it. We are not there to change how they think or what they believe. We are there to care for them, heal them and support them to flourish. We practice with respect, we commit to the patient, family and community we care for and we advocate for

them, their rights and wellbeing. We advocate for civility in all things. You can take a stand in protest of injustice. You can also take a stand by giving excellent care, by holding a hand, by sharing a cup of coffee. You take a stand by caring for each person as a valuable member of the human community. Every time you teach a new nurse, you increase the possibility of justice. Every kind word and deed changes the environment around you.

The title above is a quote attributed to Gandhi, though he never actually said it, it is reflective of much he tried to teach. Being a nurse demands that we have to advocate for a better way for each patient we touch, each colleague we work with, each person we teach, each word we speak, each action we take. Be the change you want to see – it's what is needed.

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HB 1067/SB1309 Explained—Consequences Can Be Enormous

Mike Harkreader, MS, RN, CARN
Executive Director
Tennessee Professional Assistance Program
(TnPAP)

On July 1, 2017, Tennessee passed a law that will require new reporting requirements on employers in the healthcare sector whose licensed healthcare practitioner (HCP) test positive on a drug test or refuse to submit to a drug test when directed to do so. Note that this includes pre-employment screening.

HB 1067/SB1309: As enacted, specifies that a healthcare practitioner violates the practitioner's practice act by refusing to submit to a drug test or testing positive for a drug when the practitioner does not have a lawful prescription for using the drug or a valid medical reason for using the drug; establishes procedural requirements to be followed in such situations. - **Amends TCA Title 50, Chapter 9; Title 63 and Title 68.**

Following a positive drug test, the healthcare practitioner's employer must provide the employee three (3) business days to either; (1) present evidence of a lawful prescription for the drug or valid medical reason for using it; or (2) self-report the substance abuse to the practitioner's peer assistance or substance abuse treatment program established by the State licensing board that oversees the practitioner's field.

For a healthcare worker who does report to a substance abuse peer assistance or treatment program, but does not maintain participation in the program, there is no expectation or responsibility on the employer to report this situation.

Under the law, TDH is authorized to issue an emergency order suspending or restricting the healthcare worker's license if deemed that a danger to the public exists.

This law was introduced primarily to prevent HCP's from moving from a hospital or clinic to another setting whenever their drug use was discovered. For TnPAP the law may create additional referrals that results in an increased workload not only for TnPAP staff, but also our independent evaluators across the state. TnPAP will collect data so that we can analyze how many referrals attributed to this law result in a recommendation for treatment and monitoring.

The goal is to have two years of data to examine and then try to draw some conclusions as to the effectiveness of this law, at least from TnPAP's perspective.

On 4/3/2018, a rule making hearing was held to clearly define the reporting requirements of the new law. From the rule making hearing the following rules resulted:

Chapter 1200-10-03
Drug Testing and Reporting
New Rule Chapter

Time of Reporting. When an employer is required to report a healthcare practitioner's refusal to submit to a drug test or positive drug test result, such report shall be made in writing to the Tennessee Department of Health, Office of Investigation, within ten (10) business days from the third day allowed the healthcare practitioner to produce a lawful prescription or **report to a substance abuse peer assistance program.**

Authority: T.C.A. §§ 50-9-115, 63-1-101, 63-1-126, 63-1-150 and 68-1-101.

Rule 1200-10-03-02 Reporting Requirements

(1) The employer's report to the Tennessee Department of Health, Office of Investigation shall:

- (a) be in writing;
- (b) detail the date the drug test was refused or administered;
- (c) in the case of a positive result, contain a certified copy of the drug test results, chain of custody, and verification;
- (d) contain a certified copy of the notification given to the healthcare practitioner; and
- (e) contain the last known address of the healthcare practitioner.

(2) For purposes of this rule, "certified" means accompanied by an affidavit of the custodian or other qualified person certifying, in accordance with Tennessee Rules of Evidence 902(11), that it was produced as a record of a regularly conducted activity. Such a certifying affidavit form can be provided by the Department upon request.

(3) As used in T.C.A. § 63-1-126 the term "lawful prescription" means a prescription that complies with T.C.A. § 53-10-401, and "valid medical reason for using the drug" means a use for which the healthcare practitioner can produce a prescriber's written recommendation.

Authority: T. C.A. §§ 50-9-115, 63-1-126 and 68-1-101.

Rule 1200-10-03-03 Disciplinary Action Reporting.

(1) The chief administrative official for each hospital or other health care facility, shall make a report if disciplinary action is taken concerning any person licensed under Title 63 or Title 68, where that action is related to professional ethics, professional incompetence or negligence, moral turpitude, or drug or alcohol abuse, in writing, within sixty (60) days of the date of the action. The hospital or health care facility shall make available to the Tennessee Department of Health, Office of Investigation, all records pertaining to the disciplinary action taken.

(2) Where an employer reports a refused or positive drug test pursuant to this chapter, the requirement to report a disciplinary action shall be satisfied if the report also contains a statement of the disciplinary action taken.

(3) Notwithstanding the provisions of paragraph (2) above, all other provisions regarding disciplinary reporting remain in effect.

Authority: T.C.A. §§ 63-1-126, 68-1-101 and 68-11-218.

These rules are effective on 12/5/2018.

There has been some confusion regarding the section of the new law that states: Following a positive drug test, the healthcare practitioner's employer must provide the employee three (3) business days to either (1) present evidence of a lawful prescription for the drug or **valid medical reason for using it**; or (2) self-report the substance abuse to the practitioner's peer assistance program. The confusion concerned the wording in (1) Rule 1200-10-03-01 does not mention anything about a valid medical reason. The rule states that an employer is required to report a healthcare practitioner's refusal to submit to a drug test or positive drug test result and does not contain language regarding a valid medical condition.

Certainly, anyone who takes a controlled substance that was prescribed for someone else, or even using one's own expired prescription from months or years ago, is technically violating the law. But many individuals have sprained an ankle, experienced a debilitating migraine headache or

Nurses Must Take the Lead to Stem Workplace Violence

Erin Morgan, DNP, MSN, FNP-BC

suffered some other sort of acute injury on a weekend and “borrowed” a medication to alleviate pain or taken an old expired prescription. This behavior certainly does not mean that the individual has a substance use disorder, although it is possible that this kind of behavior could be “the tip of the iceberg” of a serious problem that has previously gone undetected.

In many cases, the easiest solution is to utilize TnPAP to tweeze out the facts. Our evaluators then must try to decide if this violation of the law (and practice act) is simply a rare, unfortunate and unlucky incident or if this is indicative of a serious substance use disorder. Our evaluators will utilize many tools to come to conclusions and make their recommendations for the need for treatment and monitoring, including drug testing, patient interviews, substance use disorder screens, collecting collateral information from several sources accessing the controlled data base reports and perhaps reviewing medical records. This sort of evaluation can be very complex and time consuming.

