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ANA - New York Nurse will reach over 5,700 New York nurses and schools of nursing through direct mail.

PRESIDENT'S MESSAGE

Growing Pains

Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C



Thank you for re-electing me as your President for a second term. I am humbled by your support and confidence in my dedication to pay it forward. ANA-NY's awesome progress and achievements reflect the concerted efforts of "our village." I am grateful and amazed by the tremendous work that is consistently put forth by our ED; Jeanine Santelli, Program Manager; Jamilynne Myers, past and current BOD and our members who so generously share their time and expertise.

At our 6th Annual Meeting: Advocacy in Action October 18-20, 2018 we had eclectic and thought-provoking seminars. A resounding theme was being involved with our patients, professionally, politically and personally. Nurses have a unique holistic perspective and we need to unleash this power in every possible venue. It is time to become engaged in political activism to bring social, economic and environmental change for

justice and the wellbeing of society. ANA's Janet Haebler eloquently stated: "To make our case we must speak from the Head, the Heart and for the Help (our patients)." This requires blending the science of nursing with our passionate and personal narratives to help others understand the complexity of our patients' diverse needs and the obstacles they face on a daily basis. Nursing is evolving with determination at a lightning speed rate and some of us may feel lost in the process. ANA-NY is here to assist you.

I believe every professional nurse has spoken from their head and heart on their patient's behalf. This is evident with our collaborative nursing organization relationships; The Foundation, Nurses House, Center for Nursing, and NYONEL to name a few. However, ANA-NY is experiencing growing pains and needs to move beyond our "Toddler Stage." Our new location as of January 1, 2019 is 150 State Street, 4th Floor, Albany, NY 12207. This state-of-the-art facility provides us with direct access to the capitol and the legislators, network with diverse professionals and other non-profit organizations which will facilitate robust discussions and innovative brain storming. We are NOT abandoning our beloved colleagues, rather we are embracing a dynamic

environment which will enrich our organization to work smarter, forge new relationships and empower our members to discover and cultivate their talents with diverse opportunities.

ANA-NY must initiate foresight by having a panoramic view of future forecasts and the implications for our organization and our members as drivers of change.

It is essential we ask the right questions to stimulate discussion, creativity and generate energy to foster a sense of community. We can cultivate "Foresight Champions" to lead the way and empower others. ANA-NY needs to tap into every members' passion, interests and talents to inspire each one of us to become Drivers of Change. I invite you to join ANA-NY on this new "Foresight Journey" to be cognizant and responsive to future trends as we lead the way representing the professional nursing organization for New York.

GAIN A MEMBER!

PASS THIS NEWSLETTER ALONG TO A NURSE COLLEAGUE

MEMBERSHIP APPLICATION ON PAGE 19

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FROM THE DESK OF THE EXECUTIVE DIRECTOR



Road Warrior

Whew! I am breathless but enjoying the view! We have had an action-packed fall at the ANA-NY office. Jamilynne has been left to her own devices for most of the fall while I've been to: DC for the ANA Lobbyist Meeting; Aberdeen, SD for a CCNE site visit; Schenectady for the Nightingale Gala; Syracuse to speak at the NYS ID/DD Nurses Association; Concord, NH for an NEMSD Board meeting; Orlando, FL for the ISONG International Congress; back to DC for the American Academy of Nursing conference; then Park City, UT for the NSO Summit; and, finally, back to DC for the ANA Leadership Summit.

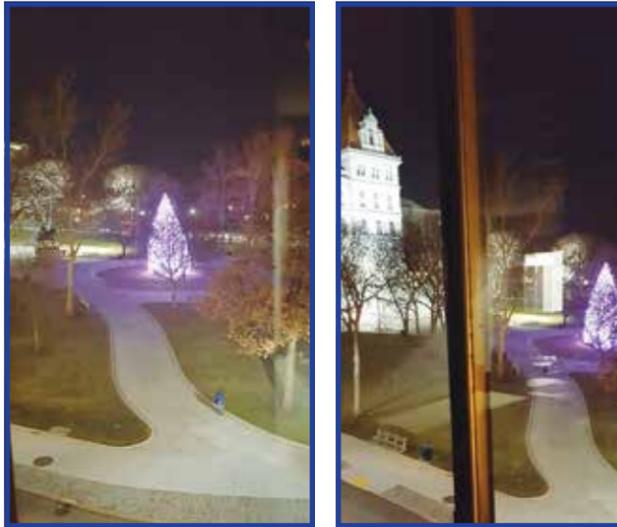


Tucked into this travel schedule was our 2018 ANA-NY Annual Meeting and Conference to which we had almost 100 attendees. You can read the highlights of and see pictures from our meeting and conference in this issue. We have also had three Board meetings and I was named Interim Executive Director for the NEMSD.

There was also the Thanksgiving holiday and my husband's family took a vote and decided I was the best

cook in the family, so we had 10 people in the house for the whole week – you don't want pictures of this! Jeff and I ended up on an air mattress under the piano! The dogs were very confused – and full! Unfortunately, my family could not join us. Mom was fresh from an RCA stent (she's five years post CABG and AV pacer dependent), my sister was in charge of making Mom behave, and my son was on call for his properties business.

To top our December off, we moved to a premium location in downtown Albany. We are overlooking the park in front of the capital building which, at the time of this writing, sports the capital Christmas tree. You can see and read more about our office in this issue as well. WE hope that you come to visit when you're in town.



We are looking forward to a quieter New Year with organizing the new office space, and travels to Batavia, IL; Austin, TX; and Kansas City, MO.

Calendar of Events

January 2019

Call for Future Nurse Leader

Call for Bylaws Amendments

January 8 - Board of Directors Call

February 2019

February 11 - Board of Directors Call

February 13 - Susan B. Anthony Luncheon, Rochester NY

March 2019

Call for Awards

March 3 - The Neurovascular educational meeting

The Transcatheter educational meeting

Code Lavender educational meeting

March 28 - Educational Meeting – Jointly provided by ANA-NY, NYONEL, NYNPO, Schenectady, NY

March 29-30 - Board of Directors Meeting, Albany, NY

April 2019

April 10 - Board of Directors Call

May 2019

Call for Nominations

May 8 - Board of Directors Call

June 2019

June 6-7 - Board of Directors Meeting, Albany, NY

October 2019

October 24-26 - ANA-NY 2019 Annual Meeting and Conference at the 1000 Islands Harbor Hotel, Clayton, NY



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- Subject to editing by the ANA-NY Executive Director & Editorial Committee
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: programassociate@anany.org
- Subject Line: ANA-New York Nurse Submission: Name of the article
- Must include the name of the author and a title.
- ANA-NY reserves the right to pull or edit any article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the ANA - New York Nurse has been submitted.
- ANA-NY does not accept monetary payment for articles.

Article submissions, deadline information and all other inquiries regarding the ANA-New York Nurse please email: programassociate@anany.org

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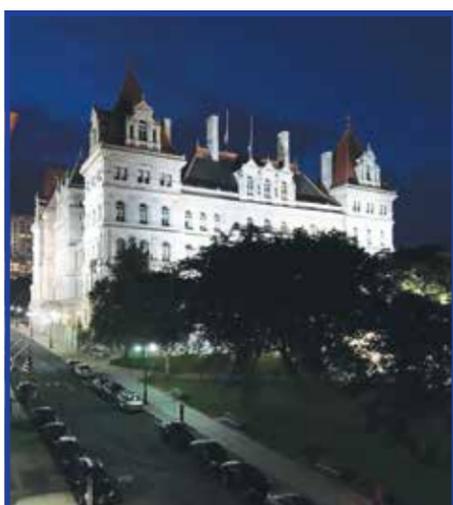
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ANA-NY Office is Now Located in Downtown Albany at 150 State Street, 4th Floor, Albany, NY 12207

ANA-NY's new office is located at the Bull Moose Club overlooking the Capital Building, we are also located near the Legislative Office Building, Empire State Plaza, and the Albany Capital Center.

- Watch for ANA-NY's Open house coming Spring 2019
- ANA-NY Members and Organizational Affiliates, are you in town on Legislative business and need a small meeting space? Reach out to ANA-NY.
- If you are in Albany on business or personal endeavors, please come visit us at our new location.



BOARD BUZZ

- Initiated relocation of our office to 150 State Street, 4th Floor, Albany, NY 12207
- Approved committee chairs, rosters and BOD liaisons for 2019
- Accepted the Professional Nurses Association of Rockland County and the NY Association of Occupational Nurses as Organizational Affiliates
- Appointed Dr. Joanne Lapidus-Graham as consultant to NSANYS
- Notified our representatives that ANA-NY opposes creation of the title 'Veterinary Nurse'
- Donated \$1000 to the American Red Cross Disaster Relief Fund
- Sponsored a table for the Susan B. Anthony Luncheon in February (Rochester-area members who wish to attend should email info@anany.org)
- Appointed Elisa Mancuso and Tanya Drake to the NEMSD Board of Directors
- Endorsed the ANA letter opposing immigrant family separation which was sent to Congress

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ANA-NY Announces Award Recipients for Friend of Nursing, Policy and Service, and Mentorship Awards

Senate Majority Leader John Flanagan and Assembly Majority Leader Joseph Morelle are named ANA-NY's Friend of Nursing and Two ANA-NY Members named for Mentorship, and Policy and Service

ANA-NY Friend of Nursing

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

This year's recipients are Senate Majority Leader John Flanagan and Assembly Majority Leader Joseph Morelle.

These two legislators were the chief sponsors of the BS in Ten legislation. They have been staunch supporters of nurses and the contribution that nurses make to improve the health of New Yorkers. In a sincere spirit of partnership, they shepherded the bill through the legislative process, skillfully negotiating barriers as they arose, assisting us to obtain the Governor's signature to make this the law. As champions of the new law, Senator Flanagan and Assemblyman Morelle have fostered improved patient health outcomes, and assured access to higher education for those wishing to be nurses. This is an improvement for the public, institutions, nurses and the nursing profession.

ANA-NY Policy and Service



Left to right, Elisa (Lee) Mancuso, ANA-NY President, and Dr. Marilyn Dollinger

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

Dr. Dollinger is described as being skillful and masterful in politics and the political process, demonstrating her acumen in helping to achieve the passage of the BS in

10 legislation and nationally as a member of the ANA-PAC. Dr. Dollinger has demonstrated to undergraduate and graduate nursing students how the political process can be used to advance the nursing profession's agenda regarding education for its practitioners and on practice issues impacting patients, communities, and the environment.

ANA-NY Mentorship



Left to right, Elisa (Lee) Mancuso, ANA-NY President, and Dr. Harriet Feldman

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

This year's recipient is Dr. Harriet Feldman.

Dr. Feldman is described as being the ultimate mentor, providing constructive feedback, gentle guidance and critique, critical questioning, and the freedom to grow and lead. Per a mentee, she has "taken me along," introduced me and advocated for me. She is deliberate in her efforts to link me into her professional networks, which encompasses the highest levels of nursing leadership nationally and internationally.

Another mentee reflects that her wisdom is deep, far reaching and impactful. She is one of the wisest colleagues I have and greatly appreciate her generosity of time, her patience, her reflections, and of course guidance.

ANA-NY Announces Results of 2018 Board Election

Four nurses sworn in at annual conference

Albany, NY – At its annual meeting at the Albany Capital Center in Albany, NY four elected officials were sworn in October 20, 2018 to help lead the American Nurses Association – New York (ANA-NY).

The results of the 2018 election are:

- President and ANA Membership Assembly Representative, Elisa (Lee) Mancuso, MS, RNC-NIC, FNS, AE-C (Central Islip, NY)
- Treasurer, Susan Penque, PhD, RN, NE-BC, ANP-BC (East Meadow, NY)
- Directors-at-Large: Francine Bono-Neri, MA, RN, PNP (Hicksville, NY), and Kathryn Murdock, MSN, NE-BC, CMPE (Mount Vision, NY)

ANA-NY welcomes the 2018-2019 board of directors, Elisa (Lee) Mancuso was re-elected as the President and ANA Membership Assembly Representative, and three new board members, Susan Penque, Francine Bono-Neri, and Kathryn Murdock.



Left to right, Susan Penque, Francine Bono-Neri, Kathryn Murdock and Elisa (Lee) Mancuso

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Future Nurse Leader

Who in Your Class of 2019 Stands Out as a Future Nurse Leader?

Nurses with strong leadership skills are vital to the future of the nursing profession and health care. As part of ANA-New York's (ANA-NY) commitment to encouraging new nurses to be professional, successful leaders, we have established an award program to recognize the leaders in the upcoming graduating class.

The ANA-New York Future Nurse Leader Award, sponsored by ANA-NY and the American Nurses Association (ANA), will recognize new graduates, who, as nursing students displayed exceptional leadership abilities. We are looking for students who show initiative, make significant contributions and can inspire others with their vision. While ANA-NY is conferring this award, the selected winner is determined by your school of nursing. In order for your **one** candidate to be included as a Future Nurse Leader, complete and submit online at <https://form.jotform.com/83335734704155> by March 16, 2019.

Criteria for Student Nomination

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

- Demonstrates leadership:
 - o Prepares, motivates, and impacts other students as leaders
 - o Participates in community activities and gives back to others
 - o Mentors fellow students
 - o Promotes activity in nursing organizations
 - o Creates opportunities for engagement and involvement
- Makes a significant contribution to the overall excellence of the school
- Sets a healthy example and promotes a healthy lifestyle
- Creates a positive working environment
- Embodies the ethics and values of nursing
- Demonstrates a clear sense of the direction for his/her nursing career

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

In the Spotlight - Future Nurse Leader

Holli O'Keefe, RN

Holli O'Keefe began her career in nursing after raising her two children, Kelly and Kevin, then obtained her Associates Degree in Nursing from Monroe Community College (MCC). As a student at MCC Holli served as the Co-Vice President of Public Relations for the Student Nurses' Association (SNA). In that role she developed a monthly newsletter to share with nursing students and leadership and promoted fundraising efforts to raise money for SNA's Future Nursing Scholarship. She also mentored several nursing students during her time at MCC.

Holli is a Phi Theta Kappa Honor Society Member and received the Thiem Foundation Nursing Scholarship, as well as the NY Inspire Scholarship when she attended MCC, graduating With Distinction for maintaining an excellent grade point average while in nursing school. She was awarded ANA's Future Nurse Leader Award in 2018, as well as the Award for Excellence in Psychiatric/Mental Health Nursing from MCC. Additionally, she was a finalist for the March of Dimes Rising Star Nurse of the Year Award this year as well.

Holli considers herself to be so fortunate to have found a career that lifts and inspires people in so many ways, not only by caring for patients, but in how nurses support and encourage one another. From the beginning of nursing school to starting on the floor working with patients, nurses have supported and inspired her all the way through. She is so proud to be a part of this amazing group of people.

Currently Holli is a Registered Nurse in The Birth Center at Strong Memorial Hospital in Rochester, NY, where she lives with her husband Kevin. They have been married for 30 years.



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HIGHLIGHTS FROM OUR ANNUAL MEETING AND CONFERENCE

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SPEAKERS

Deb Elliott, RN, BSN, MBA • Janet Haebler, MSN, RN • Sandy Summers, RN, MSN, MPH
Lauraine Spano-Szekely, DNP, MBA, BSN, RN and Susana Dealmeida, RN, BSN, MHA) • David Griffiths, MBA
Laura Terriquez-Kasey, DNP, MS, RN, CEN • Marilyn Dollinger, DNS, FNP, RN • Joel Weintraub, M.Ed., B.S.



*Deb Elliott, RN, BSN, MBA
The Many Faces of Advocacy in Nursing*



*Janet Haebler, MSN, RN
Armchair Advocacy*



*Sandy Summers, RN, MSN, MPH, How Media
Advocacy Can Save Lives*



*Lauraine Spano-Szekely, DNP, MBA, BSN, RN
Evidence-based Fall Reduction/Prevention Safety
Program (and Susana Dealmeida, RN, BSN, MHA)*



*Susana Dealmeida, RN, BSN, MHA Evidence-
based Fall Reduction/Prevention Safety
Program*



*David Griffiths, MBA Malpractice Case Studies:
Lessons, Recommendations and Stats*



*Laura Terriquez-Kasey, DNP, MS, RN, CEN
Disaster Preparedness*



*Marilyn Dollinger, DNS, FNP, RN
Advocacy for New Grads*



*Joel Weintraub, M.Ed., B.S.
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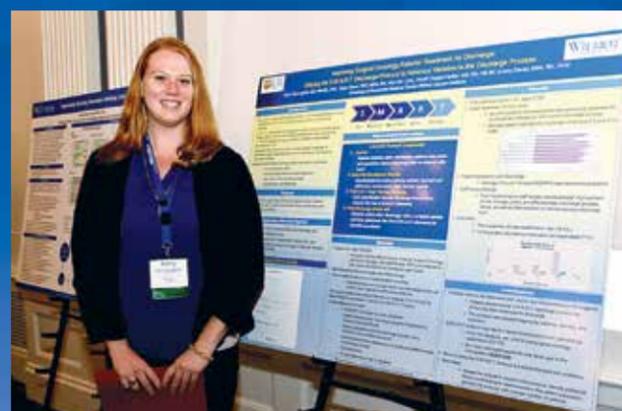
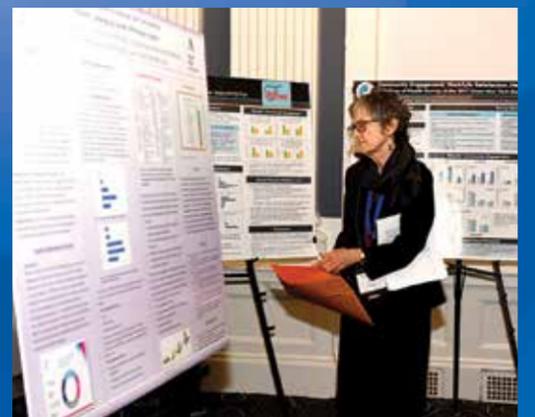


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POSTER SESSION



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MORE HIGHLIGHTS



ANA-NY Staff, Jeanine Santelli, Executive Director and Jamilynne Myers, Program Manager

Sharing beautiful smiles and conversation

MORE HIGHLIGHTS



American Academy of Nursing Releases Policy Brief on Nurses Response to Human Trafficking

Human Trafficking is a Serious Public Health Emergency

Washington, DC (November 29, 2018) – The American Academy of Nursing (Academy) today released its policy brief on the nursing response to human trafficking. An estimated 12 to 30 million people are trafficked and exploited for labor or sex, which represents a major public health emergency “resulting in poor immediate, intermediate, and long-term health outcomes” for the victim. During a given year, 85% of trafficked persons will have access to health care providers. Nurses, as frontline health providers, are critical to: identifying trafficked victims; promoting of physical, mental, and cognitive health; developing and implementing practice guidelines and research for health care; and advocating public policy initiatives on local, state, national, and international levels.

The Academy’s policy brief, “Policy brief on the nursing response to human trafficking,” was published in the July/August 2018 issue of the Academy’s journal, *Nursing Outlook*.

“The Academy supports the importance of nurses as frontline health providers in assessing and treating human trafficking victims,” said Academy President Karen Cox, PhD, RN, FAAN. “Human trafficking is a public health crisis that will need more forensically trained nurses to help identify and treat victims.”

The Academy promotes the inclusion of forensically trained nurses, and nursing workforce development, with expertise in human trafficking on: private business boards, task forces, non-profit service organizations, commercial bank boards, working groups, and governmental and other task forces and committees that may influence health policy related to human trafficking and advocate for justice for its victims. The Academy supports closing legislation and regulation gaps, including

the gap in Title X practice guidelines to “formally include sex-trafficking of adolescents as child sex abuse, reportable under all state and territory statutes.” The Academy supports having a forensically trained nurse 24/7/365 available in all emergency departments to work with the identification, treatment, and rescue of human trafficking victims presented for care. The Academy also advocates for continued funding and appropriations for the legislative initiatives resulting from the Violence Against Women Act (VAWA), Victims of Trafficking and Violence Prevention Act, and The Child Abuse Prevention and Treatment Act (CAPTA).

For the full list of recommendations, please read the full policy brief.

About the American Academy of Nursing

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

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Test Your Nurse Advocacy IQ

Deborah Elliott, RN, BSN, MBA, Executive Director, Center for Nursing at the Foundation of NYS Nurses, Inc.

What comes first to your mind when you think of nurse advocacy? Nurses most often think of being a patient advocate as one of their primary roles. And, while patient advocacy is one of the pillars of our professional practice, it is not the only type of advocacy a registered professional nurse (RN) should value. Advocacy takes on many forms in our practice, and in our professional and personal lives. While most nurses embrace their role as a patient advocate, their understanding of how to be an advocate for their profession or of oneself is not as clearly noted.