The bottom line for nurses and other health care professionals is to make certain that you do not take any medication that is not specifically prescribed for you, because the consequences can be enormous.

We never think it will happen to us or someone we know. “I know what to do when a patient gets out of control.” “Security will help me with this angry family member.” Despite these well laid plans, healthcare workers are more likely than any other profession to suffer an assault on the job resulting in an injury.¹ The National Institute for Occupational Safety and Health (NIOSH) defines work place violence as any physical assault, threatening behavior, or verbal abuse occurring in the workplace setting. Workplace violence is categorized into four groups: Type I Criminal intent, Type II Customer/Client/Patient, Type III Co-worker, Type IV Personal (ex. Domestic). Most nurse related violence falls into the Type II and Type III groups.

In 2016, Bureau of Labor and Statistics reported that 70% of all non-fatal work related injuries occur in the healthcare and social assistance sectors.¹ This is more than construction and manufacturing injuries combined. However, the number of patient and family-related workplace assaults are underreported due to multiple factors.² These include fear of reprisal, lack of faith in the reporting system, or poor understanding of the reporting systems in place. Reporting systems are most interested in data related to injuries causing time away from work or death. They leave out minor injuries, events which result in no physical harm at all, or mental distress. Some health care workers may excuse a patient as being confused, elderly, or “they didn’t know what they were doing.” Nurses must report all assaults to prevent them from being becoming normalized in the workplace.

In 2016, the American Nurses Association concluded the Health Risk Appraisal Survey of 14,000 nurses. This assessment asked questions about workplace health, safety, and wellness of those who were willing to respond.³ Twenty-five percent of the nurses report they had been physically assaulted by a patient or family member while at work. Despite this history of assault, only nine percent reported feeling concerned for their safety while at work. This disconnect between awareness of risk and history of assault speaks to a possible need for education about the prevalence of workplace assault.

The Occupational Safety and Health Administration (OSHA), oversees safety in the workplace. OSHA defines workplace violence as “any physical assault threatening behavior, or verbal abuse occurring in the workplace setting.”⁵ However, the organization currently does not require employers to implement a workplace violence program or monitor its implementation. The organization can cite employers who do not provide a workplace free from hazard, based on each industry’s recognized standard of a hazardous workplace. The ability to enforce these policies is based on OSHA’s general duty clause. The clause states that employers must offer a place of

employment that is “free from recognized hazards” that can cause or are likely to cause death or serious physical harm.⁶

Many states, including Tennessee, have passed laws increasing the penalty when a healthcare worker is assaulted to be equivalent to similar laws protecting lay enforcement. However, some states such as FL, GA, HI, SC, SD, KY, OK, and KS continue to limit the enhanced penalties to the location of the assault to certain healthcare environments such as the Psychiatric Setting or Emergency Department.⁷ While these steps are a beginning, nurses must know the policies in place at their own workplace and personally advocate for verifiable comprehensive workplace violence prevention programs.

Comprehensive workplace violence prevention programs must be thorough and include evaluative components. First, management must commit to the program and workers must participate. Second, an analysis of the worksite must be completed to engineer a safer environment as well as allow quick identification of hazards as they arise. Third, employers must focus on prevention of workplace hazards that might lead to violence events (ex. Long wait times). Next, the staff and management alike should have frequent and detailed safety and health training. Finally, the program must be evaluated for effectiveness, including a thorough record keeping system. Employers who are willing to undergo this full process support nurses and patients in a safe working environment.

The National Institute for Occupational Safety and Health (NIOSH) promotes the education and research of safety and health in all workplaces. The organization has supported and funded research to examine violence in healthcare. A free prevention course has been developed for self-study with CME for nurses and health care workers to learn strategies and best practices surrounding this issue.⁸ www.cdc.gov/niosh/topics/violence/training_nurses.html

Nurses should not go to work concerned for their safety, nor do nurses need to become paranoid that every patient will become violent. Instead the truth lies in-between. Nurses must continue to advocate for safer workplaces from regulators, employers, and ourselves. This will not only benefit nurses but patients, the individuals we go to work to serve.

Dr. Morgan is clinical faculty at the University of Tennessee Knoxville. She continues to practice as a family nurse practitioner in the retail clinic environment. Her scholarship includes respiratory practice and rural health topics. She is an active member of District 2 TNA.

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Return of the Medicare DEP

As a nurse, you're always keeping up with the most up to date information. Whether it's healthcare, insurance or personal continuing education, there is plenty to remember. Medicare can be a pain to keep up with, they make changes frequently.

Thankfully for 2019, these changes are beneficial to the seniors in our communities. There are countless Medicare beneficiaries that have enrolled in a Medicare Advantage plan at some point; only to realize in January that their doctor didn't accept their new coverage, or to realize they had a network they needed to stay in. For many Medicare beneficiaries, this meant staying in a plan that wasn't ideal for them for an entire year.

Medicare recipients will have better healthcare options and more flexibility. In 2010, lawmakers and CMS agreed to remove the Medicare Open Enrollment Period and now they're reinstating it for Medicare beneficiaries.

Change is Beneficial to Medicare Beneficiaries

The Open Enrollment Period for residents in Tennessee will take the place of the Medicare Advantage Disenrollment Period (MADP) which was January 1 through February 14 every year. This MADP would only allow beneficiaries to disenroll from their Medicare Advantage coverage and switch back to Original Medicare, they couldn't switch from MA plan to MA plan.

There are some things beneficiaries will be able to do during the OEP, like:

- Switch from one Medicare Advantage plan to another
- They can only make one change, so they need to make it the best.
- Disenroll from a Medicare Advantage plan and switch back to Traditional Medicare with or without a Part D plan.

Why are Beneficiaries Confused by the "Open Enrollment Period"?

The only reason this gets complicated for beneficiaries is because CMS failed to create better terminology for the different enrollment periods available.

The Medicare Supplement Open Enrollment Period is for beneficiaries that are new to Medicare Part B and just turned 65.

The Medicare Annual Enrollment Period (AEP) is commonly, (and incorrectly), referred to as an Open Enrollment Period



Then we have the Initial Enrollment Period (IEP), which is typically confused with the Medicare Supplement Open Enrollment Period. The IEP gives Medicare beneficiaries seven months to enroll in a Medicare Advantage plan. The three months before, the month of, and the three months after they turn 65 and become eligible for Medicare Part B.

The Returning Open Enrollment Period Simplified

It can be confusing when talking about the Open Enrollment Period, since there are many different enrollment periods referred to as an "Open Enrollment Period," correctly and incorrectly. This Open Enrollment Period is for Medicare Advantage plan recipients and will begin on January 1 and end on March 31.

Things are changing for beneficiaries and it's for the better. The new Medicare changes of 2019 will make changing from an unsuitable Medicare Advantage plan to a more suitable plan, possible.