Florence Nightingale established the expectation that the primary responsibility of a nurse was to protect the public which laid the foundation for nurse advocacy. Considered a core competence of professional practice, the term advocacy was first utilized in nursing literature by the International Council of Nurses (ICN) in 1973. In an ICN publication titled *Advocacy Guide for Health Professionals*, they define advocacy as, “blending science, ethics and politics, advocacy is self-initiated, evidence-based, strategic action that health professionals can take to help transform systems and improve the environments and policies which shape their patients’ behaviors and choices, and ultimately their health” (ICN, 2008). The American Nurses Association (ANA) believes that “nurses instinctively advocate for their patients, in their workplaces, and in their communities; but legislative and political advocacy is no less important to advancing the profession and patient care.

Patient Advocacy

According to the ANA Code of Ethics for Nurses (2015), the nurse “promotes, advocates for, and strives to protect the health, safety, and rights of the patient.” This ensures that the patient’s voice is heard and respected and makes certain standard procedures and medical ethics are followed. Putting aside personal biases or opinions ensures the decisions and needs of the patient are their own and not that of the nurse, physician or other healthcare provider. Patient advocacy requires the nurse to acquire excellent listening and communication skills to protect patient confidentiality and not inadvertently influence patient decisions. In general, advocating for patients is inherent in the training and education nurses acquire early in their careers, however, can be easily misplaced in the fast-paced environment and demands of health care today.

Political Advocacy

According to Janet Haebler, MSN, RN, Senior Associate Director, State Government Affairs at ANA, “nursing is a trusted profession, representing the largest segment of health professionals in the United States. Policymakers rely on nurses’ expertise and experience to identify what improvements or changes are needed for the good of patients and health care.” Developing skills to gain confidence to discuss issues impacting professional practice and patient care with local, state and federal political figures enables nurses to be proactive and make their opinions known. Politicians are

bombarded with a multitude of issues by many interest groups but when they meet with nurses who tell their compelling stories it makes an impact.

Professional Advocacy

Another aspect of our professional responsibility is to seek ways to make improvements in the health care industry and the practice of nursing. In addition to being politically aware and active, nurses can be influential when serving on committee and councils. Due to a RN’s vast knowledge and ability to assess with a wider lens, nurses bring a unique perspective to discussion about issues that impact health and well-being. A nurses’ experience and insight enable a broad view of how behaviors, the environment and the system can affect one’s response to changes in their health. Research and evidence-based practice (EBP) are critical mechanisms for nurses to collect data and explore effective means to find better ways to improve care. Joining professional organizations, staying informed and educated about the issues that impact professional practice, and being proactive about influencing change are ways nurses can promote professional advocacy.

Personal Advocacy

One of the most prominent challenges for RNs is promoting self-preservation and well-being. Nurses historically care for others before caring for themselves. Putting other’s needs first is inherent in our nature and socialization to the profession. The expectation to work long hours, oftentimes without sufficient breaks continues and has led to an increase in errors and substance use among our colleagues. According to the ANA Code of Ethics for Nurses (2015), nurses must concern themselves with self-regarding duties including the “promotion of health and safety, preservation of wholeness of character and integrity, maintenance of competence, and continuation of personal and professional growth.” Finding inner balance takes practice and perseverance, however, is critical to maintaining a clear understanding of one’s own needs and making them a priority. Nurses who practice healthy behaviors, explore hobbies and downtime activities, advance their education and knowledge, nurture personal relationships and find spiritual renewal can avoid burn out and have a greater impact in their workplaces.

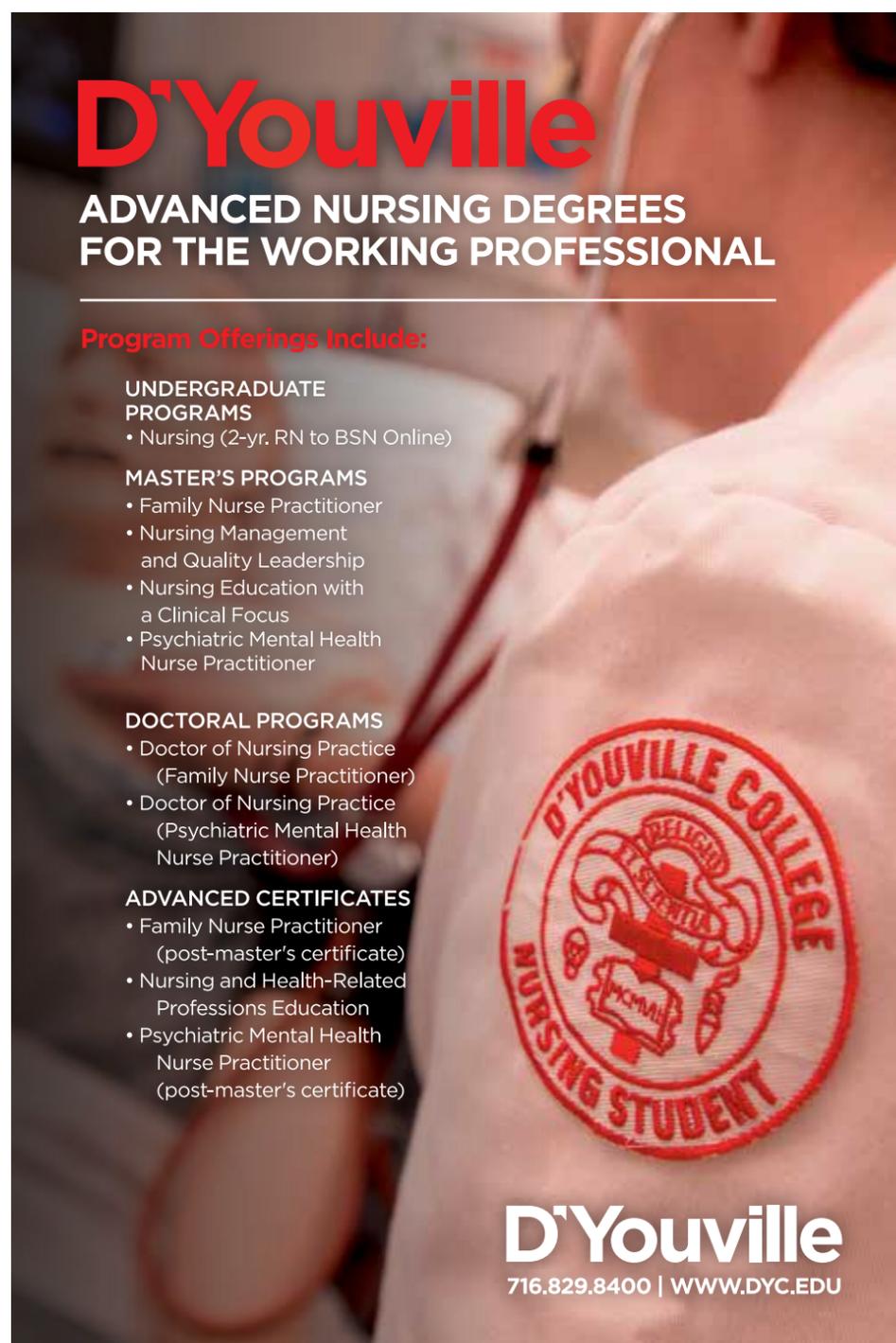
Advocacy Skills

The key skills necessary for one to be effective at advocacy include genuine communication, problem solving techniques, honest collaboration and creative persuasion. Genuine communication requires one to be both a good listener and verbal communicator. Nurses learn this as part of patient care, however, often are lacking when it comes to communicating with the healthcare team. Good communication takes patience, practice and being able to adjust for distraction in the environment. Problem solving techniques usually come naturally to the RN due to extensive training in the nursing process; assessment, diagnosis, planning, intervention and evaluation. However, incorporating research and EBP into the process involves a deeper level of understanding and preparation. Honest collaboration refers to being truthful, open and direct when working in teams. Developing clear roles and expectations for all members of the team helps to minimize confusion and promote harmony. Influencing the opinions and positions of public officials is a challenging, yet truly rewarding experience. This requires thoughtful preparation based on fact and not purely opinion. Sharing experiences that exemplify the point is extremely effective and brings the issue to a more personal and believable perception. The above skills can also be useful when advocating for yourself. Making your needs known in a genuine yet compelling manner will influence the listener in a way that perhaps was proven ineffective in the past. Taking time to learn where your strengths and room for improvement exist in your current methods of communication, problem solving, and collaboration will enhance your ability to become a more effective advocate for your patients, your profession, and your patients.

For more information visit:

American Nurses Association <https://www.nursingworld.org/practice-policy/advocacy/>

International Council of Nurses <https://www.icn.ch/>



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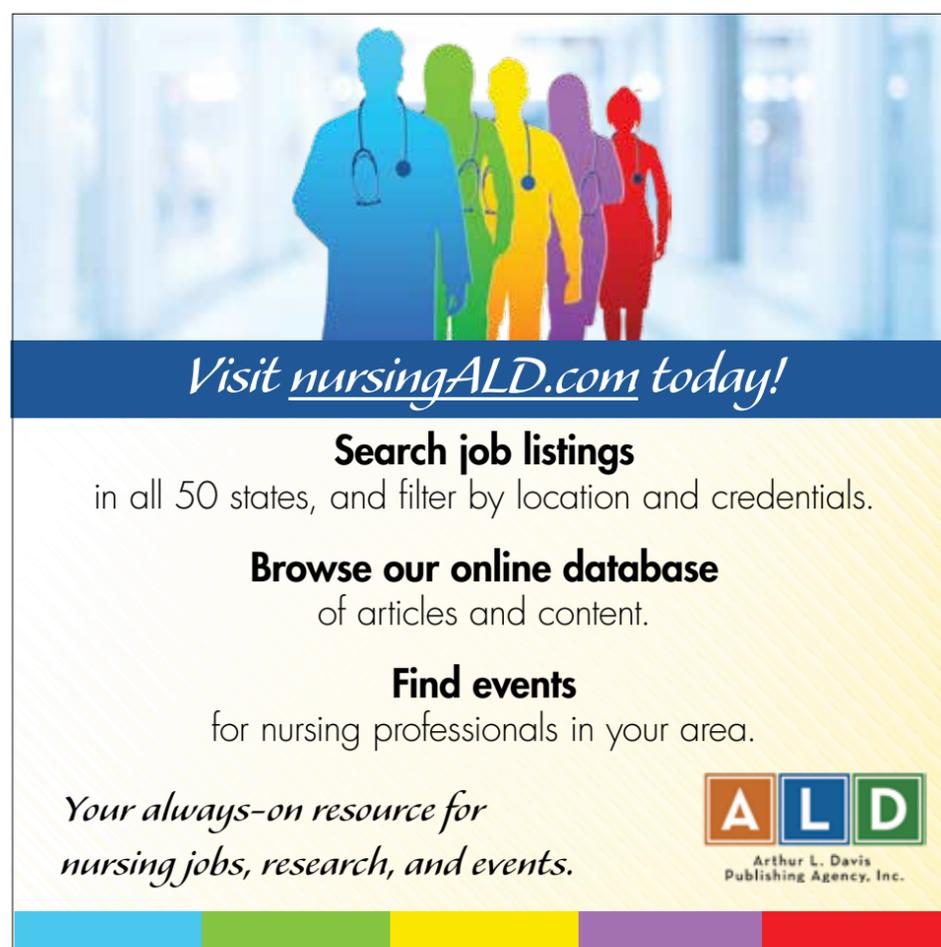
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COMMITTEE SPOTLIGHT



Annual Meeting and Conference Committee

Gorete Crowe, RN, ADN Committee Chair

I am Gorete Crowe, RN, ADN. I am a Staff / Charge Nurse at Westchester Medical Center Oncology/Bone Marrow transplant unit. I have 34 years of nursing experience, starting in the Medical Surgical, Pediatrics, and Preoperative (OR) units. I've been in the Oncology Unit for the last 24 years.

I have ACLS, Oncology and Bone Marrow, and First Responder certifications.

I am a member of the Sleepy Hollow Ambulance Corp, Oncology Nursing Society of the Hudson Valley, Tarrytown Fire Department Hope Hose, Boy Scouts of America Venture Crew 2279 board member, Village of Sleepy Hollow Zoning board member, Democratic District Leader for District 5 of the Town of Mt Pleasant, and ITAV 10591 (It Takes a Village 10591).

I have presented and lectured on Diabetes and ANA-NY for the Sleepy Hollow Senior Citizen Community, the Road to Eagle Scout for the Boy Scouts of America Westchester Division, and the American Red Cross CPR and First Aid Instructor.

I have received many awards during my tenure as a nurse. I received the American Cancer Society for Relay for Life award in 2000, the American Red Cross award in 2002 (service After 9/11- working at ground Zero), the District Award of Merit from the Boys Scout of America (first female to win the award in Westchester County) in 2004, Sleepy Hollow Proclamation Gorete Crowe Day for Service to the Village in 2011, and the NYSNA Legislative Award in 2011.

I am still very involved with my church, Old Dutch Church, as a Deacon and in the community, especially the ITAV 10591 (It Takes a Village 10592). We help seniors and people in need and provide rides to their doctor appointments, grocery shopping, and so much more.



Marilyn Klainberg, EdD, RN

Marilyn Klainberg has had an extensive career in nursing education. She is a graduate of Adelphi University for both her undergraduate and her master's degree in community health nursing. Her doctorate is from Columbia University, Teachers College.

She is presently a Department Chair and full professor at Adelphi University, where she has served as both Associate and Acting Dean in previous years. Dr. Klainberg was a professor at SUNY Downstate from 1989 to 1998. She is the past president of the Alpha Omega Chapter of Sigma Theta Tau International and remains an active member. She is also a member of ANA-NY, NYSNA where she served on the education committee, and the NLN.



Linda O'Brien, MS, RN

Graduate of Methodist Hospital School of Nursing 1961. Graduate St. Joseph's College 1961 with BS in Health Care Administration and in 2003 with MS in Health Care Management. My 55+ years of nursing have included variety of roles - staff nurse, supervisor, manager and information resource in variety of settings - OR - ED - CCU - Med-Surg - Dialysis and Home Care. I am presently employed part-time in Home Care as resource for quality review, orientation and education of staff and informatics for the EMR.

Charter and founding member of ANA-NY. Have been active participant in professional nursing organizations for most of my nursing career. Member of Sigma Theta Tau and Charter Member and Past President of Professional Nursing Association of Suffolk County.

Throughout my career, I have mentored and encouraged my colleagues to recognize the importance of being active participants in professional nursing organizations. Many have gone on to advanced educational degrees and leadership roles in professional organizations.

I continue to be active participant in my professional organizations because I value networking with my colleagues throughout the state and country and being part of the initiatives that these associations have made to improve health care in our country and advance the profession of nursing.



Elizabeth (Betty) Mahoney, EdD, MS, RN

Elizabeth (Betty) Mahoney, EdD, MS, RN, served as ex officio member to this committee and others, during her term as the first elected President of ANA-NY. Betty is Professor Emerita of The Sage Colleges in Troy and Albany, NY and has been committed to professional organizations and education since her graduation from Boston College. She is currently President of Nurses House and active in the Sage Chapter of Sigma Theta Tau (STTI), where she was President and Board Member. She has held local, state regional and national positions in STTI, ANA, and NYSNA, among others. Betty has co-authored/edited three nursing books, one of which was translated into Japanese and another into Spanish. She is firmly committed to the educational and professional advancement of nurses at and to all levels.



Laura Terriquez-Kasey, DNP, MS, RN, CEN

Dr. Laura Terriquez-Kasey is an Associate Clinical Professor in the School of Nursing. She has been teaching at Decker School of Nursing for 17 years. Prior to teaching Dr. Kasey has an extensive background in Emergency and Trauma Nursing. She started her career in Bellevue Emergency Services in New York City, where she was a head nurse and Supervisor and responder to disasters in New York.

Major Kasey also has prior military service in the Army Nurse Corp. She served as an assistant Chief Nurse at William Beaumont Hospital in El Paso, Texas and at Brooke Army Medical Center in San Antonio.

Dr. Kasey is also an expert in Disaster education. She has developed and run the Advanced Nursing Disaster Management Certificate Program at Decker since 2003. She has served with the NDMS National Disaster Medical System with New York DMAT 2. She has responded to numerous disasters with the team.

Dr. Kasey has both research and education interests in Disaster Preparedness. Dr. Kasey recently completed her Capstone project which focused on "Disaster Preparedness Education Program for Elders living in the Community."

She also has a wide background in community service with both the fire service and EMS in Delaware and Otsego County.

Dr. Kasey has also completed 20 years of providing Mission trips to the Dominican Republic with a Church Mission Team. She has also developed a course for undergraduate and graduate students in Global Health in the Dominican Republic.



Victoria Arrick, RN

- Retired oncology RN from Westchester Medical Center Valhalla, NY
- Former New York State Nurses Assoc delegate to delegate assembly eight years. Elected position
- ANA-NY several former committees
- ANA-NY founding member
- Dutchess County first responder member



Patricia Lepping Hurd, BSN, RN

A member of ANA-NY since 2013, Pat has served on this committee since the first annual meeting. She enjoys working with committee members from throughout the state to bring a quality meeting and conference to all of our members. In 1993 she graduated with a BSN from SUNY New Paltz and was employed as a Public Health Nurse in Ulster County, NY. Pat accepted a Public Health Program Nurse position with New York State in 2006 and retired in 2013. As a student nurse, Pat was active in the Michigan State Student Nurses Association. She is a founding member and past president of Omicron Sigma Chapter of Sigma Theta Tau at SUNY New Paltz and served as president of District 11 Professional Nurses Association. Pat believes it is a duty of every Registered Professional Nurse to be active in her professional association, to support and nurture those new to the profession. Her hospital career included Intensive Care Nursing.



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

For the past 35 years I have specializing in Pediatrics, Mental Health & Leadership. Neonatal NP & Bereavement Counselor worked in a Level III NICU.

As President of ANA-NY, I believe I am "Paying it Forward" to Nursing. The importance of being active in ANA-NY is to reinforce the essential components of the nursing profession: ethics, accountability, compassion, critical thinking, commitment to excellence, evidence based practice and mentoring our new nurses. My passion for nursing inspires me to view current obstacles in Nursing as exciting opportunities to embrace change by facilitating innovative leadership and collaboration among all nurses. I am humbled and honored to work with talented experienced and novice nurses. It is essential that all New York nurses have a dedicated professional organization that addresses diverse health care issues in every possible setting while supporting their professional development. ANA-NY is building a community of empowered nurses and we invite all Professional Nurses to contribute their skills and energy to our dynamic organization and make a difference in nursing!

In my "spare time" I love to spend time with my three grandsons, my husband taking relaxed drives out east with our Golden Retriever and embracing my spirituality by teaching Sunday School and Vacation Bible School. For the past eight years I have shaved my head and raised over \$40,000 for St. Baldrick's childhood cancer research.



RESEARCH YOU CAN USE

Missed Nursing Care: Medical-Surgical Nurses Describe their Work Environment

Darlene Del Prato PhD, RN, CNE
SUNY Polytechnic Institute

Medical-surgical nurses working in hospitals face numerous challenges in their everyday work environment. Patients are acutely ill and many have multiple comorbidities requiring nurses to maintain a broad range of knowledge and technical skills. Caring for these patients requires complex thinking and decision making in a fast-paced working environment. The complex nature of nurse's work makes it easy to understand the problem of missed nursing care.

In this column I summarize the results of a study - conducted in 2016 by Winsett, Rottet, Schmitt, Wathen, and Wilson - that looked at missed nursing care and various aspects of nurses' work in the hospital setting. Before discussing this study, let's clarify what researchers mean by "missed nursing care" and take a look at what nurses previously learned about the problem.

What is Missed Nursing Care?

As the term suggests, missed nursing care refers to required nursing care that is delayed, partially completed, or not completed at all. Missed nursing care is an error of omission (e.g. failing to do the right thing such as not ambulating a patient). Until recently, the focus of patient safety initiatives has been on preventing errors of commission (e.g. giving the wrong medication). Missed care is an important problem to study because it can negatively impact patient outcomes. In fact, some experts believe that errors of omission are more prevalent and detrimental than errors of commission.

Previous Studies

Previous studies show that missed nursing care impacts patient outcomes in several ways. One study found a strong connection between patient fall rates and reported missed patient care including ambulation as ordered, patient assessment, responses to patient call lights, and toilet assistance.

While the impact of missed nursing care on patient outcomes is of primary importance, missed care may also impact nurses' job satisfaction. In a study with nurses from 10 hospitals researchers found a strong connection between missed nursing care and nurses' absences from work, intention to leave their position, age over 35, and amount of overtime.

Not surprisingly, interruptions and multitasking while providing care also affects patient outcomes. One study looked at 36 RNs from multiple units in two hospitals. Nurses reported 1354 interruptions by another person or factor (such as call light or pager), 46 hours of multitasking (working on two or more tasks at one time), and 200 errors. On average, nurses were interrupted 10 times an hour!

Taken together, previous studies show the complex nature of nurses' work and help explain missed nursing care as a hospital-wide systems problem, related in part to the challenge of providing nursing care to acutely ill patients in a fast-paced, sometimes chaotic work environment.