While this new law allows beneficiaries to change plans, it's important for them to understand that they won't be able to switch Part D plans during the Medicare Open Enrollment Period.

Medicare eligible beneficiaries that are enrolled in a stand-alone Part D prescription drug plan need to make changes to their Part D Prescription Drug plan during AEP (October 15 through December 7 of every year).

Each year by September 30th, Medicare Advantage recipients will receive an Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) from their existing insurance carrier for their Medicare Advantage and

Medicare Prescription drug plan providers.

When beneficiaries get this information, they need to look at the changes and adjust their coverage if needed. CMS will post plan changes for the following year in October, several months before the new year. Medicare.gov is a great resource for Medicare beneficiaries; they can use it to compare plans, look up information and learn more about their Medicare.

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Finding Meaning as a Hospice Nurse

Georgia Van Beck, RN, BBA, CHPN
Clinical Educator—Alive Hospice

I began my nursing career in the late 1970s. My first assignment was a fifty bed unit. I was in charge of twenty-five patients, and with me were a staff of two licensed practical nurses and two nursing assistants. That's where I met my first mentor, my supervisor at Church Home and Hospital in Baltimore, Miss Gloria Ferro.

There was nothing about Miss Ferro I did not like. Her perfectly crisp white uniform. Her attention to detail, almost military in its precision. I never saw a wrinkle. When she evaluated our nursing areas and the care patients were receiving in quickest order, I wanted to be like her. As a new nurse trying to find my identity, Miss Ferro was a Godsend.

Years later as an ICU nurse, I learned that when she came to work she wore her overcoat over her slip because her uniforms were delivered directly to the hospital from the cleaners weekly.

Besides Miss Ferro's precision skills, and her prefect uniforms she also had a heart. Today the uniforms most often have wrinkles, times have changed, but what remains is the heart of a nurse. A nurse's wrinkled uniform is one thing, but if a nurse has a wrinkled heart the results can prove disastrous.

Over my career I have served as a nurse in many different work situations from ICU to Open Heart Surgery to Neuro ICU. Still, in the 1980s when my father contracted Parkinson's disease, my entire life was turned upside down. Over time the disease robbed my father of most everything which was precious and cherished. It was difficult to see this vibrant, kind-hearted man sink daily as the progression of this incurable condition marched forward. It was the fearsome feeling of being helpless.

But helplessness was only a consequence of our fear. We discovered, after hospice came knocking at our door, that we were all, including my dear father, far from being helpless.

I was a seasoned nurse before hospice met me in this family situation and, even still, I could not believe what a difference their presence made in our lives.

My father died. Life moved on, but my world was irrevocably changed. I knew I wanted to use my life, my nursing knowledge and skills, to be a hospice nurse.

Much has already been written about the meaning of hospice experience, but for me there is one aspect that cannot be overstated: this nursing specialty is one of the few places where a patient and their family are able to direct the care they receive. It's a living example of a quote by Mother Teresa, one that truly impacts my life. "It's not about how much you do, but how much love you put into what you do that counts."

I have also concluded that, in addition to being inspirational and deep with meaning, this is a profession that does not lend itself to the faint of heart. Hospice work is work!

I mentioned Miss Gloria Ferro, but I feel compelled to share with the reader a brief profile of another mentor of mine, though she is someone I've never met. In fact, I didn't even know who she was before I started working with hospice.

This person's name is Cicely Saunders, and she is credited with starting the first standing hospice in the world.

Dr. Saunders inspires me, not only because she was a woman, and a talented, intelligent person, but also because she was a profound example of resilience and perseverance against formidable odds. I found the more I learned about Dr. Saunders, the more enriched I became, learning how to navigate the changing journey which hospice has experienced.

A hospice nurse is compelled to examine how he or she views life—and death—for they go hand in hand. The relationship is inescapable. Add to this awesome responsibility the fact that we live in a culture of widespread death anxiety. In the high tech world we live in, I would say people now are not only anxious about death, but a great many other things as well.

Life is saturated with countless pieces of meaningless information. Media and technological influences often translate to little, if any, "self" time. People rarely shut down and take a spiritual breather. It seems harder now than in any point in history to demand boundaries and tend to the health of one's inner journey.

As a result, the elderly often find themselves in situations that they and their family are unprepared for. Many people have lived their lives under the idea that death has nothing to do with them, and within this canopy of denial, important decisions are left unattended to. It's no wonder that, when confronted with the reality of death, such people end up vulnerable, become victims.

No one understood this tragedy more than Dr. Saunders, and no one has fought harder to change it.

Dame Cicely Mary Strobe Saunders, M.C. was born in Barnet, Hertfordshire, England on June 22, 1918. Her family was wealthy and sent her to boarding school at the age of 13. Six feet in height, Cicely was a studious bookworm interested in subjects like economics and social sciences.

By all accounts, Cicely was expected to continue to live a life of the rich and genteel in the countryside of England, to marry a Duke, a Lord, or any other important personage.

In 1939, however, all these aristocratic plans changed. Great Britain went to war and Cicely became a nurse. She attended the Florence Nightingale Nursing School and pursued social work. During the war, Cicely found that dying patients were routinely moved to the back of hospital wings, "out of the way," and were neglected by physicians who were operating under the old Victorian medical approach that "there is nothing more we can do."

Cicely disagreed with the medical establishment and was determined to prove that indeed there was something, many, things that could be done.

As a nurse she experienced the arrogance of the medical profession high-ups, and when she suggested that dying people could actually experience what she called "the good death" she was laughed and scoffed at. Cicely knew that as "only" a nurse she would not possess the authority which medical credentials imbued, so she enrolled in medical college in 1952 and at age 39 she became a physician.

It seems almost like science fiction now to look back and remind ourselves of just how primitive and unpleasant end-of-life experiences were for millions of people before the advent and acceptance of hospice.

However there was a time when the British healthcare system had tremendous barriers, of which Cicely was very familiar, that precluded research into the dying experience. No special training of any kind existed in the area of palliative care.

Dr. Saunders changed all of this, but she paid a price.

Today Dr. Saunders' approach does not seem radical in the least. She looked at the whole patient as a human being, not a clinical example for medical people to

poke and prod. The Saunders approach was to sit at the patient's bedside and listen, to discover the social, psychological, and spiritual side of the patient as well as their physiological issues.

In her view, constant pain needed constant control. Brompton's mixture was used, which by all accounts included morphine, cocaine, tincture of cannabis, and gin. The medical establishment of England was not pleased. "Listen to a patient and not try heroic cures?" they said, accusing Dr. Saunders of promoting euthanasia, and even worse claims were being gossiped about in medical circles.

Luckily, Dr. Saunders found a light in the heart of another human being, one which made all the difference in the world

David Tasma was a waiter from Poland who had survived World War II, escaped Nazism, and moved to London. It was while living in London, in the last stages of cancer, that David met nurse Saunders.

During his dying experience, Saunders shared with David her vision for a "good death." David was so impressed with the nobility and compassion of this vision that in his will he left her 500.00 sterling and a note: "I will be a window in your home for the dying."

Even with this buoyancy of spirit, the attacks against Dr. Saunders continued. Professional and social bias abounded. The resistance to her hospice vision was so extreme that after opening the first free standing hospice, her church excommunicated her. The British Medical Society charged her with violating the Hippocratic Oath and she was expelled from membership. The medical profession's position was that even dying people can become addicted to pain medications.

Dr. Cicely Saunders opened St. Christopher's Hospice in South London in 1976. While the British medical profession continued to scoff, the British people did not. Soon the idea of "the good death" grew. It was not universally accepted, but then that was never Dr. Saunders' goal.

Florence Wald, Dean of Nursing at Yale University, collaborated with Dr. Saunders and in 1974 the Connecticut Hospice opened, the first hospice in the United States.

Over time, Dr. Saunders was knighted and awarded the Order of Merit by Queen Elizabeth. For all the obstacles and objections she encountered in the beginning of her career, she was the first person since Dr. Joseph Lister to receive an honorary doctorate in medicine, presented, in fact, by the very church that had excommunicated her.

In 2001 her portrait was hung in the prestigious National Gallery in London. The press noted that in the portrait Dr. Saunders had the look of love combined with steel. Upon reading this in the newspaper, Dr. Saunders herself said, "Love and steel, how kind. Anyone doing hospice work will need plenty of both."

In the 1960s, Dr. Saunders prepared a simple, 4-page handout for her beginning lectures on hospice. Today the *Oxford Textbook of Palliative Medicine* is a whopping 1244 pages long. To think this all started with one nurse's dream.

My husband is an Iowa boy, and when he went to college in Boston he had a psychology professor by the name of Dr. Edgar N. Jackson, a close associate of Dr. Saunders. Dr. Jackson was invited to London to lecture and, as luck would have it, he brought my husband along, then 20 years old.

Upon arrival they stopped by St. Christopher's Hospice before going to the hotel. The matron shared that Dr. Saunders was on the ward and would be back shortly. My husband excused himself to use the restroom and, pushing open the door, he found the cleaning woman wiping around the floor of the toilets. He began to excuse himself when the cleaning woman said, "I will be finished in a minute. You see we have little boys here who want to be like men and stand to do their job, and as you can see they are never able to reach the height, so I am in here every morning to clean it up."

My husband returned to Dr. Saunders' office and, as he sat down, the door to the office opened. Dr. Jackson stood up and said, "Good morning, Cicely, how are you? You are all wet!" When my husband looked up he saw the "cleaning lady." He tells me now that even in that restroom, he knew he was in the presence of greatness.

Dame Cicely Saunders died on July 14, 2005. She was 87 years old.

Dr. Saunders was famous for telling people "I didn't find hospice, hospice found me." Over my hospice career I have heard this powerful comment often from my associates. I believe this to be a spiritual statement, a golden thread connecting hospice professionals. "I didn't find hospice, hospice found me."



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I Am TNA continued from page 1

Vitamin N: Nature Interventions for Physical and Mental Well-being

The next Primary Prevention Best Practices Training Webinar will take place on Friday, September 7, at 10am Central/11am Eastern. (Click the date & time to add to your Outlook Calendar).

Webinar highlights:

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- Tennessee Healthy Parks Healthy Person program, the mobile app and Parks Rx

Presenters

- Ryan Jenkins, Park Manager, Henry Horton State Park
- Denise Werner, MD, Tennessee Department of Health, South Central Region Physician
- Rose Vick, PhD, MSN, PMHNP-BC, Instructor, Vanderbilt University School of Nursing

If you are not able to attend the LIVE session, this webinar is available for TDH employees: Office of Primary Prevention SharePoint Site

For others: <http://tenndepthhealth.adobeconnect.com/p8wwls8jnz47/>



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during nursing school introduced me to the benefit of membership in state nursing associations, and I joined TNA immediately after graduation. It was during a TNA event that I was bitten by the health policy bug. My faculty recognized this, and I was offered the opportunity to complete a special clinical rotation during nursing school. As part of this opportunity, I was able to be present at the state legislature for the vote on Insure Tennessee and participate in the push for full practice authority for nurse practitioners. I was also introduced to the Tennessee Nurse Political Action Coalition and the Tennessee Action Coalition. Through these organizations, **I learned how to advocate for change in healthcare, and the importance of being united as a profession.** I also learned that I wanted to use my career to continue to advance the nursing profession and advocate for patient-centered healthcare reform.

State associations also allow us to come together to engage with other nurses from around the state, learn from leaders and experts in nursing, and find ways to participate.

Mondana Zargannian

"I didn't think it would feel this bad." That's a phrase I hear from many of my patients, typically followed by anxiety as day transitions into night, family members make their exit and my patients are faced with the task of making it through another night.

Every night, I have the privilege to take care of patients who have undergone major cardiac procedures including heart transplants, open heart surgery and cardiac valve replacements. They come to me from ICU, nervous and unfamiliar with what occurs after surgery. And every shift, I am reminded of why I started nursing.

I was 18 when my lower abdomen started giving me sharp pains. As a biology major, the pressure of midterms and homework kept me from seeking care. Flash forward two weeks, and I was in the hospital, being prepped for an emergency appendectomy at 2am. My appendix had ruptured days prior and I was not prepared for the recovery process ahead.

The oncoming 16 days were filled with drains coming out of me every which way, anxiety, new physical limitations and a mental and physical persistence to overcome these barriers. My nurses were the ones who led me through this journey.

Every night, I had anxiety and my nurse would sit with me and calm me down. She educated me on what to expect, what life would look like at home and she would set up a plan for me to achieve my goals while at the hospital. I never forgot what my nurses did for me, and now, 10 years and two degrees later, I am a registered nurse, guiding my patients through their post-surgical milestones.

As a new nurse, I have had many emotions and phases within these last six months of my new, exhilarating and nerve-racking career. I have laughed, cried and questioned myself. The first phase I entered was a honeymoon phase, when I had no idea what to expect and I was excited by meeting new colleagues and taking on the challenge of learning about the patients on my floor, their procedures and their post operative care needs.

I entered the shock phase after a few weeks when my expectations did not quite meet reality. My number one emotion at this time was frustration and I utilized the many tools in my self care tool belt to combat this frustration. **The Tennessee Nurses Association became a great support through this phase because I met seasoned nurses and new nurses in my area who were there to hear my frustrations and give me their advice based on their experience.** It feels heartwarming to have the support of nurses in Tennessee and to know that I am not alone in my feelings.