Purpose of Current Study

After reviewing the literature, researchers for the current study decided to study:

1) How often missed nursing care occurred, and the reasons for it, on medical, surgical, and combined medical-surgical units, and 2) the relationships among the unit types for frequency of missed nursing care.

Research Design and Methods

Researchers used a descriptive correlational design to study missed nursing care in 18 medical, surgical, or combined medical-surgical units in four medical centers. This type of non-experimental design is used in the early stages of understanding a problem when the goal is to learn whether certain variables are related to each other. As a refresher, a variable is a characteristic of a thing that can "vary" and be measured. Missed nursing care is a variable because it can vary from unit to unit depending on many factors and can be measured with a tool nurses created, the MISSCARE survey.

Medical-surgical units were selected for the study since they represent the majority of hospital units. Researchers wanted to control for factors in the work environment that might vary and confuse the findings. The researchers used a sample of nurses who were convenient to study because they worked at one of the hospitals where the study took place. Nurses were invited to participate if they worked at least 50% of their time at the bedside.

Nurses who chose to participate completed an online survey that collected information on the following: characteristics of the nurses, characteristics of the study hospitals, frequency of missed nursing care, and possible reasons for missed nursing care.

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It was important to measure the characteristics of nurses from the four hospitals to ensure there were not differences that might explain missed care. Individual characteristics of nurses included their age, hours worked each week, overtime hours, number of assigned patients, number of admissions, number of discharges, and experience as a RN. To understand the nurses' work environment or "work burden" (p. 129), nurses were asked about the percentage of time that staffing was adequate, number of hours worked each week, overtime hours worked, missed shifts in the previous month, number of patients assigned during their last shift, and number of patient admissions/discharges.

Researchers also examined four characteristics of hospital units that could impact missed care including the number of full-time equivalents of individuals employed on each unit; number of hours RNs devoted to patient care/day; the Case Mix Index or total of all diagnosis-related groups on the unit based on relative weight; and skill mix or percentage of nurses to the total number of staff members.

Missed nursing care was measured with the MISSCARE survey. The first part of the survey asked nurses to rate the frequency of 24 essentials of nursing care missed by the staff. The second part asked nurses to rate the importance of 19 possible reasons for missed care: inadequate handoff, other departments did not provide care, lack of backup support, caregiver off unit or unavailable, unavailable supplies/equipment, supplies/equipment not working, conflict among team members, tension with ancillary departments, unbalanced assignments, assistants not communicating unmet needs, unexpected increase in patient volume or acuity, heavy admission/discharge activity, insufficient number of assistive personnel, inadequate number of staff, unavailable medications, and urgent patient situations.

Results

The number of overtime hours nurses worked was significantly higher on surgical and combined medical-surgical units. There were no other significant differences among nurses' individual characteristics at the study hospitals.

The most frequent types of missed nursing care were ambulation as ordered, medications given within a 30-minute window, and mouth care. Nursing care reported as rarely missed included blood glucose checks, shift assessment, and focused reassessment. However, researchers noted that medical record prompts may have influenced nurses' perception that these elements were not usually missed.

Nurses rated 19 possible reasons for missed care as "not a reason," "minor reason," or "moderate/significant reason." Moderate/significant reasons for missed care included unexpected increase in patient volume and/or acuity, heavy admissions/discharges, insufficient assistive personnel, inadequate nursing staff, unavailable medications, and deteriorating patient situations.

Almost 50% of nurses explained that equipment and supplies were unavailable/not working as a minor reason for missed care. Other minor reasons reported by the nurses were poor communication among team, ancillary departments, and medical staff.

Discussion

According to the 168 nurses surveyed, ambulation as ordered, medications given within a 30 minute window, and mouth care were the most frequently missed aspects of care. This finding was similar to previous studies, adding to the evidence that missed care is a common problem. Nurses recognize the importance of ambulation to maintaining patients' muscle strength and balance. Ambulation that is missed may increase the risk of negative outcomes including falls, pressure ulcers, or pneumonia. In this study it was unclear whether missed care was due to individual nurse's workload/performance or inadequate team collaboration. Future research needs to focus on supporting nurses as a team of caregivers who work together to ensure care is not missed.

Moderate or significant reasons for missed care included patient volume/acuity, admission/discharge volume, insufficient number of staff and personnel, and deteriorating patient situations. However, as noted by the researchers, changes in patient acuity and admission/discharge volume are expected in medical-surgical settings. These findings suggest we explore ways to improve collaboration among team members so that care is not missed.

This study was based on 168 nurses' self-reported perceptions of the frequency, type, and reasons of missed nursing care in four hospitals. Therefore, the findings cannot be generalized to all hospitals.

Conclusion

The study findings support previous research and show that missed nursing care is a frequent challenge for medical-surgical nurses. As the researchers pointed out, when the system of nursing care is not responsive to the everyday workload of the unit and communication is lacking, nurses are put in a difficult situation and "the stage is set for care to be delayed or missed" (p. 132). Nurses who cannot provide care they know is necessary are more likely to experience distress and professional dissatisfaction which may lead to turnover and attrition.

This study highlights the need to improve the work environment of hospital nurses by balancing assignments, ensuring adequate supplies and equipment, and addressing factors that hinder collaboration, teamwork, and unit performance. In one study, developing nurses' teamwork knowledge and behaviors through education and role playing resulted in improved teamwork and a decrease in missed nursing care. The potential effects on patient outcomes makes missed nursing care an important problem that warrants further study. Hopefully, a better understanding of missed nursing care and why it occurs will pave the way for improving nurses' work environment and ultimately, improve patient outcomes.

Reference

Winsett, R.P., Rottet, K., Schmitt, A., Wathen, E., & Wilson, D. (2016). Medical surgical nurses describe missed nursing care tasks: Evaluating our work environment. *Applied Nursing Research, 32*, 128-133.

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Substance Use, Drug Diversion, and Your Nursing License

John A. Musacchio, Esq.

Chances are that every nurse who reads this article knows a colleague who has had an issue with substance use or abuse. A few of you who are reading this have even had your own substance or alcohol issues. After all, approximately 8-10% of nurses in New York have been diagnosed as having some form of a substance abuse problem.¹

While that figure is unfortunate, it is not shocking. Nurses have one of the highest-stress jobs in today's market. You are usually the primary provider of your patients' care, and you are constantly on the front lines of your patients' battle for recovery. And, despite every nurse's best efforts, a patient sometimes passes away. The stress caused by this environment can lead some nurses to use or abuse alcohol or illegal substances, and even to divert medication from their patients.

No matter who you are or what your experience is, it is important to understand the legal and ethical implications that substance use, drug diversion and related issues can have on your nursing license, your employer, your colleagues, and your patients.

New York Rules and Regulations

The rules released by the agency that issues and regulates nursing licenses, the New York State Department of Education's Office of the Professions, provide that it is professional misconduct for a person who holds a professional license, such as an RN, LPN, or CNA, to be convicted of a crime or practice under the influence of alcohol or other drugs.² The penalties can include revocation or suspension of the license, a fine of up to \$10,000.00, or both.

There are several important reasons why nurses should not practice under the influence of drugs or alcohol, including ethical concerns, the reputation of the nursing profession as a whole, and patient safety. While much can be said about each of those issues, the remainder of this article will focus on patient safety, as well as the resources available to nurses who are struggling with these issues.

Patient Safety Concerns

It should go without saying that every nurse has a duty to provide competent care to his or her patients. A nurse's primary concern needs to be the wellbeing of his or her patients. Anything that compromises a nurse's ability to provide the required level of care can put a patient at risk. Let's look at two scenarios.



John A. Musacchio

Scenario #1. Consider a situation in which a patient is prescribed a benzodiazepine or opioid. Rather than administering the medication to the patient after checking it out, the nurse instead diverts it for his or her own use. The patient does not receive the much needed benefits of the medication and suffers unnecessarily. I'm sure you are cringing, as am I.

Scenario #2. Now consider a different situation. A nurse properly administers the prescribed benzodiazepine or opioid to the patient. But after properly administering the drug, the nurse realizes that he or she accidentally checked out more of the drug than the prescription called for. It has been an especially stressful shift and the nurse has been working long hours all week, so rather than properly "wasting" the unused portion of the medication, he or she uses it to help "take the edge off." The patient has received the prescribed dose of the medication, and the remaining medication would have been wasted anyway. What is the harm?

These two scenarios are both extremely common, and I have had clients who have been brought up on charges in these circumstances. It should be easy for just about anyone to condemn the actions of the nurse in Scenario #1, since a patient has suffered direct harm as a result of the nurse's actions. But the nurse in Scenario #2 is also creating a dangerous environment and putting patients at risk. Not only is that nurse breaking the rules and putting his or her license in jeopardy, he or she is also reducing his or her ability to provide competent care to patients during the rest of his or her shift.

Resources for Help

If you have a substance use or abuse issue, you should get help as soon as possible. There are several excellent resources available across New York State that are custom-tailored to the nursing profession. These services include programs for nurses to deal with and overcome illegal substance use, drug diversion, alcohol abuse, and other related issues.

Importantly, if you have a drug use, alcohol abuse, drug diversion or similar issue, you should hire an experienced attorney from the very beginning to protect your rights throughout the entire process. YES – YOU HAVE RIGHTS! A good, experienced attorney will help protect your nursing license by handling all communications with the Office of Professional Discipline, connecting you with good rehabilitation professionals who can help you overcome your addiction or other issue, and minimize the impact on your nursing license.

Remember – no matter what situation you are in, you have options. You need to know what your options are so you can choose the one that is right for you.

Endnotes

- 1 Rogers, Nancy, MS, RN-BC, CASAC, CNE; Nursing: Substance Use, Drug Diversion and Recovery; September 15, 2017.
- 2 For a complete list of acts that constitute professional misconduct, visit www.op.nysed.gov/opd or see my article in the August 2017 edition of the American Nurses Association – New York Nurse Newsletter.

Ways to Protect Yourself

- Do not use illegal drugs, divert drugs or practice under the influence of alcohol or other substances
- If you have a substance abuse issue, start getting help now
- If you know a nurse who has a substance abuse or diversion issue, help them get the help they need
- Hire an experienced attorney from the very beginning so that your license and your rights will be protected
- If arrested or investigated by law enforcement, hire a criminal defense attorney immediately who has experience defending nurses

Biography

John A. Musacchio is an attorney with the law firm Towne, Ryan & Partners, P.C., with four offices in Upstate New York and a fifth office in Bennington, Vermont. In addition to defending nurses in professional discipline matters, John also assists clients with labor and employment law matters, compliance issues, estate planning, Medicaid planning, criminal and DWI defense, personal injury matters, real estate transactions, business law, and litigation in all of these areas. He has been selected to the Upstate New York Super Lawyers Rising Stars list in 2015, 2016, 2017 and 2018.

John is proud to serve on the Committee on Character and Fitness for the State of New York Supreme Court Appellate Division Third Judicial Department, and as Secretary of the Capital Region Italian American Bar Association. He is admitted to practice law in New York, Vermont and Massachusetts.

John can be reached by telephone at (518) 452-1800 and by e-mail at john.musacchio@townelaw.com.

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ANA-NY would like to welcome the **Professional Nurses Association of Rockland County (PNARC)** AND **New York State Association of Occupational Health Nurses (NYSAOHN)** as ANA-New York's Newest Organizational Affiliates

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The purpose of the Professional Nurses Association of Rockland County shall be to foster high standards of nursing and to promote the professional and educational advancement of nurses.

The functions of the Professional Nurses Association of Rockland County shall include the following:

- To promote high standards of nursing education, practice, service and research.
- To participate in and support legislation which furthers the purposes of the district association.
- To represent nurses and nursing to the public.
- To provide for the continuing professional development of nurses.
- To support and promote measures which protect the welfare of nurses.
- To provide for the establishment and dissolution of clinical, occupational and/or special interest groups as indicated.
- To promote the recruitment of students of nursing.

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NYSAOHN Mission, Vision and Objectives

Mission

We are committed to educate through mentoring, networking and programming and to promote and support Occupational and Environmental Health Nurses in New York State.

Vision

To sustain and enhance Occupational and Environmental Health Nursing in New York State while promoting the health, safety and wellbeing of our workforces.

Objectives:

- Utilize Board leadership and membership skills to promote and sustain NYSAOHN.
- Sustain and attain membership each year.
- Communicate, identify and develop educational programs that add value to the needs of the membership and improve engagement opportunities using all presentation platforms.
- Provide regular and ongoing communication to the NYS members.
- Engage Board and member participation in governmental and legislative issues.

What is an ANA-NY Organizational Affiliate?

We have been featuring our Organizational Affiliates (OA) and are thrilled to continue to accept new affiliates. I have been asked to explain what an OA is, and is not.

What it is:

To be considered as an Organizational Affiliate, a group must maintain a mission and purpose harmonious with the purposes and functions of ANA-New York. In addition, an organizational affiliate must:

- be in existence for at least two years;
- be comprised of and governed by a majority of registered nurses;
- agree to pay an annual fee;
- agree to an initial two-year review as an organizational affiliate and thereafter every five years, or at the request of either the organizational affiliate or the ANA-NY board of directors

We share our outreach by notifying our members of OA events through Nursing Network and FaceBook. We co-brand and co-provide sponsorships, CE offerings, and advertising as applicable for your region.

We partner with OAs on like policy issues.

We share our newsletter with the OA rep for distribution to OA members and we feature articles about OAs.

What it is not:

OAs are not "districts" or "chapters" of ANA-NY. There is no hierarchical structure between ANA-NY and OAs.

We do not receive a member list from OAs.

Who speaks for us?

The answer is: "It depends." There has been some confusion about several well know nursing bodies and their role in protecting the profession and the public. The three most commonly confused are defined below. It is important to be aware of both their distinct and overlapping influences in New York.

ANA-NY is the professional association for Registered Professional Nurses in New York State. We are the constituent representative of the American Nurses Association for New York. We work on behalf of the nursing profession.

NYSNA is a union of 42,000 frontline nurses standing together for strength at work (<https://www.nysna.org/strength-at-work/about-nysna#.XAWczWhKiUk>).

NYSED Board for Nursing is dedicated to public protection and quality professional preparation and conduct (<http://www.op.nysed.gov/boards/>).

ANA-NY Organizational Affiliates

Professional Nurses Association of Suffolk County (PNASC)

Central New York Nurses Association, Inc. (CNYNA)

Professional Nurses Association of Western New York, Inc. (PNAWNY)

Genesee Valley Nurses Association (GVNA)

Mohawk Valley Nurses Association (MVNA)

Northern Adirondack Nurses Association (NANA)

Nurses Association of the Counties of Long Island (NACLI)

International Society of Nurses in Genetics (ISONG)

American Psychiatric Nurses Association - New York Chapter (APNA-NY)

Professional Nurses Association of Rockland County (PNARC)

New York State Association of Occupational Health Nurses

Interested in becoming an ANA-NY Organization Affiliate? Fill out our online form at <https://form.jotform.com/73165345530150> or contact info@anany.org if there are any questions.



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Patient violence: It's not all in a day's work

Strategies for reducing patient violence and creating a safe workplace

By **Lori Locke, MSN, RN, NE-BC;**
Gail Bromley, PhD, RN;
Karen A. Federspiel, DNP, MS, RN-BC, GCNS-BC

Reprinted from *American Nurse Today*,
 Volume 13, Number 5

Robert, a 78-year-old patient, requests help getting to the bathroom. When the nurse, Ellen, enters the room, Robert's lying in bed, but when she introduces herself, he lunges at her, shoves her to the wall, punches her, and hits her with a footstool. Ellen gets up from the floor and leaves the patient's room. She tells her colleagues what happened and asks for help to get the patient to the bathroom. At the end of the shift, Ellen has a swollen calf and her shoulder aches. One of her colleagues asks if she's submitted an incident report. Ellen responds, "It's all in a day's work. The patient has so many medical problems and a history of alcoholism. He didn't intend to hurt me. What difference would it make if I filed a report?"

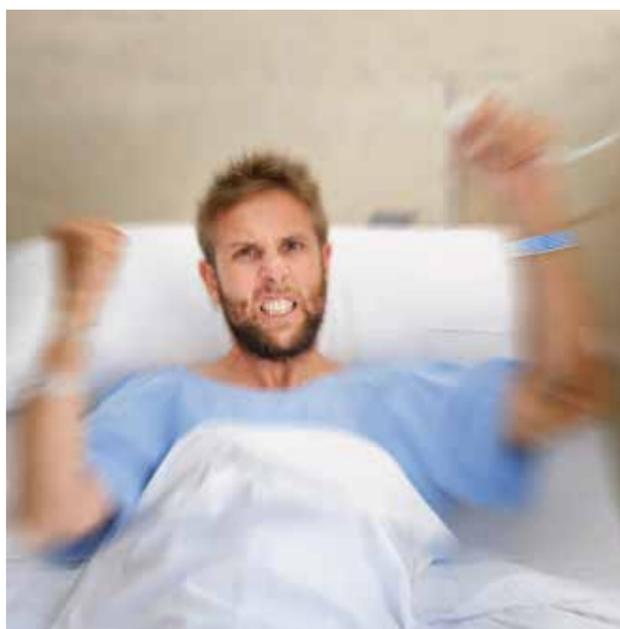
These kinds of nurse-patient interactions occur in healthcare settings across the United States, and nurses all too frequently minimize their seriousness. However, according to the National Institute for Occupational Safety and Health, "...the spectrum [of violence]...ranges from offensive language to homicide, and a reasonable working definition of workplace violence is as follows: violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." In other words, patient violence falls along a continuum, from verbal (harassing, threatening, yelling, bullying, and hostile sarcastic comments) to physical (slapping, punching, biting, throwing objects). As nurses, we must change our thinking: It's not all in a day's work.

This article focuses on physical violence and offers strategies you can implement to minimize the risk of being victimized.

Consequences of patient violence

In many cases, patients' physical violence is life-changing to the nurses assaulted and those who witness it. (See *Alarming statistics*.) As a result, some nurses leave the profession rather than be victimized—a major problem in this era of nursing shortages.

Too frequently, nurses consider physical violence a symptom of the patient's illness—even if they sustain injuries—so they don't submit incident reports, and their injuries aren't treated. Ultimately, physical



and psychological insults result in distraction, which contributes to a higher incidence of medication errors and negative patient outcomes. Other damaging consequences include moral distress, burnout, and job dissatisfaction, which can lead to increased turnover. However, when organizations encourage nurses to report violence and provide education about de-escalation and prevention, they're able to alleviate stress.

Workplace violence prevention

Therapeutic communication and assessment of a patient's increased agitation are among the early clinical interventions you can use to prevent workplace violence. Use what you were taught in nursing school to recognize behavioral changes, such as anxiety, confusion, agitation, and escalation of verbal and nonverbal signs. Individually or together, these behaviors require thoughtful responses. Your calm, supportive, and responsive communication can de-escalate patients who are known to be potentially violent or those who are annoyed, angry, belligerent, demeaning, or are beginning to threaten staff. (See *Communication strategies*.)

Other strategies to prevent workplace violence include applying trauma-informed care, assessing for environmental risks, and recognizing patient triggers.

Trauma-informed care

Trauma-informed care considers the effects of past traumas patients experienced and encourages strategies that promote healing.

The Substance Abuse and Mental Health Services Administration says that a trauma-informed organization:

- realizes patient trauma experiences are widespread
- recognizes trauma signs and symptoms
- responds by integrating knowledge and clinical competencies about patients' trauma
- resists retraumatization by being sensitive to interventions that may exacerbate staff-patient interactions.

This approach comprises six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Applying these principles will enhance your competencies so that you can verbally intervene to avoid conflict and minimize patient retraumatization. For more about trauma-informed care, visit samhsa.gov/nctic/trauma-interventions.

Communication strategies

Effective communication is the first line of defense against patient violence. These tips can help:

- To build trust, establish rapport and set the tone as you respond to patients.
- Meet patients' expectations by listening, validating their feelings, and responding to their needs in a timely manner.
- Show your patients respect by introducing yourself by name and addressing them formally (Mr., Ms., Mrs.) unless they state another preference.
- Explain care before you provide it, and ask patients if they have questions.
- Be attentive to your body language, gestures, facial expressions, and tone of voice. Patients' behavior may escalate if they perceive a loss of control, and they may not hear what you say.
- Control your emotions and maintain neutral, nonthreatening body language.
- Strive for communication that gives the patient control, when possible. Example: "Which of your home morning routines would you like to follow while you're in the hospital? Would you like to wash your hands and face first, eat your breakfast, and then brush your teeth?"
- Offer a positive choice before offering less desirable ones. Example: "Would you prefer to talk with a nurse about why you're upset, or do you feel as though you will be so angry that you need to have time away from others?"
- Only state consequences if you plan to follow through.
- Listen to what patients say or ask, and then validate their requests.
- Discuss patients' major concerns and how they can be addressed to their satisfaction.

Despite these strategies, patients may still become upset. If that occurs, try these strategies to de-escalate the situation before it turns violent.