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Whether you are interested in taking on a leadership role, attending conferences for continuing education, or simply want to stay up-to-date with nursing news, there is a place for everyone in the Tennessee Nurses Association. I encourage each of you to find ways to be active with the TNA. I learned from my previous experiences with advocacy that **a strong, unified professional organization is powerful. Supporting our state association as it advocates for healthcare reform and nursing practice change is an easy way to have your voice heard.** Another opportunity to be involved is to attend the TNA Legislative Summit on April 3, 2019 and the TNA Annual Conference next year in Memphis on October 18-20. You might also discover a new passion for health policy just as I did! While it might not seem like the TNA has much to offer you in your own professional practice, it does. The TNA has made a huge impact on my own career, and I hope it can do the same for yours. If you are not yet a member, join today and get started.

With time, I overcame the frustration and entered a new phase of recovery and resolution. **Through learning from other nurses that I met through TNA, I have been able to balance both the positive and negative aspects of nursing.** I feel part of a community and that is so important for new nurses, especially new nurses who come from a different part of the country. I moved here from California, with no family or friends, and being part of a community of like-minded nurses has helped me feel less alone.

We all know that nursing has both positive and negative aspects – that's why we love it so much. The emotions we feel as nurses span a broad range and the skills and wisdom we gain from experiencing these emotions are invaluable.

Our love for nursing is deep because we know all the negative sides and we still choose to face them head on every day in hopes of aiding our patients to recovery and well-being. Our profession is unlike any other and I am so happy to have found an association that provides resources to further the lives of nurses in Tennessee.

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Nurses on Boards Coalition (NOBC) Summary continued from page 1

website. To register your board service and be added to the total, go to <https://www.nursesonboardscoalition.org/>. If you are interested in serving, but don't know how to start, visit the same website to sign up to serve in your areas of interest and expertise.

Sue Hassmiller, PhD, RN, FAAN, Robert Wood Johnson Foundation, was a keynote speaker at the recent Tennessee Nurses Association annual conference, October 26-28. She is quoted on the NOBC website: "Board service can be rewarding to nurses both personally and professionally. It not only requires them to exercise leadership; it expands those skills and advances their capabilities and knowledge. It gives nurses a chance to meet people and enhance their professional networks. And it can be inspirational and empowering."

To join the Tennessee Action Coalition, get in touch through: <https://campaignforaction.org/state/tennessee/>



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For more information on NOBC and to have your board leadership be counted, visit our website:

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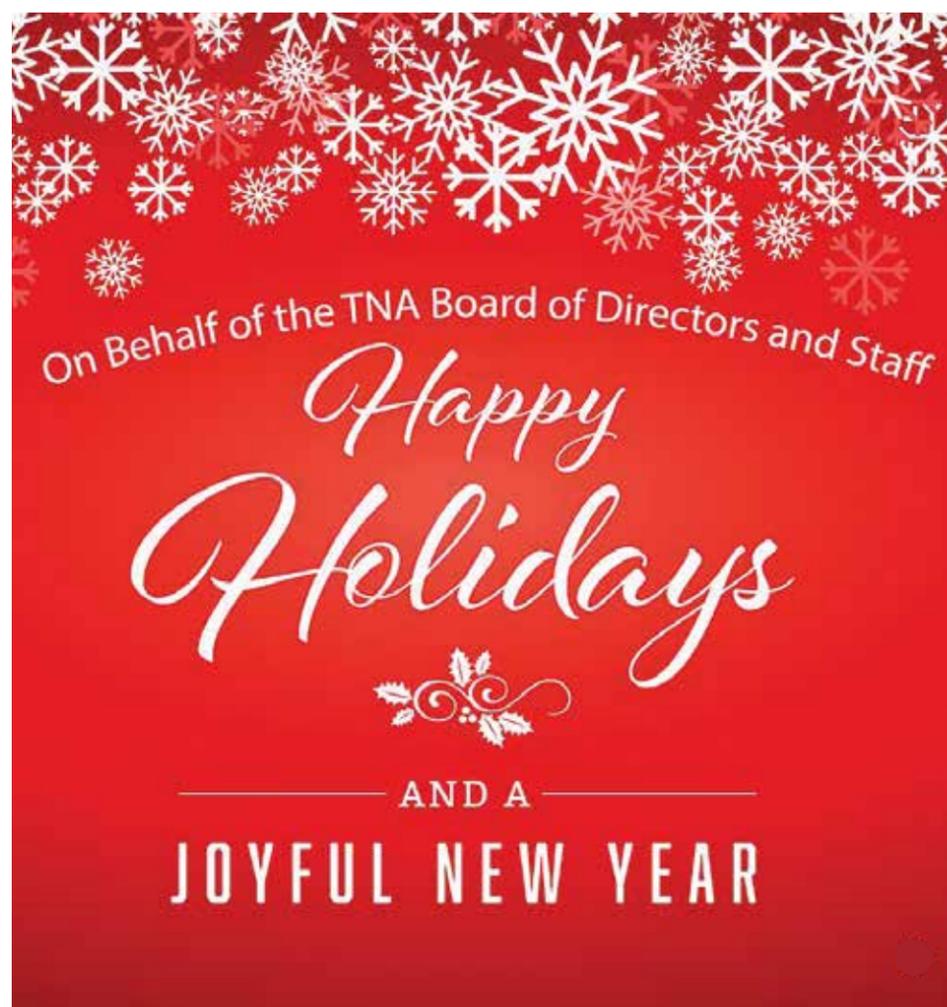
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Fetal Infant Mortality Review Program

Metro Public Health Department

Infant mortality, defined as the number of infant deaths per 1,000 live births, is a public health concern across the United States. Nationally, about 3,500 infants a year are lost to sleep related deaths before their first birthday. Tennessee is working to address this issue as well as the disparity among races of infant death. At the conclusion of 2016 the overall infant mortality rate in Davidson County was 7.5 (compared to the national infant mortality rate of 6.9); 5.8 for white infants, 5.4 for Latino infants and 12.1 for black infants. Public health officials are working hard to better understand and address these problems. In Davidson County, our greatest contributor to preventable infant death is unsafe sleep. Between 2011 and 2016, 74 infants died in Nashville due to unsafe sleep practices. **This is the equivalent of 4 kindergarten classrooms that will never be realized.**

One program working hard to improve these statistics is the Fetal Infant Mortality Review Program (FIMR). Working within the context of Public Health Departments, FIMR programs are currently active in four regions of Tennessee with the goal of understanding the problem of fetal and infant loss and influencing community action to improve the outcomes of our babies. Each region has unique issues that must be addressed to improve the outcomes for all of our babies across Tennessee.

FIMR programs follow a four step process that research has shown to be an effective way to reduce fetal and infant deaths. Tennessee legislation in 2007 authorized FIMR programs to receive fetal and infant death notifications and gain access to the relevant medical records. After receiving a death notification, the first step in the FIMR process is a medical record review of each case. Through a detailed record review a determination is made if the death meets the criteria of the FIMR Cohort*. Next a maternal interviewer contacts the family and, when possible, interviews the mother to listen to her story and create a summary that will be shared with the Case Review Team. The mother's story sheds light on the factors that influence pregnancy and infant loss. At this visit, much needed resources for grief support and counseling are shared with the family. One of the key features of the FIMR process is that all of the information that is obtained is de-identified prior to the review team session. This feature promotes the ability to uncover details that may have influenced the death that will only be shared in confidence. To further protect the confidential nature of this effort, The Case Review Team is comprised of physicians, nurses, social service providers, chaplains, and community volunteers with a common purpose of addressing the problem of fetal and infant death in Davidson County. This team thoroughly reviews the details of each death and provides recommendations. In the final FIMR step, the recommendations of the Case Review Team are sent to the Community Action Team whose members are tasked with prioritizing and addressing the identified areas for improvement and planning action at the local level.

Since inception, the FIMR process has resulted in many improvements in the following areas; promoting widespread safe sleep education and resources, linking families to resources, reducing barriers to prenatal care and other needed services, and improving the spiritual and emotional support for families at the community level.

Working with bereaved parents is a task that many agencies share. Local birthing hospitals in Davidson County provide caring and comprehensive bereavement services. For many families the fetal or infant loss occurs unexpectedly and they find themselves unprepared for all of the decisions they face. Most of the bereaved parents have little or no prior experience with such a loss. The FIMR Maternal Interviewer interacts with post loss families and discusses the grief support services in the community. Nurses often play a vital role at the point of hospital discharge by providing information and referral to local sources of grief care and support as well.

The work of FIMR is vital to our community's health and we cannot do it alone. There are opportunities for nurses to volunteer with our Community Action Team and provide expertise in helping all of Nashville's babies reach their 1st birthday! For more information please contact:

Davidson County – Trevor Crowder, M.A., Program Director (615) 340-7775 or trevor.crowder@nashville.gov

*FIMR Cohort includes:

In Davidson County, only deaths that fit our identified problem areas of being born too small too soon or if an infant death is determined to be due to SIDS (Sudden Infant Death Syndrome), SUID (Sudden Unexplained Infant Death), SUDI (Sudden Unexplained Death of an Infant), or undetermined without any suspicion for abuse or neglect are reviewed. They include:

Fetal Deaths: At least 24 weeks gestation OR 500 grams

Infant Deaths: At least 20 weeks gestation AND less than 1500 grams

Infant Deaths: Any gestation or birth weight IF the cause of death is SIDS, SUIDS, or Undetermined

To obtain information about the other three FIMR projects in Tennessee contact the Shelby County Health Department, Hamilton County Health Department, or the Knox County Health Department FIMR programs.

Written by: Alison Butler BSN RN, Maternal Interviewer, Metro Public Health Dept., Nashville, TN

Tennessee Nurses

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- is retiring
- received a promotion
- is a nurse family member
- is dedicated to nursing and to patients
- has a special event or occasion coming up
- is a friend, or a colleague
- is in memoriam
- is in celebration of Nurses Week

Patients and patient's family members:

- Honor A Nurse that truly made a difference in their care, or the care of a family member.

Your \$50 donation will go toward continued support of the TNF and their work pertaining to scholarships, and grants that support the needs of nurses in Tennessee. TNF is a nonprofit, 501(c)(3) organization. Donations are tax-deductible to the fullest extent allowed by law and support the mission of TNF.

DONOR INFORMATION

Donor Name: _____ Email Address: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____
(Home) (Work)

PAYMENT INFORMATION Authorized Payment Amount: \$ _____

(Minimum \$50 donation for each nurse honored)

- Check payable to TNF is enclosed
- MasterCard/Visa/American Express/Discover

Card Number _____ Exp. Date: ____/____ Code: _____

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(Please Print)

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HONORED NURSE INFORMATION

- Honoree's Name & Credentials: _____
- Choose which quarter you would like the honored nurse listed in the *Tennessee Nurse* publication and the TNA website, (choose only one quarter for both listings) Winter Spring Summer Fall
- Comments regarding the Honored Nurse: _____
- Include photo of Honored Nurse (if available) with contribution form or email to tnf@tnaonline.org. Photo requirements: digital photo that has been taken at a high resolution of 300 dpi (which equates into setting the digital camera to take the largest file size possible) or an actual commercially printed photograph, (we cannot accept photographs that have been printed on a desktop printer)
- Send notification of gift to: _____

(Name) (Street) (City) (State) (Zip)

SUBMIT COMPLETED FORM TO: TNF • 545 Mainstream Dr., Ste. 405 • Nashville, TN 37228 • Fax: 615-254-0303 • Phone: 615-254-0350

Honor A Nurse

WE HONOR YOU...



Lisa Baldizon, RN

Nursing is a calling, a way of life. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor those colleagues that have made an impact in our lives and the lives of others.

Lisa Anne Horrell Baldizon, RN
October 2, 1969 – September 19, 2018

Mother, wife, daughter, sister, nurse, co-worker and friend. A beautiful, giving woman who will be missed by many. Your loving and caring spirit will live on in all those you had such an influence and impact on.

Honored by: Ellen Morris, BSN, RN

Visit TNF\TNF Initiatives at TNAonline.org for information on the Honor A Nurse program.

Foundation

I WANT TO SUPPORT TNF



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 City, State, Zip _____
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 Fax _____ Email _____

Please accept my donation of:

\$1,000 \$250 \$50
 \$500 \$100 \$Other _____

I would like to make my donation as an Annual Pledge

(Annual pledges limited to gifts of \$250 or more)

I will honor my Annual Pledge
 Semi Annually (July & January)
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 Memorial Education Scholarship (Restricted)
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 In Tribute In Memory

In Name of _____
 Send acknowledgement to:
 Name _____
 Address _____
 City/State/Zip _____

The TNA Membership Dues Scholarship and Honor a Nurse programs require additional forms. Please visit www.tnaonline.org or call 615-254-0350 for details.