- **Nonverbal communication.** "I see from your facial expression that you may have something you want to say to me. It's okay to speak directly to me."
- **Challenging verbal exchange.** "My goal is to be helpful to you. If you have questions or see things differently, I'm willing to talk to you more so that we can understand each other better, even if we can't agree with one another."
- **Perceptions of an incident or situation.** "We haven't discussed all aspects of this situation. Would you like to talk about your perceptions?"

Alarming statistics

The statistics around patient violence against nurses are alarming.

67% of all nonfatal workplace violence injuries occur in healthcare, but healthcare represents only 11.5% of the U.S. workforce.

Emergency department (ED) and psychiatric nurses are at highest risk for patient violence.

Hitting, kicking, beating, and shoving incidents are most reported.

25% of psychiatric nurses experience disabling injuries from patient assaults.

At one regional medical center, 70% of 125 ED nurses were physically assaulted in 2014.

Sources: Emergency Nurses Association (ENA) Emergency department violence surveillance study 2011; ENA Workplace violence toolkit 2010; Gates 2011; Li 2012.



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Patient triggers

Recognizing and understanding patient triggers may help you de-escalate volatile interactions and prevent physical violence.

Common triggers

- Expectations aren't met
- Perceived loss of independence or control
- Upsetting diagnosis, prognosis, or disposition
- History of abuse that causes an event or interaction to retraumatize a patient

Predisposing factors

- Alcohol and substance withdrawal
- Psychiatric diagnoses
- Trauma
- Stressors (financial, relational, situational)
- History of verbal or physical violence

Environmental risks

To ensure a safe environment, identify objects in patient rooms and nursing units that might be used to injure someone. Chairs, footstools, I.V. poles, housekeeping supplies, and glass from lights or mirrors can all be used by patients to hurt themselves or others. Remove these objects from all areas where violent patients may have access to them.

Patient triggers

Awareness of patient triggers will help you anticipate how best to interact and de-escalate. (See *Patient triggers*.) Share detailed information about specific patient triggers during handoffs, in interdisciplinary planning meetings, and with colleagues in safety huddles.

What should you do?

You owe it to yourself and your fellow nurses to take these steps to ensure that your physical and psychological needs and concerns are addressed:

- Know the definition of workplace violence.
- Take care of yourself if you're assaulted by a patient or witness violence.
- Discuss and debrief the incident with your nurse manager, clinical supervisor, and colleagues.
- Use the healthcare setting's incident reporting to report and document violent incidents and injuries.
- File charges based on your state's laws.

Your organization should provide adequate support to ensure that when a nurse returns to work after a violent incident, he or she is able to care for patients. After any violent episode, staff and nurse leaders should participate in a thorough discussion of the incident to understand the dynamics and root cause and to be better prepared to minimize future risks. Effective communication about violent patient incidents includes handoffs that identify known risks with specific patients and a care plan that includes identified triggers and clinical interventions.

Influence organizational safety

You and your nurse colleagues are well positioned to influence your organization's culture and advocate for a safe environment for staff and patients. Share these best practices with your organization to build a comprehensive safety infrastructure.

- Establish incident-reporting systems to capture all violent incidents.
- Create interprofessional workplace violence steering committees.
- Develop organizational policies and procedures related to safety and workplace violence, as well as human resources support.

Resources

- **American Nurses Association (ANA)** (goo.gl/NksbPW): Learn more about different levels of violence and laws and regulations, and access the ANA position statement on incivility, bullying, and workplace violence.
- **Centers for Disease Control and Prevention** (cdc.gov/niosh/topics/violence/training_nurses.html): This online course ("Workplace violence prevention for nurses") is designed to help nurses better understand workplace violence and how to prevent it.
- **Emergency Nurses Association (ENA) toolkit** (goo.gl/oJuYsb): This toolkit offers a five-step plan for creating a violence-prevention program.
- **The Joint Commission Sentinel Event Alert: Physical and verbal violence against health care workers** (bit.ly/2vrBnFw): The alert, released April 17, 2018, provides an overview of the issue along with suggested strategies.

- Provide workplace violence-prevention and safety education using evidence-based curriculum.
- Design administrative, director, and manager guidelines and responsibilities regarding communication and staff support for victims of patient violence and those who witness it.
- Use rapid response teams (including police, security, and protective services) to respond to violent behaviors.
- Delineate violence risk indicators to proactively identify patients with these behaviors.
- Create scorecards to benchmark quality indicators and outcomes.
- Post accessible resources on the organization's intranet.
- Share human resources contacts.

Advocate for the workplace you deserve

Physically violent patients create a workplace that's not conducive to compassionate care, creating chaos and distractions. Nurses must advocate for a culture of safety by encouraging their organization to establish violence-prevention policies and to provide support when an incident occurs.

You can access violence-prevention resources through the American Nurses Association, Emergency Nurses Association, Centers for Disease Control and Prevention, and the National Institute for Occupational Safety and Health. Most of these organizations have interactive online workplace violence-prevention modules. (See *Resources*.) When you advocate for safe work environments, you protect yourself and can provide the care your patients deserve.

The authors work at University Hospitals of Cleveland in Ohio. Lori Locke is the director of psychiatry service line and nursing practice. Gail Bromley is the co director of nursing research and educator. Karen A. Federspiel is a clinical nurse specialist III.

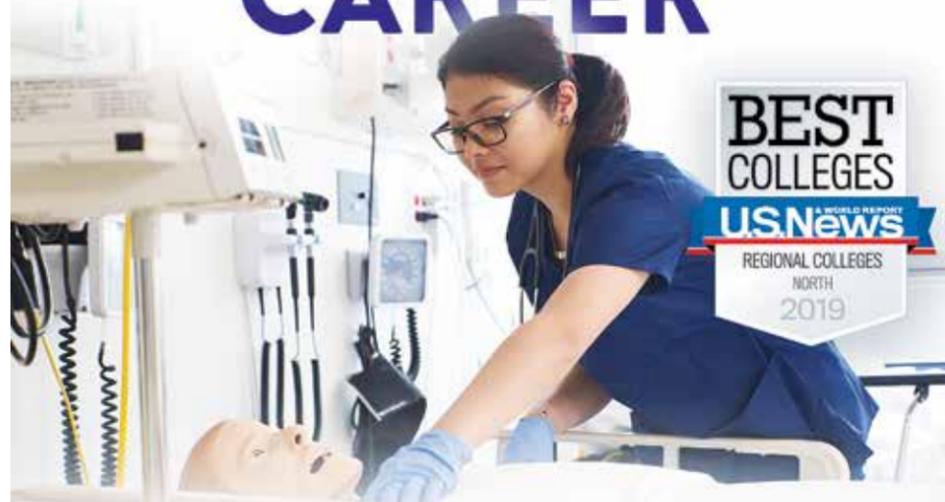
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Social media missteps could put your nursing license at risk

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American Nurses Association
American Nurse Today March 2018 Vol. 13 No.3

Learn the rules and what to do if you make a mistake.

Takeaways:

- For nurses, social media use has daily applications in their personal and professional lives, facilitating conversations with colleagues about best practices and advancing healthcare.
- Inappropriate use of social media can create legal problems for nurses, including job termination, malpractice claims, and disciplinary action from boards of nursing (BON), which could negatively impact their nursing license and career.

By **Melanie L. Balestra, NP, Esq**

Without a doubt, social media has become an integral part of modern life. Today, seven in 10 Americans use social media to get news, connect with others, and share information. Facebook leads the way with more than 2 billion users worldwide, followed by other popular platforms such as Twitter, Instagram, LinkedIn, and YouTube. For nurses, social media use has daily applications in their personal and professional lives, facilitating conversations with colleagues about best practices and advancing healthcare.

Although social media offers many benefits, inappropriate use can create legal problems for nurses, including job termination, malpractice claims, and disciplinary action from boards of nursing (BON), which could negatively impact their nursing license and career.

What to avoid when posting

Remember that professional standards are the same online as in any other circumstance. And although you should approach all social media posts with caution, several high-risk areas deserve closer examination.

Breaches of patient privacy and confidentiality

Whether intentional or inadvertent, social media posts that breach patient privacy and confidentiality are the most egregious. They include patient photos, negative comments about patients, or details that might identify them, the healthcare setting, or specific departments. Even when posted with the best intentions, such as trying to get professional advice from colleagues about patient care, these posts are discoverable and can lead to legal problems, with potential fines and jail time for Health Insurance Portability and Accountability Act (HIPAA) violations, termination or other discipline from your employer, action taken against your license by a BON, civil litigation, or professional liability claims.

According to the 2015 nurse professional liability exposures claim report update from the Nurses Service Organization, examples of civil litigation and closed claims in connection with inappropriate electronic and social media use include:

- An RN who took a picture of a man getting an electrocardiogram and posted it on Facebook.
- An RN who sent text messages to another nurse and physician describing a sick child and his mother in an unfavorable light.
- Staff members at a long-term-care facility who videotaped and photographed a certified nursing assistant colleague who was in labor. They allegedly mocked the woman, posting photos, including of her vaginal area, on various social media sites.

Unprofessional behavior

A second high-risk area are posts that could be considered unprofessional or reflect unethical conduct—anything defined as unbecoming of the nursing profession. For example, negative comments about your workplace, complaints about coworkers and employers, or threatening or harassing comments fall into this category.

The highly publicized firing in 2013 of an emergency department nurse at New York–Presbyterian Hospital demonstrates the risks connected with posting workplace photos. The

nurse shared a photo on Instagram depicting an empty trauma room where a patient had been treated after getting hit by a subway train. Although the post didn't violate HIPAA rules or the hospital's social media policy, she was terminated for being insensitive.

Posts about your personal life also can negatively affect your professional life. Posting photos or comments about alcohol or drug use, domestic violence (even comments about arguing with a spouse) and use of profanity, or sexually explicit or racially derogatory comments could lead to charges of unprofessional behavior by a BON. And keep in mind that complaints can come from anywhere, including employers and coworkers, family and friends, and intimate partners, so the privacy setting on the social media platform won't protect you.

Court rulings have supported disciplinary actions by BONs against nurses for unprofessional behavior in their personal lives. A key example is the 2012 decision by the California Supreme Court, which left intact an appellate ruling (*Sulla v Board of Registered Nursing*) that allowed a state board to discipline a nurse who was caught driving drunk, even though his arrest had nothing to do with his job. The BON placed the nurse on 3 years' probation after his arrest. The appeals court ruled that state laws authorize disciplinary action against a nurse who uses alcohol, on or off the job, in a way that endangers others. The result is that nurses in California who are convicted of driving under the influence will have their nursing license suspended by the BON. This has clear implications for social media posting about alcohol use (or any high-risk topic) in your personal life. (See *How to avoid social media pitfalls*.)