Method of Payment

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 Exp. Date _____ 3 Digit Authorization Code _____
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Tennessee Nurses Association Membership Application

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Please type or print clearly. Please mail your completed application with payment to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296

Last Name _____ First Name _____ Middle Initial _____
 Street or PO Box Number _____ Nickname _____
 City _____ State _____ Zip _____ County _____
 Last Four Digits of Social Security Number _____ Email _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Home Fax _____ Work Fax _____ Pager _____
 Employed at _____ as _____
 Employer's Address _____
 Academic Degree(s) _____ Certification(s) _____
 Graduation from basic nursing program (Month/Year) _____ / _____ RN License # _____ Date of Birth _____ / _____ / _____

PERSON WHO REFERRED YOU TO TNA: _____ REFERRAL'S EMAIL: _____

Membership Categories (please choose one category)

<input type="checkbox"/> ANA/TNA Full Membership Dues Employed full or part-time \$24.67 per month or \$290.00 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.	<input type="checkbox"/> ANA/TNA Reduced Membership Dues Newly-licensed graduates (first 2 years), not employed, RNs who are full-time students, or age 62+ and not earning more than Social Security allows. \$12.59 per month or \$145 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.	<input type="checkbox"/> ANA/TNA Special Membership Dues 62+ and not employed, or totally disabled. \$6.54 per month or \$72.50 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.	<input type="checkbox"/> TNA Individual Membership Dues Any licensed registered nurse living and/or working in Tennessee. \$17.09 per month or \$199.00 annually. Includes membership in and benefits of the Tennessee Nurses Association and the TNA District Association.
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American Nurses Association Direct Membership is also available. For more information, visit www.nursingworld.org.

Communications Consent

I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Nurses Association (and its subsidiaries and affiliates, including its Foundation, Districts and Political Action Committee) via regular mail, email, telephone, and/or fax.

Signature _____ Date _____

TO BE COMPLETED BY TNA STAFF

Membership Status: <input type="checkbox"/> 1. New <input type="checkbox"/> 2. Renewal <input type="checkbox"/> 3. Reinstated WINTER	Membership Type: <input type="checkbox"/> 1. Full (100%) <input type="checkbox"/> 2. Reduced (50%) <input type="checkbox"/> 3. Special (25%) <input type="checkbox"/> 4. TNA Individual	Bill Method: <input type="checkbox"/> 1. A <input type="checkbox"/> 2. EFT <input type="checkbox"/> 3. CCM <input type="checkbox"/> 4. PD	State: _____ District: _____ Expiration Month: _____ Year: _____ Amount Enclosed: _____ Amount Discounted: _____ Approved By: _____ Today's Date: _____
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DUES PAYMENT OPTIONS

(please choose one)

Automatic Monthly Payment Options
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize TNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

Annual Payment
Make check payable to TNA or fill out credit card information below.
 Dues.....\$ _____
 Optional
 TN PAC Contribution.....\$ _____
 TN Nurses Foundation (TNF) Contribution...\$ _____
 Total Dues and Contributions.....\$ _____

Payroll Deduction
This payment plan is available only where there is an agreement between your employer and the association to make such deduction.
PARTICIPATING AGENCIES
 VA - Nashville, Memphis, Mountain Home, Murfreesboro
 Regional Medical Center - Memphis

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 Number _____
 Exp. date _____
 Signature _____

CHECKING ACCOUNT: Please enclose a check for the first month's payment, which will be drafted on or after the 15th day of each month using the account designated by the enclosed check.

CREDIT/DEBIT CARD: Please complete the credit card information at right and this credit card will be debited on or after the 1st of each month (VISA and MasterCard Only on monthly draft plan).

Automatic Monthly Payment Authorization Signature

By signing the Automatic Monthly Payment Authorization you are authorizing ANA to change the amount by giving the undersigned thirty (30) days advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated below. Membership will continue unless this notification is received. ANA will charge a \$5.00 fee for any returned drafts or



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Check Payroll Deduction on the lower right-hand side of the TNA Membership application. A TNA staff member will send you a payroll deduction form to take to the VA Payroll Department to setup your payroll deduction dues plan. It's that simple. You will never miss \$11.15 from your paycheck and you will have gained so much in return. If you have any questions, call 615-254-0350.

TNA also has Payroll Deduction Dues plans at:
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 @ \$12.08 per pay period



Part Of Your ANA/TNA Dues Are Tax Deductible!

You are allowed to deduct, as a professional/business expense, the percentage of dues that are NOT used by ANA or by TNA for political activities such as lobbying at the legislature. In 2018, the non-deductible percentage for ANA's portion of the dues is 16.96%. The non-deductible percentage for TNA's portion of the dues is 18.90%.

Deductible Amounts

- Full ANA/TNA:
\$290 @ 64.14%--deduction \$186.01
- Reduced ANA/TNA:
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- State-Only:
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District News

District 1

President: Carla Kirkland

Educational opportunities for District 1 included a two-part update on the opioid epidemic. In July, Delta Medical Center hosted our educational dinner meeting. Alisa Haushalter, DNP, RN, Director of the Shelby County Health Department, presented part one: "What Shelby County is doing about the Opioid Crisis?"



Carla Kirkland

Lakeside Behavioral Health hosted District 1 in August, with Joy Golden, MSN, RN, CEO of Lakeside, presenting part two of our opioid update, "Opioids, Overdose, and Overwhelmed". Newly elected Tennessee State Senator Katrina Robinson RN, District 1 member, gave our legislative update.

Our September educational program was hosted by gammaCore. Christina Treppendahl, RN, MSN, FNP-BC, AQH, founder and director of The Headache Center in Ridgeland, MS, introduced us to a new non-invasive vagus nerve stimulator for outpatient migraine treatment.

July 31st, we were also pleased to be a sponsor for "Run Women Run, Sizzlin' Women 2018: A Celebration of Women Who Run". This nonpartisan event was held at the Hattiloo Theater, hosted by the National Coalition of 100 Black Women Inc., Memphis Chapter; the Memphis Area Women's Council; and the League of Women Voters Memphis/Shelby County.



Dr. Alisa Haushalter gives a presentation on the opioid crisis to District 1 nurses



Lisa Beasley and Telise Turner at Run Women Run, an event to support women candidates, campaign managers, and staffers who took up the challenge to run for office.



District 1 nurses networking at the opioid program hosted by Lakeside Behavioral Health



Tracey Power, District 1 Vice President, staffing TNA District 1's table at the University of Memphis Loewenberg College of Nursing Career Fair September 25, with U of M students.

District 2

President: Traci Brackin

The members of District 2 have been very busy these past several months! We had our September meeting at Blount Memorial Hospital. We were very excited to have Natalie Ivey as our guest speaker. She is the director of advocacy and outreach for the Community Coalition Against Human Trafficking. We were also able to deliver some late night dinner to the nursing staff at the hospital that evening!



Traci Brackin



Traci Brackin, President of District 2, spent some time with nursing students from the University of Tennessee, Knoxville. Traci is a wound care specialist and provided some education for the students about fundamentals of wound care, but she also takes opportunities like this to discuss TNA and our upcoming events. Many members of our TNA Board of Directors in District 2 serve in education and clinical leadership roles or come in contact with nursing students very frequently. As TNA leaders, it is important to share with other nurses (and future nurses) about the importance of TNA membership!



The members of our district were hard at work getting ready for the Annual TNA and TSNA Joint Conference in Murfreesboro, TN. There were so many powerful speakers. It was also a wonderful time to network with other nurses across the state, and catch up with our nurse friends.

Congratulations to our District 2 members who earned awards at the annual conference. Dr. Carole Myers is the recipient of the Alma Gault Leadership Award (left) and Dr. Erin Morgan received the Professional Promise award. These ladies are such an inspiration and their respective awards are certainly well deserved!



Our district has been challenged with the very real problem regarding violence against nurses and healthcare providers. One of our main focus points will be going through the district raising awareness about violence against healthcare workers, and forming solutions for violence prevention in our workplaces and clinics. Please stay tuned for more information and become involved in our work!

District 5

President: Christine Reed

District 5 has been very busy this year expanding our footprint. We have increased our membership and thank you to all those who have helped to make district 5 stronger than ever.

We recently held our elections for the following positions to serve District 5 November 1, 2018 through October 31, 2020.

New President elect is our former Board Member Stephanie Cook, RN, MSN, congratulations. Stephanie is director of nursing at Franklin Woods Community Hospital. Looking forward to her leading successfully these next 2 years in District 5.

We elected two new Board Members; Nikki Vanburen, RN, MSN, MBA who is the Chief Nursing Officer at Franklin Woods Community Hospital, and Woodridge Psychiatric Hospital and Mary Anne Gilbert-Smitherman RN, BSN Clinical Informatics Coordinator for Ballard Health. Please welcome these ladies for stepping up to the plate to help lead our district. We are well positioned for a great year 2019.

We celebrated at the TNA conference this year and were proud of the basket that our district put together to raise money for TNPAC. The D5 basket was auctioned at \$350 for TNPAC.



Christine Reed



It has been an honor and privilege to serve as your president these last 3 years for District 5 TNA. We have had exponential growth in our membership and looking forward to continued growth next year. We have made an impact in our communities with our Legislative Breakfasts in getting to know our Legislators and discussing some of the issues that have a profound effect on each of us facing the opioid crisis and neonatal abstinence syndrome (NAS). Our area has also gone through some major changes in 2018 by merging two major health systems Mountain States Health Alliance and Wellmont Health System to form Ballard Health consisting of 21 hospitals, 815 Physicians, with over \$308 million to be invested in the community over the next 10 years. Ballard's mission is to honor those they serve by delivering the best possible care. Ballard's vision is to build a legacy of superior health by listening to and caring for those we serve. 2019 will be a successful year for our surrounding communities and District 5 TNA has been a large part of awareness and giving perspectives from our nursing profession.

District 6

President: Raven Wentworth

On Thursday, September 20th, District 6 met in the Medical Founders Room C at Jackson-Madison County General Hospital. Dr. Michelle Baldwin, DNP, BSBA, APRN, FNP-BC shared her own experience from attending the 2018 ANA Membership Assembly in Washington, D.C. Dr. Baldwin discussed the role of the American Nurses Association (ANA) and the importance of being a member of ANA.



Raven Wentworth

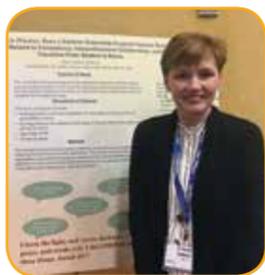
District 6 members had a great time at the TNA/ TSNA Joint Conference held in Murfreesboro, Tennessee on October 26-28. Congratulations to Dr. Sarah Pierce as she was elected to the Nominating Committee. Dr. Sara Pierce, a faculty member at Freed-Hardeman University, also presented in a break-out session, "Teaching Nursing Students How to Care: Mission to Haiti." Dr. LeAnne Wilhite, a Union University faculty member, presented a poster at conference entitled, "Transition into Practice." Also, Union University faculty members Dr. Cindy Powers and Mary Lee Jacobsen presented a poster at conference entitled, "Gaming in the Classroom." Please save the date for 2019, as the conference will be October 18-20th in Memphis, Tennessee.



Dr. Michelle Baldwin



Dr. Sarah Pierce



Dr. LeAnne Wilhite



Dr. Cindy Powers and Mary Lee Jacobsen

District 6 is looking forward to 2019 as an exciting and busy year. The first meeting for 2019 will begin at 5:30 p.m. on Thursday, January 31st. The meeting will be held at Jackson-Madison County General Hospital in the Medical Founders Room. Mark Wray, Investigator for the Metro Narcotics Unit will be discussing *Opioids: How Did We Get Here and Where Are We Going?* Other business topics that will be discussed include Project Serve and the Legislative Summit planned for April 3, 2019. Please follow this link: <https://www.tnaonline.org/tna-legislative-summit/>. We invite members, nonmembers and students to attend district meetings. Please like and follow us on Facebook at TN Nurse's Association - District 6. An event for the January meeting will be created on the FB page. Please RSVP if able.

District 9

President: Chaundel Presley

Things have really started to gear up in District 9 this fall! We held a successful dinner meeting at Nick's restaurant in Cookeville in September where annual board elections were held. We are pleased to welcome new board members Amy Emerick, Michelle Jackson and a new secretary Pam Isom. Three district members attended the annual TNA conference in October: Sylvia Cowan, Tammy Howard and Chaundel Presley. AJ Donadio has been working hard promoting our new district on Facebook, and we are spreading the news about TNA and our district to nurses throughout the Upper Cumberland.



Chaundel Presley



Loretta Bond has been appointed to the Hospital Authority Board at Nashville General Hospital.



Loretta Bond, PhD, RN, CNE
TNA District 3

Carol Etherington was inducted into the 2018 Tennessee Health Care Hall of Fame. The Induction Ceremony and luncheon was held October 16 at Belmont University.



Carol Etherington, MSN, RN, FAAN
TNA District 3

Rolanda Johnson, Assistant Dean for Academics and Associate Professor of Nursing, has been named Assistant Dean for Diversity and Inclusion for Vanderbilt University School of Nursing. As Assistant Dean for Diversity and Inclusion, Johnson oversees VUSN's efforts to support and foster an environment that is culturally appreciative and inclusive, particularly for historically underrepresented and marginalized groups and individuals. She also continues as Assistant Dean for Academics, charged with assisting students with special curriculum needs or who experience academic difficulty. Johnson is the founding President of the Nashville Chapter of the National Black Nurses Association and earlier in 2018, she was honored as a Vanderbilt Pioneer for her role with the Faculty Senate and at VUSN.



Rolanda Johnson, PhD, MSN, RN

Marco Fernandez Schklar has been named chief nursing officer at Saint Thomas Health. Schklar has been with Saint Thomas since 1995, where he has served in a variety of leadership roles.

Photo Not Available
Marco Schklar is a member of TNA District 3

Debra Rose Wilson published a peer reviewed book for RNs that includes Continuing Nursing Education (CNE) entitled *Humor in Health Care: The Laughter Prescription*.



Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT
TNA District 15

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