If you hear from the BON

If you receive a letter from the BON about an investigation, don't represent yourself. Hire an attorney who specializes in administrative law and procedure—ideally one who's familiar with your state BON. Decisions about a complaint can take from several months to more than a year, and outcomes can range from case dismissal for lack of merit or insufficient evidence to referral to the state's attorney general office for prosecution. If no settlement is reached, you and your attorney will argue the case at a hearing with potential outcomes that include public admonition/reprimand, restriction, probation, suspension, or revocation of your nursing license.

Other serious repercussions are possible. Decisions made by BONs are communicated via Nursys.com, a national database for verification of nurse licensure, discipline, and practice privilege administered by the National Council of State Boards of Nursing. If disciplined, you also could receive a letter from the U.S. Department of Justice restricting your ability to work in any facility that receives reimbursement from Medicare and Medicaid. In addition, disciplinary action in one state may affect your license in another. After you've been disciplined, each state in which you hold a license can review or open the case.

To protect yourself, carry your own malpractice/disciplinary insurance (don't rely on the insurance carrier for your hospital or private practice). This is especially important with the anticipated increase in medical professional liability claims associated with social media use.

Think twice

Social media is a great way to connect personally and professionally. But remember that online posts live forever and that social media misfires could negatively affect your license and ability to practice. To protect yourself, think twice before you post content that could be judged as unprofessional.

Melanie L. Balestra is nurse practitioner and has her own law office in Irvine and Newport Beach, California. She focuses on legal and business issues that affect physicians, nurses, nurse practitioners, and other healthcare providers and represents them before their respective boards.

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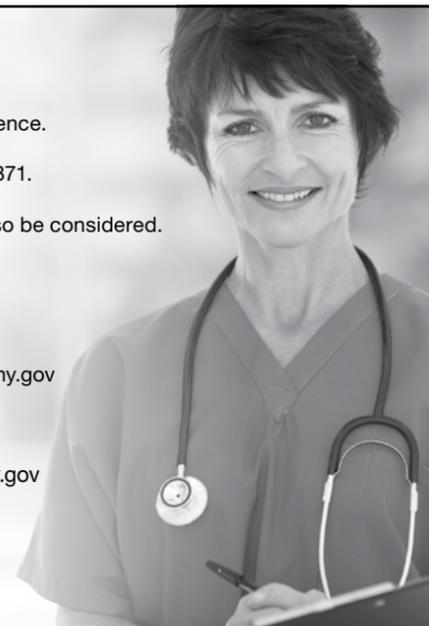
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MEMBERSHIP



Committee Spotlight continued from page 11

Kimberly Velez, MSN, RN



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

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

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

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

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

She is committed to evidence-based models for patient care, teaching, training, and mentoring nurses entering the profession.

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Position is located in Dobbs Ferry (Westchester County), NY. We provide a free shuttle van from the Dobbs Ferry Train Station to the agency.

For more information and to apply go to: www.childrensvillage.org/employment. Please contact us with any questions at (914) 693-0600 x1402. Recruiting a Diverse Workforce EOE.



ANA-NY and ANA Membership Activation Form



Essential Information

First Name/MI/Last Name _____ Date of Birth _____ Gender: Male/Female _____

Mailing Address Line 1 _____ Credentials _____

Mailing Address Line 2 _____ Phone Number _____ Check preference: Home Work _____

City/State/Zip _____ Email address _____

County _____ Current Employment Status: (eg: full-time nurse) _____

Professional Information

Employer _____ Current Position Title: (eg: staff nurse) _____

Type of Work Setting: (eg: hospital) _____ **Required:** What is your primary role in nursing (position description)?

Practice Area: (eg: pediatrics) _____ Clinical Nurse/Staff Nurse

Nurse Manager/Nurse Executive (including Director/CNO)

Nurse Educator or Professor

Not currently working in nursing

Advanced Practice Registered Nurse (NP, CNS, CRNA)

Other nursing position

Ways to Pay

Monthly Payment

Checking Account *Attach check for first month's payment.*

Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.

Credit Card

Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.

Annual Payment

Check Credit Card

Authorization Signatures

Monthly Electronic Deduction | Payment Authorization Signature*

I understand that I may cancel this authorization by providing ANA written notice twenty (20) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.

Membership Dues

Joint Membership Monthly = \$22.17 **OR** Annual = \$260

New Graduate Monthly = \$11.33 **OR** Annual = \$130
(within one year of graduating from nursing school)

Dues:\$ _____

ANA-PAC Contribution (optional)\$ _____

American Nurses Foundation Contribution\$ _____

(optional)

Total Dues and Contributions.....\$ _____

Credit Card Information Visa Mastercard AMEX Discover

Credit Card Number _____ Expiration Date (MM/YY) _____

Authorization Signature _____

Printed Name _____

Please note: \$49 of your membership dues is for a subscription to *American Nurse Today*. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with your State Nurses Association for the correct amount.

For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org



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Call/Send your resume to:
RPC Human Resource Office
1111 Elmwood Avenue
Rochester, New York 14620
(585) 241-1900

Fax: (585) 241-1981

E-mail: RPC-Human.Resources@omh.ny.gov

AA/EOE



Registered Nurse

Five Points Correctional Facility

Full-Time 2pm-10pm shift and Per Diem positions available. One year post-licensure clinical nursing experience required. Conduct health assessments, diagnose and treat individuals' responses to actual, potential or diagnose health problems; execute medical regimens prescribed by licensed health care provider.

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Geographic Pay: \$7,000

Shift Differential: \$5,000

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Contact: Faith.Smith@DOCCS.NY.GOV

Phone: 607-869-5111 Ext. 3600

Fax: 607-869-3473

Send Resumes to:

Five Points Correctional Facility
Caller Box 400, Rt. 96, Romulus, NY 14541

Attention:

Faith L. Smith/Personnel Office



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Requirements: Current NYS Registered Nurse license. Baccalaureate Degree in Nursing from an accredited school is preferred. Two (2) years' experience in nursing which includes any combination of medical-surgical, oncological, palliative and community home health/hospice. At least one (1) year of community hospice or home health experience is preferred. Hospice experience preferred. New York State driver's license required. Excellent interpersonal, written and verbal communication skills. Bilingual Spanish, Mandarin and Cantonese preferred.

**Please call Fran at 718-518-2090 for additional information or send a resume to:
Human Resources Department, Calvary Hospital, 1740 Eastchester Road, Bronx, NY 10461,
Fax 718-518-2690 or Email: jobs@calvaryhospital.org. EOE www.calvaryhospital.org**

**Calvary Hospital
Staff Nurses**

**Full/Part Time Day,
Eve, Nights
- All shifts 8 hours**

Utilizing the Nursing Process, the Staff Nurse will assess, plan, implement and evaluate patient care; coordinate patient care provided by other disciplines which meet the physiological, safety, spiritual and psychosocial needs of the patients and their families, according to the New York State Nurse Practice Act, established Calvary Hospital Nursing policies, procedures and standards of care, Geriatric Standards of Care, and Regulatory Standards; and participate in the ongoing systematic Quality Assessment and Improvement process. **Requirements:** Must be a graduate of an accredited school of nursing. Current NYS RN license required. Effective written/verbal communication skills essential. BSN preferred and 2 years of medical/surgical experience preferred as well.

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SATURDAY, MARCH 30, 2019 9AM - 5PM

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This free full-day clinical conference will discuss substance use and harm reduction in New York State, with a special focus on the opioid epidemic.

This conference is primarily intended for New York State medical providers including physicians, physician assistants, nurses, nurse practitioners, certified nurse midwives, dentists, and pharmacists.

Limited seating is available to non-clinicians who register as part of a healthcare team.

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QUESTIONS? Contact Rob Walsh 212-731-3791 robert.walsh@mounsinai.org

Continuing Pharmacy Education The University at Buffalo School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. "From Stigma to Action: Addressing Substance Use, Harm Reduction, and Healthcare," a live knowledge-based activity, has been assigned ACPE# 0044-9999-18-013-L01-P and will award 6.5 contact hours or 0.65 CEUs of continuing pharmacy education credit. No partial credit will be awarded.

Continuing Nursing Education The University of Rochester Center for Nursing Professional Development is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. 6.25 Nursing Contact Hours will be provided.

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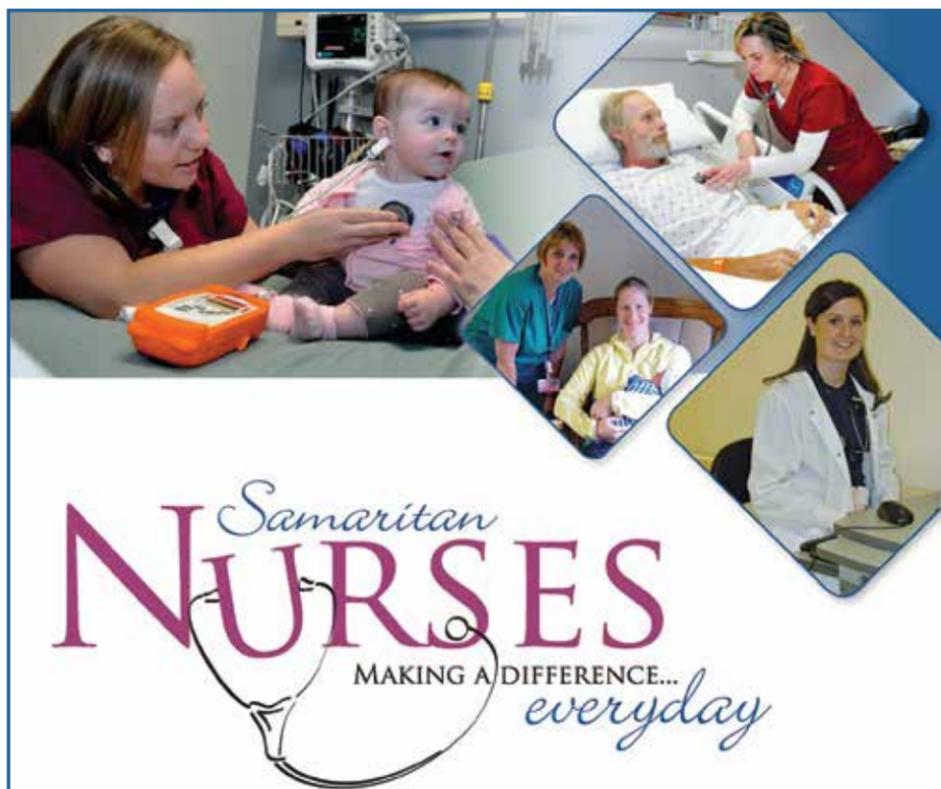
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